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# SCANNED JUN 2 4 2014

**Return of Organization Exempt From Income Tax** 

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

Department of the Treasury

Do not enter Social Security numbers on this form as it m ay be made public

OMB No 1545-0047 **2013**Open to Public

_	nai Reven				inspection
<u>A_</u>	For the	$\pm$ 2013 calendar year, or tax year beginnin $\pm$ $0.3/15/13$ , and ending $\pm$ $12/31/15$	13		
В	Check if ap			D Emplo	oyer identification number
	Address cl	nange Ringneck Classic, Inc.			
$\overline{\Box}$	Name cha	Doing Business As		46-	-2144077
$\Box$		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	hone number
X	Initial retur	3083 US Highway 83		785	5-671-1000
$\square$	Terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended i	etum Oakley KS 67748		<b>G</b> Gross red	ceipts 201,229
$\overline{\Box}$	Application	F Name and address of principal officer			
ш	Application	James Millensifer	H(a) Is this a gr	oup return for	subordinates Yes X No
		171 County Road 34	H(b) Are all sul	bordinates inc	cluded? Yes No
		Oakley KS 67748	If "No,	" attach a list	(see instructions)
<del>-</del>	Тах-ехеп		╗		
	Website		H(c) Group exe	emption numb	ner 🕨
	Form of or		Year of formation 2		M State of legal domicile KS
	art I	Summary		<del></del>	Tim Otato or rogal dominate 222
·		riefly describe the organization's mission or most significant activities			
ė	' "	To sponsor and promote activities, programs and proj	ects that	devel	lon.
au		improve, enhance, celebrate and preserve all aspects			
Ę		development and the hunting heritage and hunting opp			
Š	2 0	theck this box			
Ö	1	lumber of voting members of the governing body (Part VI, line 1a)	11 23 /0 01 115 116	3	7
S	1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	7
ij	1	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
Activities & Governance	l	otal number of volunteers (estimate if necessary)		6	90
Ă	Į.	•		7a	0
		otal unrelated business revenue from Part VIII, column (C), line 12		7b	0
	l biv	let unrelated business taxable income from Form 990-T, line 34	Prior Ye		Current Year
m	8 0	contributions and grants (Part VIII, line 1h)			94,582
Revenue		rogram service revenue (Part VIII, line 2g)			0
×e		envestment income (Part VIII, column (A), lines 3, 4, and 7d)			0
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			33,155
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			127,737
		Frants and similar amounts paid (Part IX, column (A), lines 1–3)			3,000
		enefits paid to or for members (Part IX, column (A), line 4)		0	
Ś	I -	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
ıse	16aP	rofessional fundraising fees (Part IX, column (A), line 11et			0
Expenses	ьт	otal fundraising expenses (Part IX, column (D), line 25)			<del></del>
ũ	17 0	other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2		7,743
	18 T	other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) otal expenses Add Ines 13–17 (must equal Part IX, column (A), line 25) 2 1 2014 levenue less expenses Subtract line 18 from line 12	2		10,743
	19 R	otal expenses Add Ines 13–17 (must equal Part IX, column (A), line 25) 2 1 2014	6		116,994
58			Beginning of Cu	rrent Year	End of Year
Net Assets or	20 T	otal assets (Part X, line 16)		0	119,475
\$ <u></u>	21 T	otal liabilities (Part X, line 26)	₹	0	2,481
축	22 N	let assets or fund balances Subtract line 21 from line 20		0	116,994
_P	art II	Signature Block			
U	nder per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to	the best of	f rny knowledge and belief, it i
tri	ue, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which prep	parer has any kno	owledge	-10/-
				X	5/5/14
Sig	gn	Signature of officer		Date	, ,
He	re		person		
		Type or print name and title		. ,	
<b>.</b> .	.	Print/Type preparer's name  Preparer's signature	Date	Check	f PTIN
Pai		Rita L. Williams Kita William	05/12	/14 self-en	
	parer	Firm's name > Williams Consulting, Chartered	F	um's EIN ▶	48-1086121
Use	e Only	P.O. Box 638			
		Firm's address > Sharon Springs, KS 67758	F	hone no	785-852-4263
		S discuss this return with the preparer shown above? (see instructions)			X Yes No
For	Paperw	ork Reduction Act Notice, see the separate instructions.			Form 990 (2013)

Check  1 Briefly describe the To sponsor improve, en development  2 Did the organization prior Form 990 or 9 If "Yes," describe to 3 Did the organization services? If "Yes," describe to 4 Describe the organization expenses Section the total expenses  4a (Code ) Promote pro-	ent of Program Se of Schedule O conta	ervice Accomplishments	•	-
1 Briefly describe the To sponsor improve, endevelopment  2 Did the organization prior Form 990 or 9 If "Yes," describe to 3 Did the organization services? If "Yes," describe to 4 Describe the organ expenses Section the total expenses  4a (Code ) Promote pro-	II Ochequie O coms		line in this Dort III	X
prior Form 990 or 9 If "Yes," describe to 1 Did the organization services? If "Yes," describe to 1 Describe the organization expenses Section the total expenses  4a (Code ) Promote pro-	organization's mission and promote nhance, cele	activities, progr brate and preserve	ams and projects tha all aspects of wild hunting opportuniti	t develop, life resourc
3 Did the organization services? If "Yes," describe to the organization of the total expenses section the total expenses  4a (Code )  Promote pro-		ant program services during the year	which were not listed on the	Yes X No
expenses Section the total expenses  4a (Code ) Promote pro		make significant changes in how it co	enducts, any program	Yes X No
Promote pro	501(c)(3) and 501(c)(4)		ree largest program services, as measure the amount of grants and allocations to ot	•
wildlife i	(Expenses \$ ograms to de esource deve		3,000 ) (Revenue \$ hance, and preserve	all aspects
4b (Code )	(Expenses \$	including grants of\$	) (Revenue \$	
4c (Code )	(Expenses \$	including grants of\$	) (Revenue \$	
4c (Code )	(Expenses \$	including grants of	) (Revenue \$	
		11.0		
(Expenses \$ 4e Total program serv	vices (Describe in Sche	cluding grants of\$	) (Revenue \$	

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			7.7
	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)			77
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	1s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		v
6	Part III	5		<u> </u>
0	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			Х
7	"Yes," complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Λ
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<u> </u>
0	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		Λ
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			- 21
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes,"			
-	complete Schedule D, Part VI	11a	•	X
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		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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		Х
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	1			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			7.
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		72
4 7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
10	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?	10	-	
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
				_

Form 990 (2013) Ringneck Classic, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or other assistance to individuals in the United States			ŀ
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		ŀ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	employees? If "Yes," complete Schedule J	23	├	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1	ļ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	<b> </b>		٠,,
	through 24d and complete Schedule K If "No," go to line 25a	24a	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
a	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		
204	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		A
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		х
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 of any of these persons? If "Yes," complete Schedule L, Part III	27	<u></u>	х
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)		İ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part V	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			İ
24	conservation contributions? If "Yes," complete Schedule M	30	X	<del> </del>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	<del></del>	
J2	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>  -                                 </u>		<del></del> -
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			<del></del>
	or IV, and Part V, line 1	34	1	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		}	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 11b and		,,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	1,2013

Form	1 990 (2013) Ringneck Classic, Inc. 46-2144077		P	age <b>5</b>
	art V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			_Ц_
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	. !		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			l
	reportable gaming (gambling) winnings to prize winners?	1c		X
2a				ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 0	┨ ┃		ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<del> </del>
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		<b>.</b>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		$\vdash$
48	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			1
		4a		x
<b>h</b>	account)? If "Yes," enter the name of the foreign country ▶	140		<u> </u>
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
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			l
	and services provided to the payor?	7a_	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨_ ┃		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
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			
b	Gross recepts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	]		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	] !		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a		12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4 /		ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
	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			l
_	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b	1 /		1
с 14а	\ <u>\</u>	14a		X
14a b	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
DAA	1. 100, 1.20 ti mod di anni 120 to report mode parmento. Il 110, provide dii expiditation in delegale o	_	990	(2013)

Forn	1 990 (2013) Ringneck Classic, Inc. 46-2144077			age <b>6</b>
Pa	Irt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and fo	or a "	No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See	instru	iction
	Check if Schedule O contains a response or note to any line in this Part VI			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 1a 7			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
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 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	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ing		
а	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>ie C</u>	ode )	
			Yes	-
10a	· · · · · · · · · · · · · · · · · · ·	10a		X
b	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		
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in 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?			3.5
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ıoa	with a taxable entity during the year?	460		v
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		X
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	יטט		
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)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial 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			
	organization ▶ Ringneck Classic, Inc. 3083 US Highway 83			
Oa	akley KS 67748 785	- 67	1-1	000

, ,										
										21083 05/12/2014 7 27 AM
	of Officers	, Di	In rec	c. tor	s, T	rus	tee	46-214 s, Key Employees,	4077 Highest Compensa	Page 7 ated Employees, and
Independent C Check if Sched		ns a	res	รทด	nse	or	not	e to any line in this F	Part VII	П
								est Compensated Empl		<u>-</u>
1a Complete this table for all perso organization's tax year		_								e
List all of the organization's compensation Enter -0- in columns	s (D), (E), and (	F) if	no c	omp	ens	ation	ı wa	s paid	,, ,	ount of
<ul> <li>List all of the organization's c</li> <li>List the organization's five cu</li> <li>who received reportable compensation and any related organization</li> </ul>	irrent highest cation (Box 5 of F	omp	ensa	ated	emp	loye	es (	other than an officer, dire	ctor, trustee, or key empl	
<ul> <li>List all of the organization's for \$100,000 of reportable compensation</li> </ul>	tion from the or	ganı	zatio	n ar	nd ar	ny re	late	d organizations		
List all of the organization's forganization, more than \$10,000 of List persons in the following order compensated employees, and form	f reportable con individual trusto ier such person	npen ees d is	sate or di	on fr recto	om t	he o nstiti	rgar	nization and any related on all trustees, officers, key	erganizations employees, highest	
X Check this box if neither the or	ganization nor a	any r	elate	ed o	rgan	ızatı	ons	compensated any current	officer, director, or truste	ee
(A) Name and Title	(B) Average hours per week (list any	box	c, unle icer a	Pos check ess pe	erson Irrecto	than one of the state of the st	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VF2) 1033-MISC)	from the organization and related organizations
(1) James Millensif	er									
Obsimonas /Dimonton	2.90 0.00	x		x				0	. 0	o
Chairperson/Director (2) Raelene Keller	0.00	┢	$\vdash$	^	$\vdash$	$\vdash$		ļ <u>.</u>	<u> </u>	<u> </u>
/r/wastome wetter	1.15									
Vice Chairperson/Dir		x		x				0	0	0
(3) Scott Sproul	0.40									

		lual trustee	tional trustee		mployee	st compensated yee	or .			organizations
(1) James Millensif										
	2.90									
Chairperson/Director	0.00	X		X	L			0	' 0	0
(2) Raelene Keller			l							
	1.15									
Vice Chairperson/Dir	0.00	X		X				<u> </u>	0	0
(3) Scott Sproul										
	0.40									
Sec-Treas/Director	0.00	X	L	X				0	0	0
(4) Gerald D. Robbe	n									
	0.40									
Director	0.00	X						0	0	0
(5) Kathleen M. Eis										
	0.40									
Director	0.00	X						0	0	0
(6) Kelli Day										
	0.40									
Director	0.00	X						0	0	0
(7) Jerry Thomas								Ì		
	0.40									
Director	0.00	X		<u> </u>	L			0	0	0
(8)										
	]									
				_	L		_			
(9)			l							
	]									
		<u> </u>			L_	L	L_			
(10)			1							
						l				
(11)				ĺ						
	1						1			

<u>Pa</u>	rt VII Section A. Office	rs, Directors, Ti	rust	ees,	Key	En	iploy	ees	s, and Highest Compens	ated Employees (contin	ued)	
	(A) Name and title	(B) Average hours per week (list any	bo	k, unle	Pos check ss pe	erson	than one of the orthographic than the orthog	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensatio	n
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organization:	l
(12)												
(13)												
(14)												
(15)												
(16)			_									
(17)												
(18)												
(19)												
1b c	Sub-total  Total from continuation sh		, Se	ctio	n A	<u> </u>	<u> </u>	<b>&gt;</b>				
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals reportable compensation fro	(including but no			to th	ose	Iste	<b>▶</b> d at	oove) who received more	than \$100,000 in		
3	Did the organization list any employee on line 1a? If "Yes	former officer, of	direc	tor,	or tri	uste uch	e, ke	y er	mployee, or highest comp	ensated	3	s No X
4	For any individual listed on I organization and related org individual	anizations great	er th	an \$	150	,000	)? If '	'Yes	s," complete Schedule J fo	or such	4	x
5	Did any person listed on line for services rendered to the	organization? If								on or individual	5	Х
Sect 1	tion B. Independent Contract Complete this table for your	five highest con										
	compensation from the orga	nization Report (A) d business address	con	npen	satio	on fo	r the	cal		within the organization's (B) of services		nsation
	Name an	o oustriess address							Descrip	DUON OF SERVICES	Compe	nsauon
		-										
_	Total aumhor of advances	h aanteestess /	-1			<u></u>			Abana lakad akar V			-
DAA	Total number of independent received more than \$100,00									0	- Q	90 (2013)

	rt V	III Statement of Rev Check if Schedule	enue		e or note to any li	ne in this Part VII		
<b></b>					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Gifts, Grants	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1 Total. Add lines 1a—1f	1a	1,500 40,455 52,627 40,455 Busn Code	94,582	-		
Program Service Rev	2a b c d e f	All other program service rev Total. Add lines 2a-2f		<b>&gt;</b>				
;	3 4 5	Investment income (including and other similar amounts) Income from investment of ta Royalties  (i) Real		▶				
	b c d	Gross rents  Less rental exps  Rental inc or (loss)  Net rental income or (loss)  Gross amount from (i) Secunties sales of assets other than inventory		(II) Other				
e	c	Less cost or other basis & sales exps Gain or (loss) Net gain or (loss) Gross income from fundraising ex	rents	<b>•</b>				
Other Revenue		(not including \$ 40, or of contributions reported on line 1 See Part IV, line 18 Less direct expenses Net income or (loss) from fur	c) <b>a</b>	106,647 73,492 events	33,155			
	b	Gross income from gaming activit See Part IV, line 19 Less direct expenses Net income or (loss) from ga Gross sales of inventory, les	a b ming acti	vities •				
	b c	returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue	a b	entory > Busn Code				
		All other revenue						
		Total. Add lines 11a-11d  Total revenue. See instructi	ons	<b>▶</b>	127,737	0	0	C

FUITH 330 (20	Natigueta Clabbit, lic.	10 2111077	i age
Part IX	Statement of Functional Expenses		
Section 501(c	)(3) and 501(c)(4) organizations must complete all colu	imns. All other organizations must complete column (A)	

	Check if Schedule O contains a response or note to any line in this Part X											
	ot 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 U.S. See Part IV, line 21	3,000	3,000									
2	Grants and other assistance to individuals in		37555		······································							
_	the US See Part IV, line 22											
3	Grants and other assistance to governments				<del> </del>							
_	organizations, and individuals outside the											
	U.S. 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 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes											
11	Fees for services (non-employees)											
а	Management											
b	Legal				<del></del>							
	Accounting											
	Lobbying											
_	Professional fundraising services See Part IV, line	7										
f	Investment management fees											
g	` <u> </u>											
40	(A) amount, list line 11g expenses on Schedule O)	1 270			1 270							
	Advertising and promotion	1,278 5,067	850	470	1,278 3,747							
13	Office expenses Information technology	116	116	770	3,141							
14 15	Royalties	110	110	<del></del>								
16	Occupancy											
17	Travel											
18	Payments of travel or entertainment expense	s										
	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	1,282		·	1,282							
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				<del> </del>								
þ												
C												
d												
9	All other expenses	10 540	3 000	4 7 0	C 305							
25	Total functional expenses. Add lines 1 through 24e	10,743	3,966	470	6,307							
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											
DAA	following SOP 98-2 (ASC 958-720)	<u> </u>			Fa 990 (2012							
JAA					Carr. 4411 /2012							

Par	<u>τ X</u>	Check if Schedule O contains a response or not	e to any line in this Part Y			n
		Check if Schedule O Contains a response of nor	e to any wie in this Part A	(A)	T	(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing			1	119,47
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
-	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former	officers, directors,			
		trustees, key employees, and highest compensated e	mployees			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pe	ersons (as defined under section	þ		
		4958(f)(1)), persons described in section 4958(c)(3)(E	<li>3), and contributing employers a</li>	hd		
		sponsoring organizations of section 501(c)(9) voluntary	ry employees' beneficiary			
<u> </u>		organizations (see instructions) Complete Part II of S	chedule L		6	
.   .	7	Notes and loans receivable, net			7	····
ا ۲	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
1	0a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a			
		Less accumulated depreciation	10b		10c	
1		Investments—publicly traded securities			11	
1	2	Investments—other securities See Part IV, line 11			12	
1		Investments—program-related. See Part IV, line 11			13	
- 1		Intangible assets			14	
1		Other assets See Part IV, line 11			15	
_		Total assets. Add lines 1 through 15 (must equal line	34)	0	<del> </del>	119,47
1		Accounts payable and accrued expenses			17	
		Grants payable			18	
- 1 '	9	Deferred revenue			19	<del></del>
- 1		Tax-exempt bond liabilities			20	<del></del>
- 1	1	Escrow or custodial account liability Complete Part IV			21	
3   2	22	Loans and other payables to current and former office	· ·			
		trustees, key employees, highest compensated emplo	yees, and			
<u> </u>	_	disqualified persons Complete Part II of Schedule L			22	
4		Secured mortgages and notes payable to unrelated th			23	
	4	Unsecured notes and loans payable to unrelated third	•		24	
2	5	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-24	4) Complete Part X			0 40
_		of Schedule D			25	2,48
+2	6	Total liabilities. Add lines 17 through 25		0	26	2,483
S		Organizations that follow SFAS 117 (ASC 958), ch			i i	
E .	-	complete lines 27 through 29, and lines 33 and 34.				76 00
8 2		Unrestricted net assets			27	76,994
		Temporarily restricted net assets Permanently restricted net assets			28	40,000
3   4	9	Organizations that do not follow SFAS 117 (ASC 9	50) abaak bara N	· · · · · · · · · · · · · · · · · · ·	29	
5		-	58), check here ▶ and			
ret Assets of rund balances	0	complete lines 30 through 34.				
		Capital stock or trust principal, or current funds	ant fund		30	
;   °		Paid-in or capital surplus, or land, building, or equipme Retained earnings, endowment, accumulated income			31	
ž   `,		Total net assets or fund balances	, or other lungs	0	32	116 00/
		Total liabilities and net assets/fund balances		0	33	116,994
	<del>-</del>	Total nabilities and fiet assets/fully baldifices		<u>U</u>	34	119,475 Form <b>990</b> (2013

Form 99	0 (2013) Ringneck Classic, Inc. 46-2144077			Page 12
Part >				
	Check if Schedule O contains a response or note to any line in this Part XI			
1 To	tal revenue (must equal Part VIII, column (A), line 12)	1	12	7,737
	tal expenses (must equal Part IX, column (A), line 25)	2	1	0,743
3 Re	venue less expenses Subtract line 2 from line 1	3	11	6,994
4 Ne	t assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		
5 Ne	t unrealized gains (losses) on investments	5		
	nated services and use of facilities	6		
7 Inv	restment expenses	7		
8 Pri	or period adjustments	8		
9 Ot	her changes in net assets or fund balances (explain in Schedule O)	9		
10 Ne	t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
33	column (B))	10	11	6,994
Part >	KII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1 Ac	counting method used to prepare the Form 990 X Cash Accrual Other			
If t	he organization changed its method of accounting from a prior year or checked "Other," explain in			
Sc	hedule O			Ì
2a We	ere the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
If "	Yes," check a box below to indicate whether the financial statements for the year were compiled or			
rev	riewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b We	ere the organization's financial statements audited by an independent accountant?		2b	x
If "	Yes," check a box below to indicate whether the financial statements for the year were audited on a			
se	parate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
c If "	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
of	the audit, review, or compilation of its financial statements and selection of an independent accountant?		_2c	
If t	he organization changed either its oversight process or selection process during the tax year, explain in			
Sc	hedule O			
3a As	a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
the	e Single Audit Act and OMB Circular A-133?		3a	X
b If "	Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
rec	quired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
-			Form	990 (2013)

# **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047

Open to Public

Internal Rev	venue Service	Information about	t Schedule A (Form 990 or 990-	EZ) and it	s instruc	tions is a	it www.i	rs.gov/	iorm990	<u>).                                    </u>	pection
Name of th	e organization	Ringneck Cla	assic, Inc.					1	•	tification number	r
Part	Reas	on for Public Charit	y Status (All organizatio	ns mus	t comp	lete thi	s part	) See	ınstru	uctions	
The orga			use it is (For lines 1 through								
1	A church, co	nvention of churches, or as	ssociation of churches describ	ed in sec	tion 170	(b)(1)(A	)(i).				
2			I)(A)(ii). (Attach Schedule E)								
3		, ,,	vice organization described in	section	170(b)(1	λΑλίii).					
4	•	·	ted in conjunction with a hospi					(A)(iii)	. Fnter	the hospital's	s name
٠ ـ	city, and stat							,,,,,,,,,		oop.ka.o	, ,,,,,,,,
5 🗌	•		it of a college or university owi	and or on	erated h	, a gove	rnments	al unit o	lescriba	ad in	
• 🗆		(b)(1)(A)(iv). (Complete Pa		ica oi op	erated by	, a gove	· · · · · · · · · · · · · · · · · · ·	ıı uını c	icsci ibe	, <b>u</b> III	
s 🗆			governmental unit described	ın sactio	n 170/h\	(4)(					
6 X								. 41			
<i>'</i>			a substantial part of its suppor	t irom a g	governme	entai uni	t of Hon	i the ge	enerai p	JUDIIC	
• □		section 170(b)(1)(A)(vi).		D4-11-3							
8	•		170(b)(1)(A)(vi). (Complete I	-							
9 📋	-	· · · · · · · · · · · · · · · · · · ·	(1) more than 33 1/3% of its s							-	
			empt functions—subject to cer								
		•	and unrelated business taxable		•		1 tax) fr	om bus	inesse	š	
—			30, 1975 See section 509(a								
10	•	•	d exclusively to test for public	•		•					
11 📙	•	•	d exclusively for the benefit of								
			orted organizations described							ection	
			s the type of supporting organi					-			
_	а 💹 Туре	··	c Type III–Function	, ,	•	d	_ ′'			ctionally integr	rated
е 💹		· ·	rganization is not controlled di		-	-					
			her than one or more publicly	supported	d organız	ations d	escribe	d in sec	ction 50	/9(a)(1)	
	or section 50	, ,, ,									
f	If the organiz	zation received a written de	etermination from the IRS that	ıtıs a Typ	oe I, Type	e II, or T	ype III s	upporti	ng		
	organization	, check the box									
g	Since Augus	st 17, 2006, has the organiz	zation accepted any gift or con	tribution 1	from any	of the					
	following pe	rsons?									
	(i) A perso	n who directly or indirectly	controls, either alone or togeth	ner with p	ersons d	escribed	l ın (ıı) a	nd			Yes No
	(III) belo	w, the governing body of th	ne supported organization?							11g(i)	
	(ii) A family	member of a person desc	ribed in (i) above?							11g(ii)	
	(iii) A 35% d	controlled entity of a persor	n described in (i) or (ii) above?							11g(iii)	1
h	Provide the	following information about	t the supported organization(s	)							
(ı) Nam	e of supported	(ii) EIN	(III) Type of organization	(iv) is the	organization	(v) Did y	ou notify	(vi)	s the	(vil) Amount o	of monetary
org	ganization		(described on lines 1–9		isted in your		nization in of your	organizat	ion in col zed in the	supp	port
			above or IRC section (see instructions)	governing	document?		or your		S ?	Į	
			(see manacache)	Yes	No	Yes	No	Yes	No	l	
(A)											
				İ						I	
(B)				1							
,										ſ	
(C)								<u> </u>			·
(-,											
(D)				<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<b> </b>				
ν-,											
(E)	,			†	<del> </del>			<del> </del>	$\vdash$		
\ <u>-</u> /				-							
				<del>                                     </del>		<del>                                     </del>	<u>├</u>	<del> </del>			

Page 2

Schedule A (Form 990 or 990-EZ) 2013 Ringneck Classic, Inc. 46-2144077

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					41,955	41,955
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					41,955	41,955
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						41,955
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4					41,955	41,955
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						<u></u>
9	Net income from unrelated business activities, whether or not the 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>	L	<del></del>	<u> </u>	1	41,955
12	Gross receipts from related activities, etc	•	•			12	106,647
13	First five years. If the Form 990 is for the	-	first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
<del></del>	organization, check this box and stop he		4				<u> </u>
	tion C. Computation of Public S					1	
14	Public support percentage for 2013 (line		-	olumn (t))		14	%
15	Public support percentage from 2012 Sc			lone 40 and lone 4	4 22 4/20/	<u> </u>	%
16a	33 1/3% support test—2013. If the orga				14 IS 33 1/3% or m	ore, check this	_
	box and stop here. The organization qu	•	• • • •		luna 45 to 22 4/20/		
D	33 1/3% support test—2012. If the organicheck this box and stop here. The organic					or more,	▶□
172	10%-facts-and-circumstances test—2	•		•		ad line 14 is	
170	10% or more, and if the organization me	•					
	Part IV how the organization meets the "				-		
	organization	radio and ondani		organization qui	amico do a padicij	dapported	▶ [
b	10%-facts-and-circumstances test—2	012. If the organi	zation did not che	eck a box on line	13. 16a. 16b. or 17	7a. and line	
_	15 is 10% or more, and if the organization	~				•	
	Explain in Part IV how the organization r			•	•		
	supported organization				• • • • • • • • • • • • • • • • • • • •	•	▶ [
18	Private foundation. If the organization of	did not check a bi	ox on line 13, 16a	ı, 16b, 17a, or 17t	o, check this box a	ind see	_
	instructions			•			▶□
				·· -			

Schedule A (Form 990 or 990-EZ) 2013 Ringneck Classic, Inc. 46-2144077 Page

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 qualify under the tests listed below, please complete Part II.)

_	Title Organization rails to	quality artact	tile teete liete	a belevi, pica	oc complete i	urt II./	
	tion A. Public Support					1	
	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	ı					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						·
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						<del></del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)					:	
14	First five years. If the Form 990 is for th	e organization's f	first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3)	···
	organization, check the box and stop he						▶□
Sec	tion C. Computation of Public S	Support Perce	entage				
15	Public support percentage for 2013 (line	= = =	· · · · · · · · · · · · · · · · · · ·	lumn (f))		15	%
16	Public support percentage from 2012 Sci					16	%_
	tion D. Computation of Investm			40 (6)		147	
17 40	Investment income percentage for 2013	•	•	13, column (t))		17	<u>%</u>
18 19a	Investment income percentage from 201 33 1/3% support tests—2013. If the org			line 14 and line	15 is more than 3	18   3 1/3% and line	<u> </u>
. va	17 is not more than 33 1/3%, check this						▶ □
b	33 1/3% support tests—2012. If the org		-			-	ind
	line 18 is not more than 33 1/3%, check						▶ [7]
20	Private foundation. If the organization of		-			=	<u>•</u> 🗖

Schedule A (Form 990 or 990-EZ) 2013 Ringneck Classic, Inc. 46-2144077 Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

Support Schedule - Unusual Grants

Project distribution

\$ 52,627

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

ame of the organization		Employer Identification number
Ringneck Classic, Inc.		46-2144077
Part I Organizations Maintaining Donor Ac		Funds or Accounts.
Complete if the organization answered	d "Yes" to Form 990, Part IV, line	6
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (dunng year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advisors	•	idvised
funds are the organization's property, subject to the organ	_	Yes No
Did the organization inform all grantees, donors, and dono		
only for chantable purposes and not for the benefit of the	donor or donor advisor, or for any other	
conferring impermissible private benefit? Part II Conservation Easements.		Yes No
Complete if the organization answered	d "Yes" to Form 990, Part IV, line	7.
Purpose(s) of conservation easements held by the organi		
Preservation of land for public use (e.g., recreation or	·	torically important land area
Protection of natural habitat	Preservation of a cert	fied historic structure
Preservation of open space		
Complete lines 2a through 2d if the organization held a qu	ualified conservation contribution in the f	
easement on the last day of the tax year		Held at the End of the Tax Ye
Total number of conservation easements		2a
Total acreage restricted by conservation easements	atomaticos os alcada dos (a)	2b
Number of conservation easements on a certified historic	` '	2c
Number of conservation easements included in (c) acquire     between structure letted in the National Register.	ed after 6/17/06, and not on a	2d
historic structure listed in the National Register  Number of conservation easements modified, transferred	released extinguished or terminated b	
Number of conservation easements modified, transferred tax year ▶	, released, extinguished, or terminated b	y the organization during the
Number of states where property subject to conservation	easement is located >	
Does the organization have a written policy regarding the		ı of
violations, and enforcement of the conservation easemen	• • • • • • • • • • • • • • • • • • • •	∏ Yes ☐ No
Staff and volunteer hours devoted to monitoring, inspectir		ts during the year
<b>•</b>		• ,
Amount of expenses incurred in monitoring, inspecting, a	nd enforcing conservation easements du	ring the year
<b>▶</b> \$		
Does each conservation easement reported on line 2(d) a	above satisfy the requirements of section	170(h)(4)(B)
(i) and section 170(h)(4)(B)(ii)?		Yes No
In Part XIII, describe how the organization reports conser		
balance sheet, and include, if applicable, the text of the fo	potnote to the organization's financial sta	tements that describes the
organization's accounting for conservation easements		041-01-11-1
Part III Organizations Maintaining Collection Complete if the organization answered		
a If the organization elected, as permitted under SFAS 116	<del></del>	· · · · · · · · · · · · · · · · · · ·
works of art, historical treasures, or other similar assets h		
public service, provide, in Part XIII, the text of the footnote	e to its financial statements that describe	s these items
o If the organization elected, as permitted under SFAS 116	,	
works of art, historical treasures, or other similar assets h	•	search in furtherance of
public service, provide the following amounts relating to the	hese items	
(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
(ii) Assets included in Form 990, Part X		▶ \$
If the organization received or held works of art, historical		ancial gain, provide the
following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b Assets included in Form 990, Part X		Sehadula D (Form 000) 204

Schedule D (Form 990) 2013 Ringneck Part III Organizations Maintaining			l Troccur		144077	Page 2
Using the organization's acquisition, access collection items (check all that apply)						
	. 🗆	l l				
a Public exhibition	ª H	Loan or exchange p	rograms			
b Scholarly research	е 📙	Other				
c Preservation for future generations						
4 Provide a description of the organization's c XIII.	collections and exp	nain now they further	the organiza	ation's exe	impi puipose in Pa	11 <b>.</b>
5 During the year, did the organization solicit					ar	
assets to be sold to raise funds rather than		is part of the organiz	ation's collec	tion?	· · · · · · · · · · · · · · · · · · ·	Yes No
Part IV Escrow and Custodial Ari		". 5 000	<b>5</b> (0/)	•		
Complete if the organization 990, Part X, line 21.					<u> </u>	mount on Form
1a Is the organization an agent, trustee, custoo	lian or other intem	nediary for contribution	ons or other a	assets not		
included on Form 990, Part X?						U Yes U No
b If "Yes," explain the arrangement in Part XII	I and complete the	following table				
						Amount
c Beginning balance					1c	
d Additions during the year					1d	
e Distributions during the year					1e	
f Ending balance					_ 1f	<del></del>
2a Did the organization include an amount on I						∐ Yes ∐ No
b If "Yes," explain the arrangement in Part XII	Check here if the	e explanation has be	en provided	ın Part XII	<u> </u>	
Part V Endowment Funds.  Complete if the organization	n answered "V	es" to Form 990	Dart IV Ju	ne 10		
Complete if the organization	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(a) Four years book
4a Basianus of year balance	(a) Current year	(b) Prior year	(c) two ye	ars back	(d) Three years back	k (e) Four years back
1a Beginning of year balance	<del></del>	<del> </del>				
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships			-			•
e Other expenditures for facilities and			•			
programs						
f Administrative expenses			<del> </del>			
g End of year balance			<del></del>			· · · · · · · · · · · · · · · · · · ·
2 Provide the estimated percentage of the cui	rent year end bala	nce (line 1a column	(a)) held as			
a Board designated or quasi-endowment ▶	%	o (o .g, oo.a	. (4)/			
b Permanent endowment ▶ %						
c Temporarily restricted endowment ▶	%					
The percentages in lines 2a, 2b, and 2c sho	ould equal 100%					
3a Are there endowment funds not in the posse		nization that are held	I and adminis	tered for t	he	
organization by	•					Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ii)
b If "Yes" to 3a(ii), are the related organization	ns listed as require	ed on Schedule R?				3b
4 Describe in Part XIII the intended uses of th	e organization's e	ndowment funds				
Part VI Land, Buildings, and Equ			_			
Complete if the organization	1			<u>ne 11a</u>	See Form 990	, Part X, line 10
Description of property	(a) Cost or other	1 '	r other basis		Accumulated	(d) Book value
	(investment	) (ot	ther)	de	preciation	- ·-·
1a Land				ļ		
b Buildings	ļ			<u> </u>		<del></del>
c Leasehold improvements	ļ			ļ		
d Equipment						
e Other			40(1)	L		
Total. Add lines 1a through 1e (Column (d) must	equal Form 990,	Part X, column (B), li	ne 10(c) )			

2,481

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Total, (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶

Sche	edule D (Form 990) 2013 Ringneck Classic, Inc.	46-2144	077	Page 4
_	irt XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue	per Return.	
	Complete if the organization answered "Yes" to Form 990	0, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	irt XII Reconciliation of Expenses per Audited Financial Sta		s per Return.	
	Complete if the organization answered "Yes" to Form 996	0, Part IV, line 12a	· · · · · · · · · · · · · · · · · · ·	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>⊣</b>	
b	Other (Describe in Part XIII )	4b	<u> </u>	
•	Add lines 4a and 4b		4c	
	Total expenses Add Ines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
D-	ert XIII Supplemental Information			

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

Schedule D (Form 990) 2013 Ringneck Classic, Inc.

Part XIII Supplemental Information (continued)

46-2144077

Page 5

# **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

Attach to Form 990 or Form 990-EZ.

Internal Reve	enue Service	Information abou	t Schedule	G (Form 990 or 99	90-EZ)	and its	instructions is at www.irs	gov/form990	Inspection
Name of the	-	ngneck Classi	c, I	inc.				Employer identifica 46 - 21440	
Part I	Fundrais	ing Activities. Comp	lete if t	he organiza			wered "Yes" to Fo		
	Form 990	<ul> <li>EZ filers are not requorganization raised funds the</li> </ul>					es. Check all that appl		
	Mail solicitations	organization raious rando ti	e	r i	_		vernment grants	•,	
	Internet and emai	l solicitations	f			_	ment grants		
	Phone solicitation		g	Special fun	_		_		
d $\square$	In-person solicitat	tions				•			
ork bolf"Y	ey employees list (es," list the ten hi	nave a written or oral agree ed in Form 990, Part VII) oi ghest pad individuals or er \$5,000 by the organization	r entity ii ntities (fu	n connection w	ith pro	ofessi	ional fundraising servi	ces?	Yes No
	(i) Name and	address of individual ly (fundraiser)		(ii) Activity	(iii) Did raiser custo contr contribi	have dy or ol of	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
					Yes	No			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total									

Schedule G (Form 990 or 990-EZ) 2013

Ringneck Classic, Inc. 46-2144077 Schedule G (Form 990 or 990-EZ) 2013 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Charity Hunting (add col (a) through None (event type) col (c)) (event type) (total number) 147,102 147,102 1 Gross recepts 2 Less Contributions 40,455 40,455 3 Gross income (line 1 minus 106,647 106,647 line 2) 4 Cash prizes 5 Noncash prizes Expenses 767 767 6 Rent/facility costs 24,010 24,010 7 Food and beverages Direct 13,000 13,000 8 Entertainment 35,715 35,715 9 Other direct expenses 73,492 33,155 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15 000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor Νo No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities Yes No a is the organization licensed to operate gaming activities in each of these states? b If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

DAA

Sche	edule G (Form 990 or 990-EZ) 2013 Ringneck Classic, Inc.	46-2144077	, <u> </u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	s No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	s 🗌 No
13	Indicate the percentage of gaming activity operated in		_	_
а	The organization's facility	13a		%_
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	<u></u>		
	records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?		Yes	s 📙 No
b	, , , , , , , , , , , , , , , , , , , ,	d the		
	amount of gaming revenue retained by the third party ▶\$			
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information.			
	Name ▶			
	Gaming manager compensation ▶\$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	s 🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			_
	spent in the organization's own exempt activities during the tax year ▶\$			
Pa	t IV Supplemental Information. Provide the explanations required by Part I, line 2b.	, columns (iii) and	s ,(v) t	and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this	s part to provide	any	
	additional information (see instructions)	<del></del>		
	·			

# SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

## **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open To Public Inspection

Employer identification number Ringneck Classic, Inc. 46-2144077 Part I Types of Property (c) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g  $\overline{\mathbf{x}}$ 21 9,312 Est Value of Donation Art -- Works of art Art - Historical treasures Art — Fractional interests 3 50 X Est Value of Donation Books and publications Clothing and household aoods X 10,500 Est Value of Donation 6 Cars and other vehicles 7 Boats and planes Intellectual property Securities — Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution — Historic structures Qualified conservation 14 contribution — Other 15 Real estate - Residential Real estate --- Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 12 25 Other > (Guns & accessor 3,764 Est Value of Donation X 2,670 Other ▶( Hunting access) 6 Est Value of Donation 26 8 9,325 27 Other ▶( Trips X Est Value of Donation Other > ( Miscellaneous X 24 4,834 Value of 28 Est Donation Number of Forms 8283 received by the organization during the tax year for contributions for 29 0 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be X used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard X 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Schedule M (Form 990) (2013)

Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

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 2013

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. Inspection

Open to Public

Name of the organization

Employer identification number

Ringneck Classic, Inc.

46-2144077

Form 990, Part III, Line 4d - All Other Accomplishment Promote programs to develop, improve, enhance, and preserve all aspects of wildlife resource development.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders Organization has board members only.

Form 990, Part VI, Line 8a - Documentation by Governing Body Explanation No minutes were kept for 2013. The board did choose to start taking minutes Jan 2014.

Form 990, Part VI, Line 8b - Documentation by Committee Explanation Organization did not have any committees with authority to act on behalf c the governing body.

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached Scott Sproul

22242 Road E3

Edmond, KS 67645

Kathleen M. Eisenhour

705 Madison

Scott City, KS 67871

Kelli Day

Page 2

Name of the organization

Ringneck Classic, Inc.

Employer identification number 46 - 2144077

101 East Main

Hill City, KS 67642

Jerry Thomas

902 West 5th

Manhattan, KS 67871

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is reviewed prior to filing with the IRS by an officer of the board. Then at the next regularly scheduled meeting, the board has the opportunity to review the completed Form 990.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The organization operates from a building open to the public, all records
are kept there and available to the public upon request.

21083 Ringneck Classic, Inc. 46-2144077 FYE: 12/31/2013	Federal Statements	5/12/2014 7:27 AM
	Schedule A, Part II - Unusual Grants	
Name	Amount	Description
Wild West Historical Foundation Inc 3/15/13 : Total	\$ 52,627 Project distribution \$ 52,627	
	Schedule A, Part II, Line 1(e)	
Desc	Description	Amount
Charity Hunting Event Works of Art Books and publications Case IH Scout ATV Guns and accessories Hunting accessories Trips Miscellaneous Less: Unusual Grants		\$ 1,500 52,627 9,312 50 10,500 3,764 2,670 9,325 4,834 -52,627 \$ 41,955
	Schedule A, Part II, Line 12	
Charity Hunting Event Total	Description	\$ 106,647 \$ 106,647

21083 Ringneck Classic, Inc.

46-2144077

# **Federal Statements**

5/12/2014 7.27 AM

FYE: 12/31/2013

# **Charity Hunting Event**

# **Other Direct Fundraising or Gaming Expenses**

Description	 Amount
Hunt expense	\$ 19,837
Lodging	 15,878
Total	\$ 35,715