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CY ANIMED

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Department of the Treasury

## Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

2014 Open to Public Inspection

OMB No 1545-0047

For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15D Employer Identification number C Name of organization Check if applicable Sedgwick County FB Agric. Assoc. Address change Doing business as 48-0563184 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 316-773-9851 889 North Maize Rd, Suite 100 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code Wichita 67212 · 257,092 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending Max Tiaden 16415 W 103rd St S H(b) Are all subordinates included? KS 67026 If "No," attach a list (see instructions) Clearwater 501(c)(3) · X 501(c) Tax-exempt status N/A Website: ▶ H(c) Group exemption number ▶ Form of organization . X Corporation Year of formation 1951 Association Other > M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule 0 Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 902 3 Number of voting members of the governing body (Part VI, line 1a) 902 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 2 5 Total number of individuals employed in calendar year 2014 (Part V. line 2a) 5 22 . 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 7,400 10,1148 Contributions and grants (Part VIII, line 1h) 203,037 204,624 9 Program service revenue (Part VIII, line 2g) 41,658 42,354 10 Investment income (Part VIII, column (A), lines 3, 4, and 10) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 90, 0c, and 12 Total revenue – add lines 8 through 11 (must equal Paut VIII, column (A), line 12) 252,095 257,092 13 Grants and similar amounts paid (Part (Column (A), lines (53) 17,500 15,250 14 Benefits paid to or for members (Rart IX, column (A), lige 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 107,496 108,554 16a Professional fundraising fees (Part IX Column (A), June 11e) b Total fundraising expenses (Part IX, column (D) line 25 0 17 Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e) 100,268 114,466 18 Total expenses. Add lines 13-17 (must equat Part IX, column (A), line 25) 225,264 238,270 18,822 19 Revenue less expenses. Subtract line 18 from line 12 26,831 Beginning of Current Year End of Year 1,198,559 20 Total assets (Part X, line 16) 1,179,743 3,846 3,840 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 175,897 1,194,719 Signature Block Under penalties of perjury, I declare-that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid self-employed Preparer This tax return Firm's name Firm's EIN **Use Only** prepared by a non-paid preparer. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form **990** (2014)

|                 | Sedgwick County F   |   | 3-0563184                           | Page :                |
|-----------------|---|---|-------------------------------------|-----------------------|
|                 | tatement of Program Servi   | ce Accomplishments a response or note to any line in th                                     | is Part III                         | X                     |
|                 | be the organization's mission   | a responde of mote to any line in the   | io i dit iii                        |                       |
| See Sche        | edule O   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   | program services during the year which were   | e not listed on the                 |                       |
| •               | 90 or 990-EZ?   | lulo O  |                                     | Yes X No              |
|                 | cribe these new services on Sched<br>nization cease conducting, or make | e significant changes in how it conducts, an  | y program                           |                       |
| services?       | <b>.</b>  | ,   |                                     | Yes X No              |
|                 | cribe these changes on Schedule   |   |                                     |                       |
|                 |   | complishments for each of its three largest<br>anizations are required to report the amount | -                                   |                       |
| •               | enses, and revenue, if any, for eac                                     |   | or grants and anocations to others, |                       |
|                 |   |   |                                     |                       |
| a (Code.        | ) (Expenses \$  | including grants of \$  | ) (Revenue \$                       |                       |
|                 |   | o educate and/or impr   |                                     |                       |
|                 |   | ograms offered to all   |                                     |                       |
| include         | neartn, sarety,   | citizenship and marke   | ting.                               |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
| tb (Code        | ) (Expenses \$  | including grants of \$  | ) (Revenue \$                       | -                     |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
| 4a (Oada)       | \ /F  |   | ) /Devenue &                        |                       |
| 4c (Code:       | ) (Expenses \$  | including grants of \$  | ) (Revenue \$                       |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
|                 |   |   |                                     |                       |
| 4d Other progra | am services (Describe in Schedule                                       | 0)  |                                     |                       |
| (Expenses       | ·   | uding grants of \$  | ) (Revenue \$                       | )                     |
| 4e Total progra | ım service expenses ▶   |   |                                     |                       |
| AA              |   |   |                                     | Form <b>990</b> (2014 |

|          |   |      | 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   |      |            |          |
|          | candidates for public office? If "Yes," complete Schedule C, Part I   | 3    |            | <u> </u> |
| 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   |            |          |
| 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 98-19? If "Yes," complete Schedule C,   |      |            |          |
| _        | Part III  | 5    | 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   |      |            | 7.       |
| _        | "Yes," complete Schedule D, Part I  | 6    |            | x        |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | _    |            |          |
| _        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | . 7  |            | <u> </u> |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"   |      |            | 7.       |
| _        | complete Schedule D, Part III   | 8    |            | <u> </u> |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a   |      |            |          |
|          | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or  |      |            | v        |
| 40       | 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   |      |            | ₹.       |
| 44       | 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,  |      | ŀ          |          |
| _        | VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"  |      |            |          |
| а        | complete Schedule D, Part VI  | 44.  | <b>x</b> . |          |
| b        |   | 11a  |            |          |
| 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   | 110  |            |          |
|          | of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII   | 11c  |            | x        |
| d        |   | -110 |            |          |
| _        | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d  |            | 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  |            | 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  |            | x        |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13   |            | х        |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |            | X        |
| ь        | 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 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b  |            | x        |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or   |      |            |          |
|          | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15   | 1          | X        |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other  |      |            |          |
|          | 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  |      |            |          |
|          | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 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   |            | X        |
| 20a      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a  |            | X        |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b  |            |          |
|          |   |      |            |          |

|     |   | 21  |          | Y            |
|-----|---|-----|----------|--------------|
|     | Part I  | 31  |          | x            |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,   |     |          |              |
|     | conservation contributions? If "Yes," complete Schedule M   | 30  |          | <u>x</u>     |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified  |     |          |              |
|     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  |          | <u>x</u>     |
| 29  |   | 28c |          | X            |
| C   | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 00- |          | <b>v</b> .   |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)   | 28b |          | <u> </u>     |
|     | Schedule L, Part IV   | 206 |          | <b>y</b> .   |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete  | 20a |          |              |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a | -        | x            |
|     | Part IV instructions for applicable filing thresholds, conditions, and exceptions).   |     |          |              |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L,   |     |          |              |
|     | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27  |          | <u>x</u>     |
|     | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |     |          |              |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,  |     |          |              |
| 07  | disqualified persons? If "Yes," complete Schedule L, Part II  | 26  |          | <u>x</u>     |
|     |   |     |          | v            |
|     | current or former officers, directors, trustees, key employees, highest compensated employees, or   |     |          |              |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any  |     | -        |              |
|     | If "Yes," complete Schedule L, Part I   | 25b |          |              |
|     | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  |     |          |              |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior  |     |          |              |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |          |              |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |     |          |              |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |          |              |
|     | to defease any tax-exempt bonds?  | 24c |          |              |
| C   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year   |     |          |              |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |          |              |
|     | through 24d and complete Schedule K If "No," go to line 25a   | 24a |          | <u>x</u>     |
|     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b   |     |          |              |
| 24a | production in the state of the |     |          |              |
|     | employees? If "Yes," complete Schedule J  | 23  |          | <u> </u>     |
|     | organization's current and former officers, directors, trustees, key employees, and highest compensated   |     |          |              |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the   |     |          |              |
| 00  | -Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  | <u> </u> | _ <u>x</u> _ |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |     |          |              |
| 20  | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  | X.       | <u> </u>     |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |     | "        |              |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any demostic organization or   | Г   | Yes      | No           |
|     |   |     | V        |              |

Form 990 (2014) Sedgwick County FB Agric. Assoc. 48-0563184

Part 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.

|          | Check it Schedule O contains a response or note to any line in this Part V   |          |  |             |  |              |
|----------|--|----------|--|-------------|--|--------------|
|          |  | 1 1      | ۱ ـ  | (* ×        | Yes  | No           |
| 1a       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 1a       | 2  | _           | **   |              |
| Ь        | 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  |          |  | )<br>}<br>} | 1  | 1            |
| _        | reportable gaming (gambling) winnings to prize winners?  |          | 1  | 1c          | <u> </u>   | 3 1          |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |          | 2  | 1           | 1 1  | . 1          |
|          | Statements, filed for the calendar year ending with or within the year covered by this return  | 2a       | · 2  |             | X  | 11 .·        |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returnations. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions |          |  | 2b          |  | 1 0          |
| 20       | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 5)       |  | 20          | A:   | ×            |
| 3a<br>b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule  | ^        |  | 3a<br>3b    | <del>                                     </del> | <u> </u>     |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other a  |          | ıtı.   | 35          |  | <del> </del> |
| Tu       | over, a financial account in a foreign country (such as a bank account, securities account, or other fin   |          | -  |             |  |              |
|          | account)?  | ailoiai  |  | 4a          | ŀ  | x            |
| b        | If "Yes," enter the name of the foreign country: ▶   |          |  | 1.0         |  |              |
| _        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A   | Accour   | nts  | 7           |  |              |
|          | (FBAR).  |          |  |             |  |              |
| 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  | tion?    |  | 5b          |  | X            |
| С        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |          |  | 5c          |  |              |
| 6a       | 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 as charitable contributions?   |          |  | 6a          |  | <u> </u>     |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contribution   | ns or    |  |             | ļ  |              |
|          | 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    |  | 3 i         | . Šž   |              |
|          | and services provided to the payor?  |          |  | 7a          |  | <u> </u>     |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |          |  | 7b          |  |              |
| C        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | ıs       |  |             | Ì  |              |
|          | required to file Form 8282?  | l        | 1  | 7c          | ***  |              |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d       |  |             | . 11   |              |
| e        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of   |          | t?   | 7e          |  | ├            |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control if the organization received a contribution of qualified intellectual property, did the organization file Fo      |          | 00 as required?                                    | 7f          | <b>-</b>   | <del> </del> |
| g<br>h   | If the organization received a contribution of qualified intellectual property, did the organization file Po   |          | •  | 7g<br>7h    |  |              |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine   |          |  | 711         |  |              |
| Ū        | sponsoring organization have excess business holdings at any time during the year?   | id by ii | ic .   | 8           | . 2 5  | 3 %          |
| 9        | Sponsoring organizations maintaining donor advised funds.  |          |  | *:          | II.  | <b>-</b>     |
| а        | Did the sponsoring organization make any taxable distributions under section 4966?   |          |  | 9a          | \ \  |              |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |          |  | 9b          |  |              |
| 10       | Section 501(c)(7) organizations. Enter   |          |  | 13          | * * *  | 7 % 301      |
| а        | Initiation fees and capital contributions included on Part VIII, line 12   | 10a      |  |             |  |              |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b      |  | <b>-</b>    |  | ,            |
| 11       | Section 501(c)(12) organizations. Enter  |          |  |             |  |              |
| а        | Gross income from members or shareholders  | 11a      |  |             |  |              |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources   |          | "  |             | ۵ شند  | l . "i       |
|          | against amounts due or received from them )  | 11b      |  | * . *       | * 1  |              |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   | 1041     | ?  | 12a         |  |              |
| b        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b      | <u> </u>   |             | *  |              |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |  | <u> </u>    |  | <u> </u>     |
| а        | Is the organization licensed to issue qualified health plans in more than one state?   |          |  | 13a         | <u> </u>   | <u> </u>     |
| -        | Note. See the instructions for additional information the organization must report on Schedule O   |          |  |             | į  | `            |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which   | ı        | ı  |             | . "  | 4 ,          |
|          | the organization is licensed to issue qualified health plans   | 13b      | <del>                                       </del> | <b></b>     |  | , s          |
| C        | Enter the amount of reserves on hand   | 13c      | L  | 1           | <b> </b>   | <u> </u>     |
| 14a      | Did the organization receive any payments for indoor tanning services during the tax year?  If "Vas " has it filed a Form 720 to record those payments? If "No." provide an evel-patent in Sahadid.                          | - 0      |  | 14a         | <del>                                     </del> | X_           |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule  | e U      |  | 14b         | 004  |              |
| DAA      |  |          |  | For         | m サダ   | (2014)       |

DAA

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 or note to any line in this Part VI **X** Section A. Governing Body and Management Yes No 902 1a -Enter the number of voting members of the governing body at the end of the tax year 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. 902 Enter the number of voting members included in line 1a, above, who are independent 1b 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? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 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 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: A The governing body? Яa Each committee with authority to act on behalf of the governing body? X. 8b 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 Section 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 X 12a X. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 with a taxable entity during the year? 16a 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 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) 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, address, and telephone number of the person who possesses the organization's books and records OFFICE SECRETARY 889 North Maize Rd, Suite 100 WICHITA KS 67212 · 316-773-9851 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title           | (B) Average hours per week (list any                           | bo<br>off                      | x, unle<br>icer a     | Pos<br>check<br>ess pe | rson         | than on<br>is both a<br>or/trustee | เท     | (D) Reportable compensation from the | Reportable Reportable compensation compensation from related the organizations |  |
|---------------------------------|--|--------------------------------|-----------------------|------------------------|--------------|------------------------------------|--------|--------------------------------------|--|--|
|                                 | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee | Officer                | Key employee | Highest compensated employee       | Former | organization<br>(W-2/1099-MISC)      | (W-2/1099-MISC)  | from the<br>organization<br>and related<br>organizations |
| (1)William Carp                 | 4 44   |                                |                       |                        |              |                                    |        |                                      |  |  |
|                                 | 1.00   | ١                              |                       |                        |              |                                    |        | _                                    |  |  |
| Board Member (2) Todd Kissinger | 0.00   | X                              | <b></b> -             | <u> </u>               | _            | +                                  |        | 0                                    | 0  | 0  |
| (2) Todd Kissinger              | 1.00   |                                |                       |                        |              |                                    |        |                                      |  |  |
| Board Member                    | 0.00   | $ \mathbf{x} $                 |                       |                        |              |                                    |        | o                                    | o  | 0  |
| (3) Kevin Kohls                 | 0.00   | 1                              |                       | <del> </del>           | ┢            | +                                  |        |                                      |  |  |
| (5)11.67111 11.611115           | 1.00   | ļ                              |                       |                        |              |                                    |        |                                      |  |  |
| Board Member                    | 0.00   | $\mathbf{x}$                   |                       |                        |              |                                    |        | o                                    | o  | 0  |
| · (4)W Lorenz                   |  | +==                            |                       | T                      | $\vdash$     | 1 1                                |        |                                      |  |  |
|                                 | 1.00   |                                |                       |                        | ļ            |                                    |        |                                      |  |  |
| Board Member                    | 0.00   | x                              |                       |                        |              |                                    |        | o                                    | 0  | 0  |
| (5) Rhonda McCurry              |  | T .                            |                       |                        |              |                                    |        |                                      |  |  |
|                                 | 1.00   |                                |                       | ļ                      |              |                                    |        |                                      |  |  |
| Board Member                    | 0.00   | x                              |                       |                        |              |                                    |        | <u> </u>                             | 0  | 0  |
| (6) Kent Ott                    |  |                                |                       |                        |              |                                    |        |                                      |  |  |
|                                 | 1.00   |                                |                       |                        |              | 1 1                                |        |                                      |  |  |
| Board Member                    | 0.00   | X                              |                       |                        | <u> </u>     |                                    |        | 0                                    | 0  | 0  |
| ·(7)Brian Wetta                 |  |                                |                       | l                      | 1            |                                    |        |                                      |  |  |
|                                 | 1.00   |                                |                       |                        | Ì            |                                    |        |                                      |  | _  |
| Board Member                    | 0.00   | x                              | _                     | <u> </u>               |              | ++                                 |        | 0                                    | 0  | 0  |
| (8) Max Tjaden                  | 2 00   |                                |                       |                        |              | 1 1                                |        |                                      |  |  |
| President                       | 2.00   |                                |                       | $ \mathbf{x} $         |              |                                    |        | _                                    |  |  |
| (9) Joseph Youngers             | 0.00   | +                              |                       | ┢                      | ┢            | +                                  |        | 0                                    | 0  | 0  |
| (a) bosepii loungers            | 2.00   |                                | 1                     |                        |              |                                    |        |                                      |  |  |
| Vice-President                  | 0.00   |                                |                       | x                      |              | 1                                  |        | o                                    | o  | 0  |
| (10) Peggy Hill                 | 0.00   | ╁╴                             | ┢╌                    | <u> </u>               | ┢            | ╁╼╂                                |        |                                      |  |  |
| (10)20993                       | 2.00   |                                |                       | İ                      |              |                                    |        |                                      |  |  |
| Sec/Treas                       | 0.00   |                                |                       | x                      |              | 1 1                                |        | o                                    | o  | 0  |
| (11)                            |  | $\top$                         |                       | 1                      |              | 1 1                                |        | <del> </del>                         | <u>_</u>   |  |
| • •                             |  |                                |                       |                        |              | 1                                  |        |                                      |  |  |
|                                 |  |                                |                       | 1                      |              |                                    |        |                                      |  |  |
| DAA                             | ·  |                                |                       |                        |              |                                    |        |                                      | -  | 000  |

| <u>Pai</u>   | (A) Name and title   | (B) (C)  Average Position hours per (do not check more than one week box, unless person is both an (list any officer and a director/trustee) |                                |              |          |         |                              |                       | (D) Reportable compensation from the                 | (E) Reportable compensation from related organizations                       |            | (F) Estima amoun othe                      | ted<br>t of<br>r    |          |
|--------------|--|--|--------------------------------|--------------|----------|---------|------------------------------|-----------------------|--|--|------------|--|---------------------|----------|
|              |  | hours for<br>related<br>organizations<br>below dotted<br>line)   | Individual trustee or director |              | Officer  |         | Highest compensated employee |                       | organization<br>(W-2/1099-MISC)                      | (W-2/1099-MISC)  | ,          | from t<br>organiza<br>and rela<br>organiza | he<br>ation<br>ated |          |
| (12)         |  |  |                                |              |          |         |                              |                       |  |  |            |  |                     |          |
|              | · · · · · · · · · · · · · · · · · · ·                                    |  |                                |              |          |         |                              |                       |  |  |            |  |                     |          |
| (13)         |  | -  |                                |              |          |         |                              |                       |  |  |            |  |                     |          |
| (14)         |  |  |                                |              |          |         |                              |                       |  |  |            |  |                     |          |
| (15)         |  |  |                                |              |          |         |                              |                       |  |  |            |  |                     |          |
| (16)         |  |  |                                |              |          |         |                              |                       |  |  |            |  |                     |          |
| (17)         |  |  |                                |              |          |         |                              |                       |  |  |            |  |                     |          |
| (18)         |  | -  |                                |              |          |         |                              |                       |  |  |            |  |                     |          |
| (19)         |  |  |                                |              |          |         |                              |                       |  |  |            |  |                     |          |
| 1b<br>c<br>d | Sub-total  Total from continuation she  Total (add lines 1b and 1c)      | ets to Part VII,   | Sect                           | ion <i>i</i> | <b>A</b> |         |                              | <b>&gt; &gt; &gt;</b> |  |  |            |  |                     |          |
| 2            | Total number of individuals (in reportable compensation from             | ncluding but not l<br>n the organization   | ımıt∈<br>n ▶                   | ed to        | thos     | e lis   | ted a                        | abov                  | ve) who received more than                           | \$100,000 of   |            |  |                     |          |
| 3            | Did the organization list any for employee on line 1a? If "Yes,"         | ormer officer, die   | ecto                           | r, or        | trust    | ee, l   | key e                        | emp                   | loyee, or highest compensa                           | ated   |            | 3  | Yes                 | No<br>X  |
| 4            | For any individual listed on lin<br>organization and related organ       | e 1a, is the sum   | of re                          | port         | able     | com     | pens                         | satic                 | on and other compensation complete Schedule J for su | from the<br>ch   |            |  |                     | ,        |
| 5            | Individual  Did any person listed on line for services rendered to the o |  |                                |              |          |         |                              |                       |  | ndıvıdual  |            | 5  | -                   | x        |
| Sect         | ion B. Independent Contractor Complete this table for your fi            | ors  |                                |              |          |         |                              |                       |  | then \$100,000 of  |            |  |                     |          |
|              | compensation from the organ  | ization Report c<br>(A)<br>business address  | omp                            | ensa         | ition    | for t   | he ca                        | alen                  | dar year ending with or with                         | than \$100,000 of<br>the organization's tax years<br>(B)<br>tion of services | <u>ear</u> |  | (C)<br>mpensa       | ution    |
|              |  |  |                                | •            |          |         |                              |                       |  |  |            |  |                     |          |
|              |  |  |                                |              |          |         |                              | T                     |  |  |            |  |                     |          |
|              |  |  |                                |              |          |         |                              |                       |  |  |            |  |                     |          |
|              |  |  |                                |              |          |         |                              |                       |  |  |            | _  |                     |          |
|              |  |  |                                |              |          |         |                              |                       | <u> </u>   |  |            |  |                     |          |
| 2            | Total number of independent received more than \$100,000                 | contractors (incl  | uding                          | g but        | not      | limit   | ed to                        | the                   | ose listed above) who                                |  |            |  |                     | -        |
| DAA          | 1000 VEG THOTE THAT \$100,000  | or compensation  | 110                            | in ul        | e org    | jai 112 | auoi                         |                       | <del>.</del>   | 0  |            | For  | m <b>99</b> (       | 0 (2014) |

| ra   | rt V |  | i <b>ent of Reve</b><br>if Schedule ( |          | tains a     | response o | or note to any line  | in this Part VIII                       |   |  |
|--|------|--|---------------------------------------|----------|-------------|------------|----------------------|---|---|--|
|  |      | * * * * * *  | . ****                                |          | , ¥ \$\     | • •        | (A)<br>Total revenue | (B) Related or exempt function revenue  | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts | - 1a | Federated cam  | paigns                                | 1a       |             |            |                      |   |   |  |
| ڎ의   | b    | Membership di  | ıes                                   | 1b       |             |            |                      |   |   |  |
| P is   | C    | Fundraising ev   | ents                                  | 1c       |             |            |                      |   |   |  |
| 흕희   | ď    | Related organiz  | zations                               | 1d       |             |            |                      |   | ,                                       | l  |
| S.E  | е    | Government grants (  | contributions)                        | 1e       |             |            | ,                    |   | *                                       |  |
| 흕밁   | f    | All other contributions, gifts, grants,<br>and similar amounts not included above    |                                       | 1        |             |            | * ; .<br>. *         |   |   | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\               |
| 듗  |      |  |                                       |          |             | 10,114     |                      |   |   |  |
| ᅙ  | _    | Noncash contribution   |                                       | -1f :    | \$          |            |                      |   |   | ;  |
| <u> </u>   | h    | Total. Add line  | s 1a–1f                               |          |             | <u> </u>   | 10,114               |   |   |  |
| 울  |      |  |                                       |          |             | Busn. Code |                      |   |   |  |
| S  | 2a   | County D   | nes                                   |          |             | 110000     | 204,624              | 204,624                                 |   |  |
| e l  | b    |  |                                       |          |             |            |                      |   |   |  |
| اچ   | С    |  |                                       |          |             |            |                      |   |   | <u> </u>   |
| S  | d    |  |                                       |          |             |            |                      |   |   |  |
| ran  | е    |  |                                       |          |             | ļ          |                      |   |   |  |
| Š.   |      | All other progra   |                                       | nue      |             |            | 204 624              |   |   |  |
| -  |      | Total. Add line  |                                       | -11      |             | <u> </u>   | 204,624              |   |   | · · · · · · · · · · · · · · · · · · ·                |
|  | 3    | Investment inc   |                                       | aiviaer  | ias, intere | est,       | 42,354               |   |   | . 42 254   |
|  |      | and other similar amounts)   |                                       |          |             |            | 44,354               |   |   | 42,354   |
|  |      | <ul> <li>Income from investment of tax-exempt bond pro</li> <li>Royalties</li> </ul> |                                       |          | roceeds -   |            |                      |   |   |  |
|  | Э    | Hoyailles [  | (ı) Real                              |          | (a) E       | Personal   |                      |   |   |  |
|  | 6-   | Gross rents  | (i) Real                              |          | (11)        | ersonar    |                      |   |   |  |
|  | 6a   | F  |                                       |          |             |            |                      |   |   | 1  |
|  | b    | Less rental exps Rental inc or (loss)  |                                       |          |             |            |                      | y                                       |   |  |
|  | d    | Net rental inco  | mo or (loca)                          |          |             |            | ^ \$ \$ \$ \$ \$     | at TORRES TO                            |   | '  |
|  |      | Gross amount from  | (i) Securities                        | 1        | (1)         | Other      |                      |   |   |  |
|  |      | sales of assets other than inventory   |                                       | ,        |             |            |                      | ļ                                       |   |  |
|  | ь    | Less cost or other   |                                       |          |             |            |                      |   |   |  |
|  | _    | basis & sales exps   |                                       |          |             |            |                      |   |   |  |
|  | С    |  |                                       |          |             |            | ****                 |   |   | *  |
|  | d    | Net gain or (los   | ss)                                   |          | L           |            | % # #                | * | ^ "                                     | A  |
|  |      |  | •                                     | ents I   |             |            |                      |   |   |  |
| Jue  |      | (not including \$  |                                       |          |             |            |                      |   |   |  |
| Ş.   |      |  | eported on line 1d                    | ۱ ۱      |             |            |                      |   |   | i  |
| Other Revenu   |      | See Part IV, line  |                                       | a        |             |            | ·                    |   |   |  |
| Ę.   | ь    | Less: direct ex  |                                       | ь        |             |            |                      |   |   |  |
| δ  |      |  | •                                     | draisind | events      | <b>•</b>   |                      | ` .                                     |   | · · · · · · · · · · · · · · · · · ·                  |
|  |      | Gross income fro   |                                       |          |             | -          |                      |   | x \$ *                                  | * *  |
|  |      | See Part IV, line  |                                       | а        |             |            |                      | `                                       |   |  |
|  | b    | Less: direct ex  |                                       | b        |             | -          |                      |   |   |  |
|  |      | Net income or  |                                       | ning ac  | tivities    | <b></b>    |                      | ~                                       | -                                       | -  |
|  | l .  | Gross sales of   | _                                     | - 1      |             |            |                      |   |   |  |
|  |      | returns and alle   | -                                     | а        |             |            | ν.                   | ٨.                                      |   | F  |
|  | b    | Less. cost of g  | oods sold                             | b        |             |            |                      | •                                       | ú,                                      | ,  |
|  |      | Net income or  |                                       | es of in | ventory     | <b></b>    | * ********           |   |   | •  |
|  |      |  | ellaneous Revenue                     |          |             | Busn. Code |                      |   |   |  |
|  | 11a  |  |                                       |          |             |            |                      | L                                       |   |  |
|  | b    |  |                                       |          |             |            |                      |   |   |  |
|  | С    |  |                                       |          |             |            |                      |   |   |  |
|  | d    | All other reven  | ue                                    |          |             |            |                      |   |   |  |
|  | е    | Total. Add line  | s 11a–11d                             |          |             | <b></b>    |                      |   |   |  |
|  | 12   | Total revenue  | . See instructio                      | ns.      |             |            | 257,092              | 204,624                                 | 0                                       | 42,354   |

Part IX Statement of Functional Expenses

|    | Check if Schedule O contains a respo   | onse or note to any line in t | his Part IX                  |   |  |
|----|--|-------------------------------|------------------------------|---|--|
|    | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses         | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses         |
| 1  | - Grants and other assistance to domestic organizations  |                               |                              | * · :                                     | *                                      |
|    | and domestic governments. See Part IV, line 21   | ·15,250                       |                              |   |  |
| 2  | Grants and other assistance to domestic  |                               |                              | *   |  |
|    | individuals See Part IV, line 22   |                               |                              | *   |  |
| 3  | Grants and other assistance to foreign   | :                             |                              |   |  |
|    | organizations, foreign governments, and foreign  |                               |                              |   |  |
|    | individuals 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)   | 24 542                        |                              |   |  |
| 7  | Other salaries and wages   | 91,713                        |                              |   |  |
| 8  | Pension plan accruals and contributions (include   | 2 224                         |                              |   |  |
|    | section 401(k) and 403(b) employer contributions)  | 9,291                         |                              |   |  |
| 9  | Other employee benefits  | 673                           |                              |   |  |
| 10 | Payroll taxes  | 6,877                         |                              |   |  |
| 11 | Fees for services (non-employees)  |                               |                              |   |  |
| а  | Management   |                               |                              |   |  |
| b  | <u> </u>   |                               |                              |   |  |
| c  |  |                               | <del></del> .                |   | · · · · · · · · · · · · · · · · · · ·  |
| d  | , , , , , , , , , , , , , , , , , , ,  |                               |                              |   |  |
| e  | · · · · · · · · · · · · · · · · · · ·  |                               |                              | <u>"</u>                                  |  |
| f  | Investment management fees   |                               |                              |   |  |
| g  |  |                               |                              |   |  |
| 40 | (A) amount, list line 11g expenses on Schedule O )   | 6,484                         |                              |   |  |
| 12 | Advertising and promotion  | 5,950                         |                              |   |  |
| 13 | Office expenses  | 3,930                         |                              |   |  |
| 14 | Information technology   |                               |                              |   |  |
| 15 | Royalties  | 30,809                        | <del>.</del>                 | <u> </u>                                  |  |
| 16 | Occupancy<br>Travel  | 7,843                         |                              |   |  |
| 17 | Payments of travel or entertainment expenses   | 7,043                         |                              |   |  |
| 18 | ' '  |                               |                              |   |  |
| 19 | for any federal, state, or local public officials Conferences, conventions, and meetings   |                               |                              |   | <u> </u>                               |
| 20 | Interest   |                               |                              |   | <u> </u>                               |
| 21 | Payments to affiliates   |                               |                              |   | ······································ |
| 22 | Depreciation, depletion, and amortization  | · 754                         |                              | -   |  |
| 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   |                               | * \$                         | 8   | **                                     |
|    | (A) amount, list line 24e expenses on Schedule O.)   |                               |                              |   |  |
| а  | ```  | 18,633                        |                              |   |  |
| b  |  | 13,150                        |                              | -   |  |
| c  |  | 4,749                         |                              |   |  |
| d  |  | 3,284                         |                              |   |  |
| e  | h  | 22,810                        |                              |   |  |
| 25 | Total functional expenses. Add lines 1 through 24e   | 238,270                       | 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) |                               |                              |   |  |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 41,218 42,041 Cash-non-interest bearing · 74,595 2 58,874 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 37,252 other basis. Complete Part VI of Schedule D 10a 35,976 b Less: accumulated depreciation 10b 2,030 10c Investments—publicly traded securities 061,900 11 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,198,559 -1,179,74316 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 3,846 17 17 -3,84018 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 .3,846 3,840 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ and Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here Assets or complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 1,194,719 1,175,897 ž 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances · 1,175,897 1,194,719 Total liabilities and net assets/fund balances ,179,743 1,198,559

|    | 990 (2014) Sedgwick County FB Agric. Assoc. 48-0563184  |    |    |            | Pag        | ge <b>12</b> |
|----|---|----|----|------------|------------|--------------|
| Pa | rt XI Reconciliation of Net Assets  |    |    |            |            |              |
|    | Check if Schedule O contains a response or note to any line in this Part XI                                   |    |    |            |            |              |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1  |    |            |            | 092          |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  |    |            |            | 270          |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3  |    |            |            | 822          |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 1, | <u> 17</u> | <b>5</b> , | <u>897</u>   |
| 5  | Net unrealized gains (losses) on investments  | 5  |    |            |            |              |
| 6  | Donated services and use of facilities  | 6  |    |            |            |              |
| 7  | Investment expenses   | 7  |    |            |            |              |
| 8  | Prior period adjustments  | 8  |    |            |            |              |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9  |    |            |            |              |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                |    |    |            |            |              |
|    | 33, column (B))   | 10 | 1, | , 19       | 4,         | 719          |
| Рa | rt XII Financial Statements and Reporting   |    |    |            |            |              |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                  |    |    |            |            |              |
|    |   |    |    |            | 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         |    |    |            |            | * 1          |
|    | Schedule O.   |    |    |            |            |              |
| 2a | Were 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        |    |    |            |            | > '          |
|    | reviewed on a separate basis, consolidated basis, or both   |    |    |            |            |              |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |    | ,  | ı          |            | 1.           |
| b  | Were 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       |    |    |            |            | -            |
|    | separate basis, consolidated basis, or both   |    |    |            |            |              |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |    | İ  |            |            |              |
| 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 the organization changed either its oversight process or selection process during the tax year, explain in |    |    |            |            |              |
|    | Schedule O  |    |    |            |            |              |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |    | 1  |            |            | ĺ            |
|    | the Single Audit Act and OMB Circular A-133?  |    |    | 3a         |            | <b>x</b> .   |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |    |    | _          |            | <del></del>  |
| _  | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.      |    |    | зь         |            |              |

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

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| • 5   | Section 501(c)(4), (5), or (6) organizations: Complete Part III                          | <u> </u>                          |                        |   |   |  |  |  |
|---|--|-----------------------------------|------------------------|---|---|--|--|--|
| Name  | e of organization  | Namia Nasoa                       |                        |   | ification number  |  |  |  |
| Da  | Sedgwick County FB 2<br>t I-A Complete if the organization is exem                       |                                   | \ or io o contin       | 48-05631  |   |  |  |  |
| <u>га:</u><br>1   |  |                                   |                        | on 527 organizatio  | on.   |  |  |  |
| 2   | Provide a description of the organization's direct and indire<br>Political expenditures  | ect political campaign activities | in Part IV.            | <b>.</b> .  |   |  |  |  |
| 3   | Volunteer hours  |                                   |                        | ▶ \$  |   |  |  |  |
|   | Volunteer nours  |                                   |                        |   |   |  |  |  |
| Pai   | rt I-B Complete if the organization is exem  |                                   | )(3).                  |   |   |  |  |  |
| 1   | Enter the amount of any excise tax incurred by the organiz                               |                                   |                        | ▶ \$  |   |  |  |  |
| 2   | Enter the amount of any excise tax incurred by organization                              | n managers under section 495      | 5                      | ▶ \$  |   |  |  |  |
| 3   | If the organization incurred a section 4955 tax, did it file Fo                          | orm 4720 for this year?           |                        |   | Yes No  |  |  |  |
|   | Was a correction made?   |                                   |                        |   | Yes No  |  |  |  |
| _   | If "Yes," describe in Part IV.   |                                   | _                      |   |   |  |  |  |
| Pai   | rt I-C Complete if the organization is exen  |                                   |                        | <u>ion 501(c)(3).</u>   |   |  |  |  |
| 1   | Enter the amount directly expended by the filing organization                            | on for section 527 exempt fund    | tion                   |   |   |  |  |  |
|   | activities   |                                   |                        | ▶ \$  |   |  |  |  |
| 2   | Enter the amount of the filing organization's funds contribu                             | ited to other organizations for s | ection                 |   |   |  |  |  |
| 527 exempt function activities                                  |  |                                   |                        |   |   |  |  |  |
| 3   | 3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, |                                   |                        |   |   |  |  |  |
|   | line 17b ▶\$   |                                   |                        |   |   |  |  |  |
| 4 Did the filing organization file Form 1120-POL for this year? |  |                                   |                        |   |   |  |  |  |
| 5   | Enter the names, addresses and employer identification no                                | umber (EIN) of all section 527    | political organization | ons to which the filing   |   |  |  |  |
|   | organization made payments. For each organization listed                                 | , enter the amount paid from th   | ie filing organizatio  | n's funds Also enter  |   |  |  |  |
|   | the amount of political contributions received that were pro-                            | omptly and directly delivered to  | a separate politica    | ıl organızatıon, such   |   |  |  |  |
|   | as a separate segregated fund or a political action commit                               | tee (PAC). If additional space i  | s needed, provide      | information in Part IV  |   |  |  |  |
|   | (a) Name   | (b) Address                       | (c) EIN                | (d) Amount paid from filing organization's funds if none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |  |  |  |
| (1)   |  |                                   |                        |   |   |  |  |  |
| (2)   |  |                                   |                        |   |   |  |  |  |
| (3)   |  |                                   |                        |   |   |  |  |  |
| (4)   |  |                                   |                        |   |   |  |  |  |
| (5)   |  |                                   |                        |   |   |  |  |  |
|   |  |                                   |                        |   |   |  |  |  |
| (6)   |  |                                   |                        |   |   |  |  |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Schedule C (Form 990 or 990-                                | EZ) 2014 <b>Sedgwi</b>  | .ck County             | FB Agric.                | Assoc.                                 | 48-056318               | 34 Page 2      |  |  |
|---|---|------------------------|--------------------------|--|-------------------------|----------------|--|--|
|   |   |                        |                          |  | l filed Form 5768 (e    |                |  |  |
|   | n 501(h)).  |                        |                          |  |                         |                |  |  |
|   |   |                        |                          |  | t IV each affiliated g  | roup member's  |  |  |
|   | ie, address, EIN, e   | •                      |                          |  | •                       |                |  |  |
| B Check ▶ ☐ if the  | e filing organization   | checked box A          | A and "limited cont      | rol" provisior                         | ns apply.               |                |  |  |
| •   | Limits on Lobb  |                        |                          |  | (a) Filing              | (b) Affiliated |  |  |
|   | n "expenditures" m  | <del></del>            |                          |  | organization's totals   | group totals   |  |  |
| 1a Total lobbying expend                                    |   |                        |                          | L                                      |                         |                |  |  |
| <b>b</b> Total lobbying expend                              |   |                        |                          |  |                         |                |  |  |
| c Total lobbying expend                                     | ditures (add lines 1a an  | d 1b)                  |                          | L                                      |                         |                |  |  |
| d Other exempt purpos                                       | e expenditures  |                        |                          | _                                      |                         |                |  |  |
| e Total exempt purpose                                      | e expenditures (add line  | s 1c and 1d)           |                          | L                                      |                         |                |  |  |
| f Lobbying nontaxable                                       | amount Enter the amo  | unt from the follow    | ing table in both        |  |                         |                |  |  |
| columns.  |   |                        |                          |  |                         |                |  |  |
| If the amount on line 1                                     | le, column (a) or (b) is:   | The lobbying nor       | taxable amount is:       |  | <b>{</b>                | * }            |  |  |
| Not over \$500,000  |   | 20% of the amount      | t on line 1e             |  |                         |                |  |  |
| Over \$500,000 but not o                                    | over \$1,000,000  | \$100,000 plus 15%     | of the excess over \$500 | 0,000                                  |                         |                |  |  |
| Over \$1,000,000 but no                                     | t over \$1,500,000  | \$175,000 plus 10%     | of the excess over \$1,0 | 00,000                                 |                         |                |  |  |
| Over \$1,500,000 but no                                     | Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 |                        |                          |  |                         |                |  |  |
| Over \$17,000,000   |   | \$1,000,000            |                          |  |                         |                |  |  |
| g Grassroots nontaxable                                     | le amount (enter 25% o  | f line 1f)             |                          | Ĺ                                      |                         |                |  |  |
| h Subtract line 1g from line 1a. If zero or less, enter -0- |   |                        |                          |  |                         |                |  |  |
| i Subtract line 1f from                                     | line 1c. If zero or less, e   | enter -0-              |                          |  |                         |                |  |  |
| j If there is an amount                                     | other than zero on eithe  | er line 1h or line 1ı, | did the organization fi  | le Form 4720                           |                         |                |  |  |
| reporting section 491                                       | 1 tax for this year?  |                        |                          |  |                         | Yes No         |  |  |
|   |   | 4-Year Averagi         | ng Period Under s        | ection 501(h)                          |                         | <del></del>    |  |  |
| (Some organ   | izations that made  |                        |                          |  | ete all of the five col | umns below.    |  |  |
| , ,   |   |                        | nstructions for line     |  |                         |                |  |  |
|   |   | <u> </u>               |                          |  | ·                       |                |  |  |
|   | <u>Lob</u>  | bying Expenditu        | res During 4-Year        | Averaging P                            | eriod                   |                |  |  |
| Calendar year (or   | fiscal year   |                        |                          |  |                         |                |  |  |
| beginning   | - 1   | (a) 2011               | <b>(b)</b> 2012          | <b>(c)</b> 2013                        | (d) 2014                | (e) Total      |  |  |
|   |   |                        |                          |  |                         |                |  |  |
| 2a Lobbying nontaxable                                      | amount  |                        |                          |  |                         |                |  |  |
| b Lobbying ceiling amo                                      | nunt  |                        |                          |  |                         |                |  |  |
| (150% of line 2a, colu                                      |   |                        | : \$                     | ٠                                      |                         |                |  |  |
| (100% of lifte 2a, con                                      | umm(e))   |                        |                          | · · · · · · · · · · · · · · · · · · ·  |                         |                |  |  |
| c Total lobbying expend                                     | ditures   |                        |                          |  |                         |                |  |  |
| d Grassroots nontaxab                                       | le amount   |                        |                          |  |                         |                |  |  |
| e Grassroots ceiling an                                     | nount   | ;                      | *.                       | ······································ |                         |                |  |  |
| (150% of line 2d, colu                                      | umn (e))  |                        |                          |  |                         |                |  |  |
| f Grassroots lobbying                                       | expenditures  |                        |                          |  |                         |                |  |  |

Schedule C (Form 990 or 990-EZ) 2014

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

and political expenditure next year?

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2014 Sedgwick County FB Agric. Assoc.

48-0563184

Page 4

Part IV Supplemental Information (continued)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,

OMB No 1545-0047

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Open to Public ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer Identification number Sedgwick County FB Agric. Assoc. 48-0563184 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|    |  | (a) Donor advised funds                       | (b)         | Funds and other accounts        |
|----|--|---|-------------|---------------------------------|
| 1  | Total number at end of year  |   |             |                                 |
| 2  | Aggregate value of contributions to (during year)                                |   |             | <del></del>                     |
| 3  | Aggregate value of grants from (during year)                                     |   |             |                                 |
| 4  | Aggregate value at end of year   |   |             |                                 |
| 5  | Did the organization inform all donors and donor advisors in writing that        | t the assets held in donor advised            |             |                                 |
|    | funds are the organization's property, subject to the organization's excl        | usive legal control?                          |             | Yes No                          |
| 6  | Did the organization inform all grantees, donors, and donor advisors in          | -   |             |                                 |
|    | only for charitable purposes and not for the benefit of the donor or donor       | or advisor, or for any other purpose          |             |                                 |
|    | conferring impermissible private benefit?  |   |             | Yes No                          |
| Pa | rt II Conservation Easements.  |   |             |                                 |
|    | Complete if the organization answered "Yes" to F                                 | orm 990, Part IV, line 7.                     |             |                                 |
| 1  | Purpose(s) of conservation easements held by the organization (check             | all that apply).                              |             |                                 |
|    | Preservation of land for public use (e.g., recreation or education)              | Preservation of a historically impo           | rtant land  | area                            |
|    | Protection of natural habitat  | Preservation of a certified historic          | structure   |                                 |
|    | Preservation of open space   |   |             |                                 |
| 2  | Complete lines 2a through 2d if the organization held a qualified conse          | rvation contribution in the form of a conser  | vation      |                                 |
|    | easement on the last day of the tax year.  |   |             | leld at the End of the Tax Year |
| а  | Total number of conservation easements   |   | 2a          |                                 |
| b  | Total acreage restricted by conservation easements                               |   | 2b          |                                 |
| С  | Number of conservation easements on a certified historic structure incl          | uded in (a)                                   | 2c          |                                 |
| d  | Number of conservation easements included in (c) acquired after 8/17/            | 06, and not on a                              |             |                                 |
|    | historic structure listed in the National Register                               |   | 2d          |                                 |
| 3  | Number of conservation easements modified, transferred, released, ex             | tinguished, or terminated by the organization | on during   | the                             |
|    | tax year ▶   |   | J           |                                 |
| 4  | Number of states where property subject to conservation easement is I            | ocated >                                      |             |                                 |
| 5  | Does the organization have a written policy regarding the periodic mon           |   |             |                                 |
|    | violations, and enforcement of the conservation easements it holds?              |   |             | Yes No                          |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting, and enforce         | cing conservation easements during the year   | ar          |                                 |
|    | <b>•</b>   |   |             |                                 |
| 7  | Amount of expenses incurred in monitoring, inspecting, and enforcing of          | conservation easements during the year        |             |                                 |
|    | <b>▶</b> \$  |   |             |                                 |
| 8  | Does each conservation easement reported on line 2(d) above satisfy t            | the requirements of section 170(h)(4)(B)(i)   |             | _                               |
|    | and section 170(h)(4)(B)(ii)?  |   |             | Yes No                          |
| 9  | In Part XIII, describe how the organization reports conservation easem-          | ents in its revenue and expense statement     | , and       |                                 |
|    | balance sheet, and include, if applicable, the text of the footnote to the       | organization's financial statements that de   | scribes th  | ne                              |
|    | organization's accounting for conservation easements                             |   |             |                                 |
| Pa | ort III Organizations Maintaining Collections of Art,                            |   | imilar /    | Assets.                         |
|    | Complete if the organization answered "Yes" to F                                 |   |             | <u> </u>                        |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), n            | -   |             | eet                             |
|    | works of art, historical treasures, or other similar assets held for public      | exhibition, education, or research in furthe  | rance of    |                                 |
|    | public service, provide, in Part XIII, the text of the footnote to its financial |   |             |                                 |
| b  | If the organization elected, as permitted under SFAS 116 (ASC 958), to           | •   |             |                                 |
|    | works of art, historical treasures, or other similar assets held for public      | exhibition, education, or research in furthe  | rance of    |                                 |
|    | public service, provide the following amounts relating to these items:           |   |             |                                 |
|    | (i) Revenues included in Form 990, Part VIII, line 1                             |   | <b>&gt;</b> | \$                              |
|    | (ii) Assets included in Form 990, Part X   |   | <b>&gt;</b> | \$                              |
| 2  | If the organization received or held works of art, historical treasures, or      | other similar assets for financial gain, prov | vide the    |                                 |
|    | following amounts required to be reported under SFAS 116 (ASC 958)               | relating to these items:                      |             |                                 |
| а  | Revenue included in Form 990, Part VIII, line 1                                  |   | •           | \$                              |
| b  | Assets included in Form 990, Part X  |   | •           | \$                              |

| x      | dule D (Form 990) 2014 Sedgwick  |                         |                         |                      |                 | 5631        |               | Page 2   |
|--------|--|-------------------------|-------------------------|----------------------|-----------------|-------------|---------------|--|
|        | It III. Organizations Maintainii Using the organization's acquisition, acces |                         |                         |                      |                 |             |               | (continuea)                                      |
|        | collection items (check all that apply).                                     | sion, and other record  | •                       | ·                    | . ale a sigilli | icani use   | OTIS          |  |
| a      | Public exhibition  | d 📙                     | Loan or exchan          | ge programs          |                 |             |               |  |
| b      | Scholarly research   | e                       | Other                   |                      |                 |             |               |  |
| С<br>4 | Prevede a description of the experimental                                    | acilications and avaleu | a lagres that structles |                      |                 |             | Dood          |  |
|        | Provide a description of the organization's XIII                             |                         |                         |                      |                 | purpose     | m Part        |  |
| 5      | During the year, did the organization solicit                                |                         |                         | •                    |                 |             |               |  |
| - Do   | assets to be sold to raise funds rather than                                 |                         | part of the organ       | ization's collection | on?             |             |               | Yes No   |
| r Fa   | TTIV Escrow and Custodial A<br>Complete if the organization                  |                         | " to Form 000           | Dort IV line         | O or rong       | ortod or    | o omount o    | n Form   |
|        | 990, Part X, line 21.  |                         |                         |                      |                 | Jileu ai    | - amount c    |  |
| 1a     | Is the organization an agent, trustee, custo                                 | dian or other intermed  | liary for contribu      | tions or other ass   | sets not        |             |               |  |
| _      | included on Form 990, Part X?  | III                     | H                       |                      |                 |             |               | ☐ Yes ☐ No                                       |
| D      | If "Yes," explain the arrangement in Part X                                  | III and complete the fo | ollowing table:         |                      |                 | ſ           | <u> </u>      | Amount   |
| ^      | Beginning balance  |                         |                         |                      |                 | ·           | 4.            | Amount   |
|        | Additions during the year  |                         |                         |                      |                 | }           | 1c            | · · · · · · · · · · · · · · · · · · ·            |
|        | Distributions during the year  |                         |                         |                      |                 | ŀ           | 1d<br>1e      |  |
| 4      | Ending balance   |                         |                         |                      |                 | ŀ           | 1f            |  |
| 2a     | Did the organization include an amount on                                    | Form 990 Part X line    | 21 for escrow           | or custodial acco    | unt liability?  | ٠           |               | Yes No   |
|        | If "Yes," explain the arrangement in Part X                                  |                         |                         |                      |                 |             |               | res no   |
| Pa     |  |                         | Apiananon nao 2         | - Provided III       | are Ain         |             |               |  |
|        | Complete if the organization   | on answered "Yes        | " to Form 990           | ), Part IV, line     | 10.             |             |               |  |
|        |  | (a) Current year        | (b) Prior yea           |                      | years back      | (d) Thr     | ee years back | (e) Four years back                              |
| 1a     | Beginning of year balance  |                         |                         |                      |                 |             |               |  |
| b      | Contributions  |                         |                         |                      |                 |             |               |  |
| C      | Net investment earnings, gains, and losses                                   |                         |                         |                      |                 |             |               |  |
| d      | Grants or scholarships   |                         |                         |                      |                 |             |               | <del>                                     </del> |
|        | Other expenditures for facilities and  | <del></del>             |                         | -                    | _               |             | <del>.</del>  |  |
|        | programs   |                         |                         |                      |                 |             |               |  |
| f      | Administrative expenses  |                         |                         |                      |                 |             |               |  |
| g      | End of year balance  |                         |                         |                      |                 |             | -             | †  |
| 2      | Provide the estimated percentage of the ci                                   | urrent year end balanc  | e (line 1g, colum       | nn (a)) held as:     |                 | ·           |               |  |
| а      |  | %                       | ,                       |                      |                 |             |               |  |
| b      | Permanent endowment ► %  | •                       |                         |                      |                 |             |               |  |
| C      | Temporarily restricted endowment ▶   | %                       |                         |                      |                 |             |               |  |
|        | The percentages in lines 2a, 2b, and 2c sh                                   | ould equal 100%.        |                         |                      |                 |             |               |  |
| 3a     | Are there endowment funds not in the pos-                                    | session of the organiz  | ation that are he       | ld and admınısteı    | red for the     |             |               |  |
|        | organization by:   |                         |                         |                      |                 |             |               | Yes No   |
|        | (i) unrelated organizations  |                         |                         |                      |                 |             |               | 3a(i)  |
|        | (ii) related organizations   |                         |                         |                      |                 |             |               | 3a(ii)   |
| b      | If "Yes" to 3a(II), are the related organization                             | •                       |                         |                      |                 |             |               | 3b   |
| 4      | Describe in Part XIII the intended uses of t                                 |                         | owment funds.           | <u> </u>             |                 |             | <u> </u>      |  |
| Pa     | irt VI Land, Buildings, and Eq   |                         | "                       |                      |                 | _           |               |  |
|        | Complete if the organization   |                         |                         |                      | 1               |             |               |  |
|        | Description of property  | (a) Cost or other       |                         | Cost or other basis  |                 | Accumulated | <b>d</b>      | (d) Book value                                   |
|        | Lond   | (investment)            | <u> </u>                | (other)              |                 | epreciation |               |  |
|        | Land   |                         | <del></del>             |                      | < ° >           | \$          | * *           |  |
|        | Buildings  |                         | <del> </del>            |                      | <del>-</del>    |             |               |  |
|        | Leasehold improvements Equipment   | <del></del>             |                         | 37,25                | 2               | 3 E         | 976           | 1 256  |
|        | Other  |                         |                         | 31,43                | <del>-</del>    |             | ,976          | 1,276  |
|        | I. Add lines 1a through 1e. (Column (d) mus                                  | t equal Form 990 Par    | t X. column (B)         | line 10c.)           |                 | <u>-</u>    |               | 1,276  |
|        | (a) mac  |                         | , (D),                  |                      | -               |             |               | 1,4/0  |

| <u>1. </u> | (a) Description of liability                                   | (b) Book value |          | 1146    | Will.      | 9: 33:                                  |
|------------|--|----------------|----------|---------|------------|---|
| (1)        | Federal income taxes   |                | 1        |         | . Silli Ji |   |
| (2)        |  |                | 7)       | , ***   |            |   |
| (3)        |  |                | <b>1</b> |         | \$ 3 B     |   |
| (4)        |  |                | 1: 3:    | , ; * * |            | · .                                     |
| (5)        |  |                | 7        | < 3     | , , , , ,  |   |
| (6)        |  |                | 7 👫      | , 4     | 3          | * *                                     |
| (7)        |  |                | 1        | * _     |            | * |
| (8)        |  |                | 1        |         | * *        | *                                       |
| (9)        |  |                | 1        | * *     | ,          | 4                                       |
| Tota       | I. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) |                | 1        | *       |            | *                                       |

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

| Sche | dule D (Form 990) 2014 Sedgwick County FB Agric. Ass                            | soc.         | 48-0563184          | Page 4 |
|------|---|--------------|---------------------|--------|
| Pa   | rt XI Reconciliation of Revenue per Audited Financial Stateme                   | ents With    | Revenue per Return. | -      |
|      | Complete if the organization answered "Yes" to Form 990, Page 1                 | art 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 (losses) on investments                                    | 2a           |                     |        |
| b-   | Donated services and use of facilities  | 2b           |                     |        |
| C    | Recoveries of prior year grants   | 2c           |                     |        |
| d    | Other (Describe in Part XIII )  | 2d           |                     |        |
| e    | 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   | rt XII 🧗 Reconciliation of Expenses per Audited Financial Staten                |              | -                   |        |
|      | Complete if the organization answered "Yes" to Form 990, P                      | art IV, line | e 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.               | 1 1          | * *                 |        |
| а    | Donated services and use of facilities  | 2a           | * *                 |        |
| b    | Prior year adjustments  | 2b           | ž š                 |        |
| C    | 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          | 3                   |        |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1               |              | <b>1</b>            |        |
| 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 expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |              | 5                   |        |
| Pa   | rt 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

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2014 Sedgwick County FB Agric. Assoc.

48-0563184

Page 5

\*Part XIII Supplemental Information (continued)

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

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

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Student Scholarships Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance **Employer identification number** X Yes 48-0563184 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 000'6 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section if applicable Sedgwick County FB Agric. Assoc. 48-0771751 General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? KS 66506 (a) Name and address of organization (1) Kansas State University or government 102 Anderson Hall Manhattan Part

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Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| T) I aliibadas | Schedule (Form 990) (2014) Sedowick County FB Agric.   | ntv FB Agric.            | Assoc. 4                 | 48-0563184                        |   | Page 2  |
|----------------|--|--------------------------|--------------------------|-----------------------------------|---|---|
| Part III       | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed. | Domestic Individua       | is. Complete if the c    | rganization answered              | I "Yes" to Form 990, Part I                           |   |
|                | (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (e) Method of valuation (book, FMV, appraisal, other) |
|                |  |                          |                          |                                   |   |   |
|                |  |                          |                          |                                   |   |   |
| ı «            |  |                          |                          |                                   |   |   |
| ) 4            |  |                          |                          |                                   |   |   |
| r re           |  |                          |                          |                                   |   |   |
| 9 9            |  |                          |                          |                                   |   |   |
|                |  |                          |                          |                                   |   |   |
| Part IV        | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.  | ide the information re-  | quired in Part I, line   | 2, Part III, column (b)           | , and any other additional i                          | nformation.   |

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.

2014

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

Sedgwick County FB Agric. Assoc.

48-0563184

Form 990 - Organization's Mission

To promote the development of the most profitable and permanent system of agriculture; the most wholesome and satisfactory living conditions; the highest ideals in home and community life and a general interest in the business of farming and in rural life; and to encourage active citizenship responsibility in local, state, national and international affairs.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
The organization has members.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The organization has voting members who may elect one or more members of
the governing body.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A copy of the Form 990 is provided to each officer and director.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Persons covered by the policy may be required to annually disclose or
provide an update of their interests to the Sedgwick County Farm Bureau
President on a formal disclosure form. Disclosure may include; listing
family members, substantial business or investment holdings, and other
transactions or affiliations with businesses and other organizations which
could present a conflict of interest. For each interest disclosed to the
Sedgwick County Farm Bureau President, he/she will determine whether to (a)

Name of the organization

Employer Identification number

Sedgwick County FB Agric. Assoc.

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take no action; (b) assure full disclosure to the Board of Directors and other individuals covered by the policy; (c) ask the person to excuse themselves from participation in related discussions or decisions; or (d) ask the person to resign from his or her position with the Sedgwick County Farm Bureau.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Sedgwick County Farm Bureau does not currently make its governing documents, conflict of interest policy, or financial statements available to the general public.