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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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

2015

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015**

**B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

<b>C</b> Name of organization KANSAS ARBORISTS ASSOCIATION	<b>D</b> Employer identification number 48-6122525
Number and street (or P O box, if mail is not delivered to street address) 4703 K 177 HWY	Room/suite
City or town, state or province, country, and ZIP or foreign postal code ALTA VISTA, KS 66834	<b>E</b> Telephone number (785) 499-6670
<b>F</b> Group Exemption Number ►	

**G** Accounting Method  Cash  Accrual Other (specify) ► \_\_\_\_\_**H** Check ►  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ► [HTTP://WWWKANSASARBORIST.COM/](http://WWWKANSASARBORIST.COM/)**J** Tax-exempt status (check only one)  501(c)(3)  501(c)( 5 )  (insert no )  4947(a)(1) or  527**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 58,033**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I . . . . . 

<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	56,743
<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	650
<b>4</b> Investment income . . . . .	<b>4</b>	640
<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
<b>b</b> Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
<b>6</b> Gaming and fundraising events		
<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	
<b>c</b> Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
<b>b</b> Less cost of goods sold . . . . .	<b>7b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► . . . . .	<b>9</b>	58,033
<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	2,000
<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	50
<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	55,216
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 ► . . . . .	<b>17</b>	57,266
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	767
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	147,267
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	<b>21</b>	148,034

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

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	138,776	22	139,902
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	8,491	24	8,132
25 Total assets	147,267	25	148,034
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	147,267	27	148,034

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

What is the organization's primary exempt purpose?

PROMOTION OF KNOWLEDGEABLE TREE CARE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

TO EDUCATE THE PUBLIC AS WELL AS MEMBER ARBORISTS ON PRINCIPLES AND PRACTICES OF

28 PROPER CARE OF TREES

(Grants \$ )

If this amount includes foreign grants, check here 

28a

29

(Grants \$ )

If this amount includes foreign grants, check here 

29a

30

(Grants \$ )

If this amount includes foreign grants, check here 

30a

31 Other program services (describe in Schedule O)

(Grants \$ )

If this amount includes foreign grants, check here 

31a

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

32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GREG VANBOOVEN VICE PRESIDE	000 00	0		
CHAD GILLIAND DIRECTOR	000 00	0		
RANDY JAMES PRESIDENT	000 00	0		
TIM MCDONNELL DIRECTOR	000 00	0		
CHARLES LONG SEC /TREAS	000 00	7,525		
J DAVID MATTOX DIRECTOR	000 00	0		
SARAH CROWDER DIRECTOR	000 00	0		
JENNIFER SLUSATR DIRECTOR	000 00	0		
DUSTIN BRANICK DIRECTOR	000 00	0		
CHARLES EDWARDSON DIRECTOR	000 00	0		
RICK SPURGEON DIRECTOR	000 00	0		
JENNIFER SMITH DIRECTOR	000 00	0		

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

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	37a	
b	37b	No
38a		No
b	38b	
39	39a	
a	39b	
40a		
b	40b	
c		
d		
e	40e	No
41		
42a	CHARLES LONG	Telephone no (785) 499-6670
Located at 4703 K-177 HWY ALTA VISTA, KS		ZIP + 4 66834
b	42b	No
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>		
c	42c	No
If "Yes," enter the name of the foreign country		
43	43	
44a		
b	44b	No
c	44c	No
d	44d	
45a		
45b		No

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If "Yes," was the related organization a section 527 organization?

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000.

**52** Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A

Yes  No

**Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.**

<b>Sign Here</b>	***** Signature of officer CHARLES LONG SEC /TREAS Type or print name and title	2016-02-08 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name ROGER A SINK	Preparer's signature	Date 2016-02-09	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01077210
	Firm's name ► SINK GORDON & ASSOCIATES LLP	Firm's EIN ► 48-0787299			
	Firm's address ► COMMERCE BANK TOWER 6TH FLOOR MANHATTAN, KS 66502	Phone no (785) 537-0190			

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

Yes  No

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Name of the organization  
KANSAS ARBORISTS ASSOCIATION**Employer identification number**

48-6122525

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I	SCHOLARSHIPS ISSUED (2) 2000
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 1,160 CONFERENCE EXPENSE 20,540 CONFERENCE SPEAKER 704 ATC - INST RUCTION 2,375 ATC - SUPPLIES 4,098 CORPORATE ANNUAL REPORT F 40 FIELD DAY - SPEAKER 1,350 F IELD DAY - SUPPLIES 3,611 INSURANCE 376 MISCELLANEOUS 1,793 EXECUTIVE SECRETARY 6,950 TAXE S 925 ARB SUPPLIES 8,379 WEB SITE EXPENSES 692 UTILITIES 650 FLOWER SHOW EXPENSE 94 REFUN DS 120 DONATION 1,000 NON-INVESTMENT DEPRECIATION 359 TOTAL 55,216
FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 2,235 2,235 EQUIPMENT 9,217 9,217 LESS ACCUMULATED DEPRECIATION 2,961 3,320 TOTAL 8,491 8,132