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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 Inspection

Department of the Treasury
Internal Revenue Service

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

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

C Name of organization KANSAS SPEECH-LANGUAGE-HEARING ASSOCIATION INC Number and street (or P O box, if mail is not delivered to street address) Room/suite 148 S BAY COUNTRY CT	D Employer identification number 51-0190803 E Telephone number (316) 202-2288
F Group Exemption Number ► WICHITA, KS 67235	

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: ► WWWKSHA.ORG**J** Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ► (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 ► \$ 121,329**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

1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	1 500 2 81,045 3 38,910 4 489 5a 5b 5c 6a 6b 6c 6d 7a 7b 7c 8 385 9 121,329
10 Grants and similar amounts paid (list in Schedule O)	10 2,000
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 45,174
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O)	16 74,375
17 Total expenses. Add lines 10 through 16 ►	17 121,549
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -220
19 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)	19 121,269
20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 121,049

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	121,269	22	121,049
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	121,269	25	121,049
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	121,269	27	121,049

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?

TO PROMOTE BASIC SCIENTIFIC STUDY OF THE PROCESS OF HUMAN SPEECH & HEARING AS WELL AS TO PROMOTE INVESTIGATION OF SPEECH DISORDERS AND FOSTER IMPROVEMENT OF THERAPEUTIC PROCEDURES WITH SUCH DISORDERS, TO STIMULATE EXCHANGE AND DISSEMINATION OF INFORMATION AMONG PERSONS THUS ENGAGED, TO BE AN ADVOCATE FOR PEOPLE WITH COMMUNICATION DISABILITIES

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

28

See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
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29

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
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30

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
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31 Other program services (describe in Schedule O)

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
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32 Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32
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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
KRIS PEDERSON PRESIDENT	1 00	0	0	0
DEBRA BURNETT PRESIDENT-ELECT	1 00	0	0	0
MICHELLE HAUB PAST PRESIDENT	1 00	0	0	0
JERIDY OETKEN VP SPEECH LANG PATH	1 00	0	0	0
DENA HALL VP FOR AUDIOLOGY	1 00	0	0	0
CANDY FULLER VP PROF PRACTICE	1 00	0	0	0
NANCY PRICE VP FOR FINANCE	1 00	0	0	0
JAMIE JOHNSON VP FOR COMMUNICATIONS	1 00	0	0	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	0	
37b		
38a		No
38b		
39		
39a		
39b		
40a		
40b		
40c		
40d		
40e		No
41	KS	
42a	(316) 202-2288	
	ZIP + 4	67235
42b		No
42c		No
43	43	
44a		
44b		No
44c		No
44d		
45a		No
45b		

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0

b Did the organization file **Form 1120-POL** for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved ► **38b**

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 ► **39a**

b Gross receipts, included on line 9, for public use of club facilities ► **39b**

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ►

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed ► KS

42a The organization's books are in care of ► SUSIE TERNEs Telephone no ► (316) 202-2288 Located at ► 148 S BAY COUNTRY CT WICHITA, KS ZIP + 4 ► 67235

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country ►

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.?
If "Yes," enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

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.

Sign Here	***** Signature of officer SUSIE TERNES PRESIDENT Type or print name and title	2016-05-10 Date
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Paid Preparer Use Only	Print/Type preparer's name Annelle J Betts CPA	Preparer's signature	Date 2016-05-10	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00221483
	Firm's name ► Betts Consulting LLC	Firm's EIN ► 48-1240716			
	Firm's address ► 10616 W Maple STE 300 Wichita, KS 67209	Phone no (316) 201-6944			

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

Additional Data

Software ID:
Software Version:
EIN: 51-0190803
Name: KANSAS SPEECH-LANGUAGE-HEARING
ASSOCIATION INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
DISSEMINATION OF BI-MONTHLY NEWSLETTER TO PROFESSIONALS WHICH INCLUDES EDUCATIONAL INFORMATION ON ALL AREAS RELATING TO HUMAN SPEECH, HEARING, AND 28 RELATED DISORDERS (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	
CONVENTIONS & CONTINUING EDUCATION PROGRAMS BRINGING CURRENT SCIENTIFIC INFORMATION AND NEW PROFESSIONALS TO THE ATTENTION OF SPEECH AND HEARING 29 PROFESSIONALS (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: KANSAS SPEECH-LANGUAGE-HEARING
ASSOCIATION INC

EIN: 51-0190803

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

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.**2015****Open to Public
Inspection**

Name of the organization KANSAS SPEECH-LANGUAGE-HEARING ASSOCIATION INC	Employer identification number 51-0190803
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description Amount 489
Form 990-EZ, Part I, Line 8 - Other Revenue	Description OTHER Amount 385
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name SIMONE HULS Affiliate Address 1409 Riverside Lawrence, KS 66044 Purpose of Payment SCHOLARSHIP Amount of Payment 250
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name GARRETT NATHAN Affiliate Address 1709 MacArthur Rd HAYS, KS 67601 Purpose of Payment SCHOLARSHIP Amount of Payment 250
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name MELISSA SUSTAR Affiliate Address 2951 N Governeour St #308 WICHITA, KS 67226 Purpose of Payment SCHOLARSHIP Amount of Payment 250
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name JENNIFER SCHMIDT Affiliate Address 618-B Thurston St MAHATTAN, KS 66502 Purpose of Payment SCHOLARSHIP Amount of Payment 250
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name AMY ESPLUND Affiliate Address 2130 Silicon Ave #D4 LAWRENCE, KS 66046 Purpose of Payment SCHOLARSHIP Amount of Payment 250
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name ASHLEY MOHNSSEN Affiliate Address 230 East 30th St #304 KANSAS CITY, MO 64108 Purpose of Payment SCHOLARSHIP Amount of Payment 250
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name ASHLEY MOHNSSEN Affiliate Address 230 East 30th St #304 KANSAS CITY, MO 64108 Purpose of Payment SCHOLARSHIP Amount of Payment 500 Total included on Form 990-EZ, line 10 2,000
Form 990-EZ, Part I, Line 16 - Other Expenses	Description CONFERENCES/MEETINGA Amount 52,425 Description FINANCIAL Amount 2,705 Description CONTINUING EDUCATION Amount 700 Description FEES Amount 5,912 Description INSURANCE Amount 303 Description OTHER EXPENSES Amount 758 Description POSTAGE/SHIPPING Amount 1,011 Description PRINTING & PUBLICATIONS Amount 2,902 Description TELEPHONE Amount 943 Description SUPPLIES Amount 1,356 Description TASK FORCE Amount 3,010 Description TRAVEL Amount 2,350 Total to Form 990-EZ, line 16 74,375