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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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)

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.

OMB No 1545-1150

2015

Open to Public Inspection

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
City or town, state or province, country, and ZIP or foreign postal code
WICHITA, KS 67235

D Employer identification number
51-0190803
E Telephone number
(316) 202-2288
F 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: WWW.KSHA.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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	500
	2	Program service revenue including government fees and contracts	2	81,045
	3	Membership dues and assessments	3	38,910
	4	Investment income	4	489
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
Expenses	8	Other revenue (describe in Schedule O)	8	385
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	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
Net Assets	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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28

See Additional Data Table

(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
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

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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	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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)?	35a	No
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	35b	
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	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> 38b		
39	Section 501(c)(7) organizations Enter <input type="checkbox"/>		
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 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
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	40b	
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 <input type="checkbox"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		
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	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> KS		
42a	The organization's books are in care of <input type="checkbox"/> SUSIE TERNES Telephone no <input type="checkbox"/> (316) 202-2288 Located at <input type="checkbox"/> 148 S BAY COUNTRY CT WICHITA, KS ZIP + 4 <input type="checkbox"/> 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 <input type="checkbox"/>	42b	No
	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 <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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)	45b	

		Yes	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		
		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

		Yes	No
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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

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		2016-05-10 Date				
	SUSIE TERNES, PRESIDENT Type or print name and title						
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

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	0
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	0

**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.

OMB No 1545-0047

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 Law rence, 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 Purpo se 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 Gouverneur St #308 WICHITA, KS 6 7226 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 P urpose 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 99 0-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 Descript ion INSURANCE Amount 303 Description OTHER EXPENSES Amount 758 Description POSTAG E/SHIPPING Amount 1,011 Description PRINTING & PUBLICATIONS Amount 2,902 Descriptio n 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