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Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2015

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.

Denartment of the Treasury

Open to Public

Inte	rnal Rever	nue Service	► Information about For	rm 990 and its inst	ructions is at	t www.irs.go	ov/form990	<u>).                                    </u>	Inspection				
<u>A</u> _	For the	2015 cale	ndar year, or tax year beginning	November 1	, 2015, a	and ending	Octo	ber 31	, 20 16				
В	Check if	f applicable	C Name of organization Kansas Humai	nities Council Inc				D Employ	er identification number				
	Address	change	Doing business as						48-0800085				
	Name cl	hange	Number and street (or P O box if mail is	not delivered to stree	t address)	Room/suite	•	E Telephoi	ne number				
	Initial re	turn	112 SW 6th Ave			21	0		785-357-0359				
	Final retu	um/terminated	City or town, state or province, country,	and ZIP or foreign pos	stal code	-							
	Amende	ed return	Topeka KS 66603-3895					<b>G</b> Gross re	eceipts \$				
	Applicat	tion pending	F Name and address of principal officer	Julie Mulvihill	-		H(a) is this a gr	roup return for	subordinates? Yes V No				
		-	112 SW 6th Ave, Suite 210, Topeka	KS 66603-3895					s included? 🗌 Yes 🗹 No				
ī	Tax-exe	empt status	✓ 501(c)(3)	) ◀ (insert no )	4947(a)(1) or	527			list (see instructions)				
J	Website		v.kansashumanities.org			<del>- ,</del>	H(c) Group	exemption	number ▶				
K			Corporation Trust Association	☐ Other ►	L Yea	ar of formation	<del></del>	<del></del>	of legal domicile KS				
_	art I	Summ		_=	<del></del>								
	1		scribe the organization's mission	or most significa	nt activities:	The Kans	as Human	ities Cou	ncil provides				
ø	1	-	o, resources, and programs that pro	=									
Governance			strengthen our sense of community	•••	anding of the	, mstory, me	iditionis, di	iu iucas t	ilat shape ou				
Ĕ	2		is box ▶ ☐ if the organization dis		rations or di	snosed of	more than	25% of	ite not seepte				
ð	3		of voting members of the governi					1 - 1					
<u>ن</u> مع	4			-				4	21				
S			of independent voting members of	-		-		<del></del>	21				
į	5		nber of individuals employed in ca		-	•		5					
Activities &	6		nber of volunteers (estimate if neo					6					
Š	7a		elated business revenue from Par					7a	0				
_	<u>b</u>	Net unrel	ated business taxable income fro	m Form 990-T, lir	ne 34	<del>· · ; ·</del>	· · · ·	7b	0				
	j					<u> </u>	Prior Ye	ar	Current Year				
9	8		tions and grants (Part VIII, line 1h)		789,875	<u>854,677</u>							
Revenue	9		n service revenue (Part VIII, line 2g)										
ě	10		nt income (Part VIII, column (A), l			- I. L_	4,082 7						
	11	Other rev	enue (Part VIII, column (A), lines	5, 6d, 8d, <u>9c, 1</u> dc	and I ley	ا ادند		0	0				
	12	Total reve	enue—add lines 8 through 11 (mus	t edual Part VIII. c	olumn (A), lii	nless 2)		794,957	865,673				
	13	Grants ar	nd similar amounts paid (Part IX,	ofumn (A), lines	ໄ <del>ດ 3</del> ັກຄ17 ·	ĬĢĮ		348,538	338,163				
	14	Benefits i	paid to or for members (Part IX, c	olumn (A) fine 4)		0	0						
ø	15		other compensation, employee ber		mn (A), lines	9#0		332,200	324,666				
Se	16a	Professio	nal fundraising fees (Part IX, colu	mn (A) III A	M' LIT	'		0	0 0				
Expenses	b		draising expenses (Part IX, colum		14, 01	-							
찣	17		penses (Part IX, column (A), lines					194,624	174 262				
	18		enses. Add lines 13-17 (must eq			₹' .  —		875,362	174,363				
	19		less expenses. Subtract line 18 f						837,192				
		Tievenue	less expenses. Oubtract line 10 h	10111 11110 12	<del>_: : : :</del>		inning of Cu	(80,405)	(28,481) End of Year				
Assets or Ralances	30	Total acc	ets (Part X, line 16)			30,	,						
SSe	20		•			· ·		994,081	987,589				
Net/			ilities (Part X, line 26)	04 from Per 00		·	<del> </del>	138,158	103,185				
			ts or fund balances. Subtract line	21 from line 20	<u> </u>	<u> </u>		855,923	884,404				
	art II		ure Block	<del></del>									
			ry, I declare that I have examined this retui ete Declaration of preparer (other than offi						ny knowledge and belief, it is				
		T .	ste beclaration of preparer (other than only	2 . 2					,				
0:			gold Mulale	<u>~</u>				3/1/	2017				
	gn	Sign	ature of officer	C `	>		Da	te '					
He	ere			xec utiv	<u> </u>	ikeet							
_			or print name and title	<del></del>		<del> </del>							
Pa	aid .	Print/Ty	pe preparer's name	eparer's signature		Date		Check [	ıf PTIN				
	epare	er					т	self-emp	oloyed				
	se On		ame 🕨	<del></del>			Firm	n's EIN ▶					
		Firm's a	ddress ►				Pho	ne no					
Ma	y the II	RS discuss	s this return with the preparer sho	wn above? (see i	nstructions)				Yes No				
Fo	r Paper	work Redu	ction Act Notice, see the separate i	instructions.		Cat No	11282Y		Form <b>990</b> (2015)				



Form 99				Page 3
Part	V Checklist of Required Schedules		1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u> </u>	Yes	No
	complete Schedule A	1	~	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		v
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	,	Ť
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		v
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 "Yes," complete Schedule D, Part I	6		,
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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 debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		V
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		v
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		V
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Ĺ	~
1	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		V
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
	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		v
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		7
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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		~
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		~
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		~
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		~
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	_	~

Part I	V Checklist of Required Schedules (continued)	•		
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	~	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	~	}
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	04-		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		~
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		<del>                                     </del>
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		/
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<u> </u>
۲.	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	Name of		37 mg mg *
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		10 M	100
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			١.
32	Part I	31		-
UZ.	complete Schedule N, Part II	32	ľ	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Ť
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	000		.,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		-
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		V
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~	<u> </u>
		Forr	n <b>990</b>	(2015)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •		للي
			Yes	No
1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		ļ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		~
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7		. ~ ~~	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>/</b>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	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)?	4a		~
b	If "Vos." enter the name of the foreign country:	- <del></del>		<del> </del>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			1
	(FBAR).			
<b>5</b> 0		5a		-
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<del></del>
b		<b>—</b> —		V
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a		_	}	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		l
	gifts were not tax deductible?	6b_		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			]
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		V
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		V
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	}		İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		į
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 ]		
-	against amounts due or received from them.)	]		
40-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
12a		12a		
b	· · · · · · · · · · · · · · · · · · ·			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		<del> </del> -
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			Ì
þ	Enter the amount of reserves the organization is required to maintain by the states in which			]
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	<b> </b>		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		l

Part \	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .    Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		7
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	V_
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<del></del>	V
6 7a	Did the organization have members or stockholders?	6 7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
а	The governing body?	8a	~	J
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	~	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		+
40-	Did the examination have level charters branches or offiliaton?	10a	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?  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?	10a		
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	12a	1	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	<i>V</i>	
13	describe in Schedule O how this was done	12c	7	
14	Did the organization have a written document retention and destruction policy?	14	v	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- ,		
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	~	<u> </u>
16a	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?	355	· · ·	
b	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	16a		
	organization's exempt status with respect to such arrangements?	16b		
-	I ust the states with which a copy of this Form 000 is required to be filed			
17 18	List the states with which a copy of this Form 990 is required to be filed ► N/A  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Julie Mulvihill, Executive Director, Kansas Humanities Council, 112 SW 6th Ave, Suite 210, Topeka KS 66603-3850	cords	: <b>&gt;</b>	

_	_m	000	/201	~

# 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 no	r any related	dorga	anız	atio	n c	ompe	nsa	ited any currer	it officer, director	r, or trustee.
					C)					
(A)	(B)	(do n	Position (do not check more than one					(D)	(E)	(F)
Name and Title	Average					ıs both		Reportable	Reportable	Estimated
	hours per week (list any	officer and a director/trustee)						compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	ng	Officer	Keg.	em Hig	Former	the	organizations	compensation
	related organizations	lire d	Institutional trustee	cer	Key employee	bloy	T Med	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	below dotted	힟	2		p o	88	1	(W-2/1099-MISC)	'	organization and related
	line)	ust	5		8	npe	l			organizations
		8	stee			Highest compensated employee				
							<u> </u>			
(1) Patricia A. Ackerman		_	ļ				ļ	1		
Board Member	0	~	<u> </u>		_	ļ	<u> </u>	0	0	0
(2) Tony Brown	. <b> </b>						İ	1	İ	
Board Member	0	~			<u> </u>		ļ. <u>.</u>	0	0	0
(3) LeAnn D. Clark										
Board Member	0	~			<u> </u>		<u> </u>	0		0
(4) Cheryl Hofstetter Duffy			١,		Ì					
Board Member	0	~					L	0	0	0
(5) Lon Frahm						1	}	}		
Board Member	0	~		<u> </u>			<u> </u>	0	0	0
(6) Lori A. Goetsch										
Board Member	0	~		<u> </u>		<u> </u>	L.	0	0	0
(7) Natalie G. Haag					İ					
Board Member	0	~		_	<u> </u>		<u> </u>	0	0	0
(8) Brandon Hines							ļ			
Board Member	0	_	_		<u> </u>		L	0	0	0
(9) Jane Holwerda			\ `	i			1	1	1	
Board Member	0	~		<u> </u>		ļ	_	0	0	0
(10) Clarence Lang										
Board Member	0	~		_		<u> </u>	L	0	0	0
(11) James D. Oliver	. <b></b>									
Board Member	0	~		<u> </u>	<u> </u>		<u> </u>	0	0	0
(12) Leonard Ortiz				ĺ						
Board Member	0	>			L	L		0	0	0
(13) Kim Perez			1	ł			ì		1	
Board Member	0			<u> </u>				0	. 0	0
(14) William A. Ramsey				l						
Board Member	0	~			<u>L_</u>		<u> </u>	0	0	000

Part	Section A. Officers, Directors, Trus	tees, Key E	mplo:	yees		nd F C)	lighe	st C	ompensated E	mployees (cont	inued)		
					•	راد ition							•
	(A)	(B)			neck	more	than o		(D)	(E)	.	(F)	1
	Name and title	Average hours per					is both		Reportable compensation	Reportable compensation from	1	stimated mount of	
		week (list any		officer and a c				<del></del>	4	related		other	
		hours for related	호호	nstit	Officer	Key employee	팔	Former	the organization	organizations (W-2/1099-MISC)		npensation	on
		organizations	eg E	盲	ª	뱱	oyer c	Ē	(W-2/1099-MISC)			ganızatıcı	n
		below dotted	우불	ᆲ		ģ	l "ğ		1			nd related	
		line)	Individual trustee or director	Institutional trustee		8	Highest compensated employee	l			org	ganization	IS
				8	_		ated				<u> </u>		
32	am Sackett					Ì		ļ	_		_[		
	Member nda K. Smith	0	-	H	_	<u> </u>	<del> </del> -	-	0		<del>' </del>		0
	nda K. Smith Member	0	,					ļ	0	,			0
	ott E. Smith	- <u>-</u> -							<u>_</u>		+		
	Member	0	~					L	0		0		0
(18) Ja	n Stevens												
Board	Member	0	~		ļ		ļ	<u> </u>	0		<u> </u>		0
	sa D. Stubbs	ļ						ŀ					
	Member	0	~			⊢	ļ	╀	0				
	p A. Wedel Member	o	<b>"</b>						0				0
	18/		- <u>-</u> -		-		<u> </u>	T		<b>`</b>	+		
	Member	0	-		l		1	1	o				0
(22) Ju	lie L. Mulvihill												
	tive Director	37 1/2		Ш			~	<u> </u>	88,736.24		o	4,4	436.82
(23)					ł	l	1	1	l		1		
(04)			ļ		<u> </u>	<u> </u>	<u> </u>	ļ			+		
(24)		<b></b>						ŀ					
(25)											†		
	Sub-total	L	L		!		L	<u> </u>	88,736.24		<del> </del>		436.82
C	Total from continuation sheets to Part							•	00,730.24		0		430.02
d	Total (add lines 1b and 1c)							<b>•</b>	88,736.24		0	4,	436.82
2	Total number of individuals (including bu						above	e) w			00 of		
	reportable compensation from the organ	ızation ►								· <u>.</u>			
2	Did the examination hat any favorer of	·		4			lean.					Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ncer, airea Schedule J	tor, c	or tr	ind	ee, wdi	keye ⊎al	emp	ployee, or nigr	iest compensa	7		
4	For any individual listed on line 1a, is the								nd other comr	ensation from	the 3	<del> </del>	+
•	organization and related organizations												
	ındıvıdual										. 4	,   -	1
5	Did any person listed on line 1a receive of										ual 🗀		
Sacti .	for services rendered to the organization	r if "Yes," c	ompi	ete	Scr	nedu	iie J i	or s	sucn person		. 5		\ <u>'</u>
Secure 1	on B. Independent Contractors  Complete this table for your five highest	component	od in		ond	ont	contr	act	ore that receive	nd more than \$1	100,000		
•	compensation from the organization. Rep												ax
	year.								(8)				
	(A) Name and business add	Iress						ľ	(B) Description of s	ervices		<b>C)</b> ensation	
NONE													
								$\vdash$	<del></del>				
	·							-	·				
								-					
2	Total number of independent contractor							th	ose listed ab	ove) who			
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion	<u> </u>		0				

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
	•	Check if Schedule O contains a response or note to	(A) Total revenue	Part VIII  (B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514						
atr Str	1a	Federated campaigns 1a										
Grants	b	Membership dues 1b										
s, G	С	Fundraising events 1c	İ									
Gift	d	Related organizations 1d				į						
imi	e	Government grants (contributions) 1e 754,072			İ							
tior S r	f	All other contributions, gifts, grants,										
햧		and similar amounts not included above 1f 100,605										
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$			ļ							
	h	Total. Add lines 1a–1f	854,677									
nge		Business Code										
eve	2a	Miscellaneous Income	3,052	<del></del>	<del> </del>	<del> </del>						
e H	b				<del></del>	<del> </del>						
ž	6			<del></del>	<del> </del>	<del>                                     </del>						
Š	d e				<del> </del> -	<del> </del>						
Jran	f	All other program service revenue .				<del> </del>						
Program Service Revenue	g	Total. Add lines 2a–2f	3,052		<u> </u>	<u> </u>						
	3	Investment income (including dividends, interest,			Γ	<u>T</u>						
	}	and other similar amounts)	7,944		ļ							
	4	Income from investment of tax-exempt bond proceeds ▶			<u> </u>							
	5	Royalties										
		(i) Real (ii) Personal										
	6a	Gross rents										
	b	Less: rental expenses			•							
	С	Rental income or (loss)										
	d	Net rental income or (loss)	0			-						
	7a	Gross amount from sales of (i) Securities (ii) Other										
		assets other than inventory										
	b	Less: cost or other basis and sales expenses .			ļ							
	_											
	d	Gain or (loss)	0	·								
	ľ	Net gail or (loss)			<del>                                     </del>	<del> </del>						
evenue	8a	Gross income from fundraising events (not including \$										
Other Re		of contributions reported on line 1c). See Part IV, line 18 a										
<b>#</b>		Less: direct expenses b										
		Net income or (loss) from fundraising events . ▶	0	<del></del>		<del></del>						
	9a	Gross income from gaming activities.			}							
		See Part IV, line 19 a										
		Less: direct expenses b  Net income or (loss) from gaming activities			\							
		Gross sales of inventory, less	0		-	<del> </del>						
	IVa	returns and allowances a			1							
	Ь	Less: cost of goods sold b										
		Net income or (loss) from sales of inventory	0	····								
	<del>-</del>	Miscellaneous Revenue Business Code	- 0		<del> </del>	<u> </u>						
	11a											
	b			**		<b> </b>						
	C											
	d	All other revenue										
	е	Total. Add lines 11a–11d	0									
	12	Total revenue. See instructions	865.673									

Form 990 (2015) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service (C) Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 333,163 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . 5,000 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 0 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and key employees . . . . . 88,736 17,747 62,115 8,874 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 Other salaries and wages . . . . . . 189,378 132,565 18,937 37,876 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12,709 8,896 2,542 1,271 9 Other employee benefits . . . 13,176 9,223 2,635 1,318 10 20,667 14,467 4.133 2.067 Fees for services (non-employees). Management . . . . . . . 0 Legal . . . . . . . h 2,053 1,437 411 205 C 12,500 8,750 2,500 1,250 d Lobbying . . . . . . 2,920 2,044 584 292 Professional fundraising services. See Part IV, line 17 е 0 0 Investment management fees . . . . . 2,943 2,060 589 294 Other. (If line 11g amount exceeds 10% of line 25, column Q (A) amount, list line 11g expenses on Schedule O) . . 0 12 Advertising and promotion . . . 1,300 910 260 130 13 Office expenses . . . 13,385 9,370 2,677 1.338 14 Information technology . 12.825 8,977 2,566 1,282 15 Royalties . 0 0 0 0 Occupancy . . . . . 16 19,833 5,666 28,332 2,833 17 Travel 9,952 6,967 1,990 995 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings . 2,100 20.999 14.699 4.200 20 0 0 0 0 Payments to affiliates . . . . . 21 0 0 0 0 22 Depreciation, depletion, and amortization . 4,137 2,896 827 414 23 1,430 1,001 286 143 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Federation dues 13,355 9,348 2,671 1,336 Press Clipping b 1,229 351 1,756 176 Printing & Postage C 16,697 11,688 3,339 1,670 Bank Fees d 593 415 119 59 29,186 20,430 5,838 2,918 25 837,192 687,483 99,807 49,902 Joint costs. Complete this line only if the 26

organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here 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) End of year Beginning of year 1 o 0 2 492,941 2 492,220 3 192.400 3 188,900 ol 4 4 4,500 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 0 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 . . . 0 6 7 7 0 0 8 8 0 0 9 Prepaid expenses and deferred charges . 0 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 9,253 10c b 30.642 8,293 Investments—publicly traded securities 11 11 299.487 293.676 Investments-other securities. See Part IV, line 11 . 12 12 o 0 Investments-program-related See Part IV, line 11. 0 13 13 0 0 14 14 0 15 15 0 0 994,081 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 987,589 28,626 17 17 32,773 65,743 18 18 56,059 19 43,789 19 14,353 0 20 20 0 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 0 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . . 0 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 Total liabilities. Add lines 17 through 25 . 138.158 26 103,185 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 628,1<u>79</u> 662,972 28 28 227,744 221,432 29 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . Net Assets 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 855,923 884,404 34 Total liabilities and net assets/fund balances . 994.081 34 987,589 Form 990 (2015)

Form 99	90 (2015)		Pa	age <b>12</b>
Part		•		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		86	65,673
2	Total expenses (must equal Part IX, column (A), line 25)		83	37,192
3	Revenue less expenses. Subtract line 2 from line 1			28,481
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		8	55,923
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			28,48 <u>1</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		88	<u>84,404</u>
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · · · </u>		
		r	Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
ο-				ا ر ا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b		<del>                                     </del>
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			ļ`
C	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	~	l
	If the organization changed either its oversight process or selection process during the tax year, explain in	20		<del>                                     </del>
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			[ <i>]</i>
Ja	the Single Audit Act and OMB Circular A-133?	За		<b>_</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja		_
IJ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	<b>,</b>	
	The state of the s		000	(2015)

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

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (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					Employer identification	n number			
Kans	as Humanities Council Inc						00085			
Par						<del></del>	ons.			
The <i>c</i>	organization is not a private foundared or church a church, convention of church				•	•				
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)				
3	☐ A hospital or a cooperative hos									
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the			
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	tal unit described in			
6 7	<ul> <li>☐ A federal, state, or local govern</li> <li>☑ An organization that normally described in section 170(b)(1)</li> </ul>	receives a subs	tantial part of its sup				n the general public			
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)						
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt int income and fter June 30, 19	functions—subject to unrelated business 75. See <b>section 509(</b> a	certain taxable ii a)(2). (Cor	exceptio ncome (I nplete Pa	ns, and (2) no more less section 511 ta art III.)	e than 331/3% of its			
10 11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.									
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
b	☐ Type II. A supporting organized control or management of the organization(s). You must control to the control organization organization organization.  ☐ Type II. A supporting organization organization organization organization.  ☐ Type II. A supporting organization organization organization.  ☐ Type II. A supporting organization organization organization.  ☐ Type II. A supporting organization organization organization.  ☐ Type II. A supporting organization organization.  ☐ Type II. A supporting organization organization.  ☐ Type II. A supporting organization organization.  ☐ Type II. A supporting organization.  ☐ Type II. A supporting organization.  ☐ Type II. A supporting organization.  ☐ Type II. A supporting organization.  ☐ Type II. A supporting organization.  ☐ Type II. A supporting organization.  ☐ Type III. A supporting	e supporting org	ganization vested in th							
С	Type III functionally integra its supported organization(s)						y integrated with,			
d	☐ Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and				
е	Check this box if the organiz functionally integrated, or Ty						II, Type III			
f	Enter the number of supported of	organizations .								
g	Provide the following information	n about the supp	orted organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)					_					
(C)										
(D)						-				
(E)	~									
Tota										
	·		L	I	l	<u> </u>	L			

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 894,380 730,393 849,102 790,875 857,729 4,122,479 2 revenues levied the organization's benefit and either paid to or expended on its behalf . . . 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 Total. Add lines 1 through 3. . . . 894,380 730,393 849,102 790,875 857,729 4,122,479 The portion of total contributions by (other each person than governmental. unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. 4,122,479 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 . . . . . . 894,380 730,393 849,102 790,875 857,729 4,122,479 Я Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar . . . . . . . . . . . 4,622 23,648 22.955 4.082 7,944 63,251 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 Total support. Add lines 7 through 10 11 4,185,730 Gross receipts from related activities, etc. (see instructions) 12 4,185,730 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 99 % Public support percentage from 2014 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 99 % 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III	Support S	chadi	ile for	Organiz	atione	Describ	od in S	action 50	ひについつい
rartill	Support S	CHECK	110 101	Vi gai iiz	410113	DCSCIID	ea III o	ection oo	

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part I	11.
If the organization fails to qualify under the tests listed below, please complete Part II.)	_

	on A. Public Support	•	· · · · · · · · · · · · · · · · · · ·			·	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						_
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid			l			
	to or expended on its behalf						
5	The value of services or facilities		<b>\</b>		}		
	furnished by a governmental unit to the organization without charge			İ			
_			ļ	<u> </u>			<del> </del>
6 7a	<b>Total.</b> Add lines 1 through 5						<del> </del>
ı a	received from disqualified persons .						
	Amounts included on lines 2 and 3			<del></del>	<del></del>		<del></del>
b	received from other than disqualified		ļ				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			[		Į.	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)		<u> </u>		İ.,		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .			<b></b> -			
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975				1		
_			ļ		<del></del>	<del></del>	
_	Add lines 10a and 10b						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on		1	1	1		
12	Other income. Do not include gain or		<u> </u>			<b></b>	
	loss from the sale of capital assets		}	}			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	· · · · ·	· · · · ·	<u> </u>	. <u> </u>
	on C. Computation of Public Suppor			101 (0)		145	
15	Public support percentage for 2015 (line a		•			15	%
16	Public support percentage from 2014 School D. Computation of Investment In			<del>· · · · ·</del>	<u></u>	_   16	%
	Investment income percentage for 2015 (			v line 12 colu	mp (fl)	17	
17 18	Investment income percentage for 2013 (			-		18	<u>%</u>
19a	331/3% support tests—2015. If the organ						
134	17 is not more than 331/3%, check this box						
b	331/3% support tests—2014. If the organiz		_			_	_
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		-	•	•	· · · •	

### Part IV Supporting Organizations

Section A. All Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5a 5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Page <b>5</b>
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Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ţ	ļ	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ļ	ļ	<sup> </sup>
	below, the governing body of a supported organization?	11a	<u> </u>	├—
	A family member of a person described in (a) above?	11b 11c	<del> </del>	<del></del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	TIC	Ь	L
<u>Jectin</u>	511 B. Type i oupporting organizations		Ves	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	]		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ŀ	
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Cooti		2	L	L
Section	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Γ	res	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		<b> </b> 	
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		<del> </del> ;
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<sup> </sup>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		- 0	اـــا
	supported organizations played in this regard.	3_	L	
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
=	that these activities constituted substantially all of its activities.	2a		<del></del> -
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		i
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		ļ
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		<sup>;</sup>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		-	
-	of its supported programment of the very describe in Part VI the role played by the granization in this regard	3h		د ــ ـ ا

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	· · · · · · · · · · · · · · · · · · ·
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			<u>.                                    </u>
Section A - Adjusted Net Income		(A) Priòr Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)	6	:	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	<u> </u>	<del></del>
Section B - Minimum Asset Amount	10	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
<ul> <li>7 Check here if the current year is the organization's first as a non-functional instructions).</li> </ul>		tegrated Type III support	ing organization (see

Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continued)	
Section	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	<del></del>		
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			· · · · · · · · · · · · · · · · · · ·
	Distributable amount for 2015 from Section C, line 6			<del> </del>
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
		Exocoo Biotinations	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			,
4	Distributions for 2015 from Section			
	D, line 7:			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			ı
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:		<del></del>	
<u>a</u>	<del> </del>	<del> </del>		
<u> </u>	560010			
<u>c</u>	Excess from 2013			
d	Excess from 2014	<del></del>		
е	Excess from 2015	L		A /Form 000 or 000 E7) 2015

### **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 2015

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection If the organization answered "Yes," on 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," on 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-B. If the organization answered "Yes," on 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 Section 501(c)(4), (5), or (6) organizations. Complete Part III. Name of organization Employer identification number 48-0800085 **Kansas Humanities Council Inc** Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 1 2 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ 2 3 Yes **b** If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3), Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is 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-
				none, oner o
(1)			ļ	`
(2)				
(3)				
(4)				
(5)				
(6)				

_	•
Page	2

	rt II-A Complete if the organization section 501(h)).					
A	Check ► ☐ If the filing organization beloname, address, EIN, expense	nd list in Part IV	each affiliated gro	up member's		
n						
В	Check ► ☐ if the filing organization checked box A and "limited control" provisions  Limits on Lobbying Expenditures				(a) Filing	(b) Affiliated
	(The term "expenditures" means amounts paid or incurred.)				organization's totals	group totals
1	a Total lobbying expenditures to influence p	ublic opinion	(grass roots lobby	ring)		
	<b>b</b> Total lobbying expenditures to influence a					
	c Total lobbying expenditures (add lines 1a					
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add					
	f Lobbying nontaxable amount. Enter the columns.	ne amount fr	rom the following	g table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the an	nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
	g Grassroots nontaxable amount (enter 25% of line 1f)					
	h Subtract line 1g from line 1a. If zero or les					
	i Subtract line 1f from line 1c. If zero or less	s, enter -0-			file Form 4720	
	j If there is an amount other than zero or reporting section 4911 tax for this year?					Yes No
	(Some organizations that made a section See the s	tion 501(h) ele separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five column	ns below.
	Lobbying	Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) Total
-:	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures	<u></u>	. ,			
_						
	d Grassroots nontaxable amount					
_	d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led	Form	5768	ı	
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	9)		(b)	
	iption of the lobbying activity.	Yes	No	A	moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
_	referendum, through the use of:					
a b	Volunteers?	<u> </u>				
C	Media advertisements?		~			
d	Mailings to members, legislators, or the public?	~				500.00
е	Publications, or published or broadcast statements?		~			
f	Grants to other organizations for lobbying purposes?		~			
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	~	~		2	805.28
i	Other activities?	~	_			65.00
j	Total. Add lines 1c through 1i				3.	370.28
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		~			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5). c	or se	ction		
	501(c)(6).	<b>(</b> ~), (				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? .			2	<del> </del>	<del> </del>
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3 ction		<del></del>
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of				line	3, is
	answered "Yes."					
1 2	Dues, assessments and similar amounts from members	٠.	_1_			
2	political expenses for which the section 527(f) tax was paid).	OI				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby.					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ıp lıst	), Par	t II-A, I	nes 1	l and
1.q. <u>N</u>	ansas Humanities Council mailing of Newsletters and program information to state and federal elected offi	ciais				
1.g. R	egistration and travel costs for staff and volunteer board members to attend the annual Humanities on the	Hill is	า Was	hinator	ı DC	
					1	
11. Th	is is the annual fee to register the Executive Director with the Secretary of State as a lobbyist.					

Schedule C (Fo	rm 990 or 990-EZ) 2015	Page 4
Part IV	rm 990 or 990-EZ) 2015 Supplemental Information (continued)	•
		· <del>-</del>

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

OMB No 1545-0047 20**15** 

Open to Public Inspection

Employer identification number Name of the organization **Kansas Humanities Council Inc** 48-0800085 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements 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 describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Part	III Organizations Maintaining	Collections of A	Art, Historical T	reasures, or Ot	her Similar Ass	ets (ĉont	inued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner records, chec	k any of the follov	ving that are a sig	gnificant u	se of its
а	☐ Public exhibition			or exchange prog			
b	☐ Scholarly research		e 🗌 Other	· 			
С	☐ Preservation for future generations						D. 4
4	Provide a description of the organizat XIII.						n Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive of than to be mainta	donations of art, I ined as part of the	historical treasure e organization's co	s, or other similar illection?		□ No
Part	IV Escrow and Custodial Arra	ngements.				_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.						
1a	Is the organization an agent, trustee, included on Form 990, Part X?					: □ Yes	□ No
, <b>b</b>	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following ta	able:			
					Am	nount	
С	Beginning balance			10			
d	Additions during the year			<u>1c</u>			
e	Distributions during the year			1e			
f O-	Ending balance	at an Earm 000. Da				Ves	□No
2a b	If "Yes," explain the arrangement in Pa						
Par		art Am. Oneck nere	en the explanation	THAS BEEN PROVIDE	od om ran xiii	· · · · ·	
ı aı	Complete if the organization	answered "Yes'	' on Form 990. F	Part IV. line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	299,487	297,682	286,916	271,969		275,835
b	Contributions	0	1,626		0		0
С	Net investment earnings, gains, and						
	losses	7,132	3,165	22,955	22,719		3,844
d	Grants or scholarships	10,000	0	8,500	5,000		5,000
е	Other expenditures for facilities and						
	programs	0	0	0	0	·	0
f	Administrative expenses	2,943	2,986				2,710
g	End of year balance	293,676	299,487			<u> </u>	271,969
2	Provide the estimated percentage of t			, column (a)) nelu	as:		
a	Board designated or quasi-endowmer Permanent endowment ▶		<u>0</u> %				
b	Temporarily restricted endowment ▶	<sup>%</sup>					
С	The percentages on lines 2a, 2b, and		nn%				
3a	Are there endowment funds not in the			at are held and ac	Iministered for the	•	
	organization by:	<b>,</b>	· <b>3</b>				es No
	(i) unrelated organizations						/
	(ii) related organizations					3a(ii)	V
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	as required on So	chedule R?		3b	
4	Describe in Part XIII the intended uses	of the organization	n's endowment f	unds.			
Par							
	Complete if the organization	answered "Yes"	<u>on Form 990, F</u>				
	Description of property	(a) Cost or ot (investm		other) d	Accumulated epreciation	(d) Book	ralue
1a	Land				AND THE SECOND		
b	Buildings						
C	Leasehold improvements						<del> </del>
d	Equipment						
е	Other ~	•					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, columr	n (B), line 10c.) .	<u> ▶   </u>		

Part VII	Investments—Other Securit		000 D-+ IV I'm	- 11b O F	000 Part V II
	Complete if the organization a		T		
	(a) Description of security or cate (including name of security)	gory 	(b) Book value		hod of valuation -of-year market value
(1) Financial					
	held equity interests				
(3) Other			ļ		
(A)			<del></del>		
(B)			<del> </del>		
(C)			· <del> </del>		<del></del>
(D)		·	<del></del>		
(E) (F)			· <del> </del>		<del></del>
(G)			<del></del>	<del></del>	
(H)			·		
	(b) must equal Form 990, Part X, col (B) line 12.)	<b></b>	<del> </del>	<del></del>	
Part VIII	Investments—Program Rela		-l	L	······································
r art viii	Complete if the organization a		rm 990 Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment		(b) Book value		thod of valuation
	(a) Bosonphon of invocation	•	(5) 50011 14.05		-of-year market value
(1)			<del> </del>		
(2)		147-2 F-192			<del></del>
(3)				<del></del> -	
(4)		76-			
(5)		<del>-</del>			<del></del>
(6)		···			
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>			
Part IX	Other Assets.				
	Complete if the organization a		orm 990, Part IV, lin	e 11d. See Form	
		(a) Description	<del></del>		(b) Book value
_(1)	<u> </u>			<del></del>	
(2)					· ·
(3)					
_(4)					
(5)			<del></del>		
(6)				<del></del>	
_(7)					
(8)			<del></del>		
(9)	ımn (b) must equal Form 990, Part )	(, col. (B) line 15.)			
Part X	Other Liabilities.	,, σου (2)σ	· · · · · · · · · · · · · · · · · · ·	<del></del>	L
- GIRTA	Complete if the organization a	enswered "Yes" on Fo	orm 990. Part IV. lin	e 11e or 11f. Sec	e Form 990. Part X
	line 25.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 1 10 01 1 111 001	or orm ood, rarry,
1.	(a) Description of liability	(b) Book value		· · · · · · · · · · · · · · · · · · ·	
(1) Federal ı	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 25.,				
	r uncertain tax positions. In Part XIII, p				
organization	's liability for uncertain tax positions ui	nder FIN 48 (ASC 740). Ch	neck here if the text of t	he footnote has bee	en provided in Part XIII

Part		łeturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1 865,673
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e (
3	Subtract line <b>2e</b> from line <b>1</b>	3 865,673
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 0	
b	Other (Describe in Part XIII.)	
C	Add lines <b>4a</b> and <b>4b</b>	4c (
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 865,673
Part		r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 837,192
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e (
3	Subtract line <b>2e</b> from line <b>1</b>	3 837,192
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<b>3</b>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	
b		
C	Add lines 4a and 4b	4c (
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 837,192
Part		307,102
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf	ormation.
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Schedule D (Fo	orm 990) 2015	Page :
Part XIII	Supplemental Information (continued)	
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# SCHEDULE 1 (Form 990)

Department of the Treasury Name of the organization

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

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

OMB No 1545-0047

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Employer identification number

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

child/parent book discussio Schedule I (Form 990) (2015) Series/Sunflower Journeys Exhibition/Public programs WPA murals documentary **%**□ **Gordon Parks exhibition** film/Home on the Range Community film festival Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Langston Hughes film (h) Purpose of grant or assistance Kansas travel guide Charles Curtis film documentary film ✓ Yes Podcast series 48-0800085 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . . 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of non-cash assistance (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Cat No 50055F Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 15,000 6,385 12,310 13,900 10,000 6,585 9,000 5,000 9,950 9,000 10,000 (d) Amount of cash 10,000 grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Part I General Information on Grants and Assistance 47-1373626 48-0777475 48-1114956 48-6030115 48-0547734 20-3402142 48-0691096 48-6117363 48-1157680 48-6141221 48-0874906 90-0450507 (p) EIN (1) Do Good Productions (2) Douglas County Historical Soc 1 (a) Name and address of organization (8) Shawnee Co. Historical Soc (7) Miami Co. Conservation Dist (5) KU Center for Research 11) Thomas Co. Historical Soc **Kansas Humanities Council Inc** 12) Wichita Art Museum (6) Lone Chimney Films (9) Smoky Hill Public TV 10) Storytime Village (3) Kansas Sampler (4) KTWU-TV **3unker Hill** -awrence Soodland -awrence Part II -eawood Andover Michita opeka opeka **Nichita** nman Paola

Schedule 1 (Form 990) (2015)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance Prior to receiving 90% of the grant award, subrecipients are asked to notify their state and federal legislators of the award. Subrecipients must submit both a narrative and financial Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 5,000 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients report prior to receiving the final 10% of the grant funds obligated. (a) Type of grant or assistance 1 Poet Laureate of Kansas Part III 0 ო ß 4 9

# SCHEDULE 1 (Form 990)

(ansas Humanities Council Inc

Department of the Treasury nternal 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" on Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047

48-0800085

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

Schedule I (Form 990) (2015) ° □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form **Buster Keaton Festival** (h) Purpose of grant or assistance Rendezvous 2016 ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of non-cash assistance (6) Amount of non- (7) Method of valuation cash assistance (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 5,000 6,160 grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Part 1 General Information on Grants and Assistance 48-0627347 48-6110227 (p) EIN 1 (a) Name and address of organization (1) Santa Fe Trail Center (2) Bowlus Fine Arts Center Part II Larned 9 8 5 Ξ 12 <u>a</u> 3 E ପ୍ର 6

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Kansas Humanities Council Inc 48-0800085 Part III. 2. & 4d The Kansas Humanities council received funding for a Pulitzer project and funds for additional Speakers Bureau programs that are reflected in those revenue and expended dollars. Part VI.A. line 9 Employees can be reached at the organization's address. Members of the Board of Directors are volunteers who reside throughout the state of Kansas and meet three times each year. Their names are included in all KHC publications and on the web site. Part VI, section B, line 11.b. the 990 is prepared by the Budget Director using the annual audit as a basis. It is reviewed by the Executive Director before submission. A hard copy is then available for board members and the public to review. A copy is posted on the web portal. Part VI, Section B, line 12 c. The conflict of interest policy is reviewed each year at the annual meeting of the organization. All members of the board of directors sign a statement each year that they have read and understand the policy. Part VI, Section B, lines 15.a. and 15.b. 15.a. The Chair of the Board of Directors, along with members of the Executive Committee conduct an evaluation and job review of the Executive Director. They report to the full board and recommend a level of compensation. 15.b. The Executive Director conducts an annual job performance review and meets with each employee. The results of these staff reviews are shared with the full board who then determine the salary levels for the upcoming year. Part VI, Section C, line 19. All policies of the organization are available upon request. Summary financial statements based on the annual report. The report is mailed to all donors and legislators, as well as being posted on the KHC web site. Part XI. line 9 this was due to revenue received at the end of the fiscal year that was obligated, but not yet spent.