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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

2016

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection**A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016**

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

C Name of organization Kansas Speech-Language-Hearing Association Inc	D Employer identification number 51-0190803
Number and street (or P O box, if mail is not delivered to street address) 148 S BAY COUNTRY CT	Room/suite
City or town, state or province, country, and ZIP or foreign postal code WICHITA, KS 67235	

E Telephone number (316) 202-2288
F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ► _____**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****I Website:** ► WWW.KSHA.ORG**J Tax-exempt status**(check only one) - 501(c)(3) 501(c)(6) ►(insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 128,149****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 1,508
	2 Program service revenue including government fees and contracts	2 82,969
	3 Membership dues and assessments	3 43,390
	4 Investment income	4 132
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8 150
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 128,149
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 1,700
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 64,253
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 63,021
	17 Total expenses. Add lines 10 through 16 ►	17 128,974
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -825
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 121,049
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 120,224

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 No

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a No

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

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 No

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

b Did the organization file **Form 1120-POL** for this year? 37b No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b No

39 Section 501(c)(7) organizations Enter 39a No

a Initiation fees and capital contributions included on line 9 39a No

b Gross receipts, included on line 9, for public use of club facilities 39b No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ► 40b No

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b No

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40b No

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40b No

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e No

41 List the states with which a copy of this return is filed ► KS 41 No

42a The organization's books are in care of ► SUSIE TERNES Telephone no ► (316) 202-2288 42a No

Located at ► 148 S BAY COUNTRY CT WICHITA, KS ZIP + 4 ► 67235 42a No

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b No

If "Yes," enter the name of the foreign country ► 42b No

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)** 42c No

c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c No

If "Yes," enter the name of the foreign country ► 42c No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a No

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b No

c Did the organization receive any payments for indoor tanning services during the year? 44c No

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a No

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b No

	Yes	No
44a		No
44b		No
44c		No
44d		No
45a		No
45b		No

Additional Data

Software ID:

Software Version:

EIN: 51-0190803

Name: Kansas Speech-Language-Hearing
Association Inc

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
<p>28 DISSEMINATION OF BI-MONTHLY NEWSLETTER TO PROFESSIONALS WHICH INCLUDES EDUCATIONAL INFORMATION ON ALL AREAS RELATING TO HUMAN SPEECH, HEARING, AND RELATED DISORDERS (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a 0</p>

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

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>29 CONVENTIONS & CONTINUING EDUCATION PROGRAMS BRINGING CURRENT SCIENTIFIC INFORMATION AND NEW PROFESSIONALS TO THE ATTENTION OF SPEECH AND HEARING PROFESSIONALS (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>29a 0</p>

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: Kansas Speech-Language-Hearing
Association Inc

EIN: 51-0190803

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Kansas Speech-Language-Hearing
Association Inc**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2016****Open to Public
Inspection****Employer identification number**

51-0190803

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description INTEREST Amount 132

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8 - Other Revenue	Description OTHER Amount 150

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name GARRETT NATHAN Affiliate Address 1709 MacArthur Rd HAYS, KS 67601 Purpose of Payment SCHOLARSHIP Amount of Payment 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name garRETT NATHAN Affiliate Address 1709 MacArthur Rd HAYS, KS 67601 Purpose of Payment SCHOLARSHIP Amount of Payment 300

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name ABBY FOUTCH Affiliate Address 5100 FOXRIDGE DR #132 MISSION, KS 66202 Purpose of Payment SCHOLARSHIP Amount of Payment 300

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name BRIDGET ALEXANDER Affiliate Address 4235 N EDGEMOOR BEL AIRE, KS 67220 Purpose of Payment SCHOLARSHIP Amount of Payment 300

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name KELLY ZARIFA Affiliate Address 10233 MILLSTONE DR APT#4205 LENEXA, KS 66220 Purpose of Payment SCHOLARSHIP Amount of Payment 300 Total included on Form 990-E Z, line 10 1,700

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description CONFERENCES/MEETINGS Amount 47,777 Description CONTINUING EDUCATION Amount 1,869 Description FEES Amount 1,869 Description FINANCIAL Amount 2,727 Description INSURANCE Amount 303 Description INTERNAL PUBLIC RELATIONS Amount 57 Description OTHER EXPENSES Amount 556 Description POSTAGE/SHIPPING Amount 601 Description PRINTING & PUBLICATIONS Amount 1,248 Description SUPPLIES Amount 1,167 Description TELEPHONE Amount 760 Description TRAVEL Amount 705 Description WEB PAGE Amount 3,382 Total to Form 990-EZ, line 16 63,021