Return of Organization Exempt From Income Tax

Department of the Treasury

Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

DLN: 93493131014166 OMB No 1545-0047

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015 C Name of organization D Employer identification number **B** Check if applicable Kansas Sampler Foundation Inc Address change 48-1114956 Name change Doing business as Initial return E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Final return/terminated 978 Arapaho Road Amended return City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 145,193 Application pending F Name and address of principal officer H(a) Is this a group return for Marci Penner Yes 🔽 No subordinates? **H(b)** Are all subordinates Yes Γ No included? If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** Tax-exempt status 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 **H(c)** Group exemption number ▶ Website: ▶ K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1992 M State of legal domicile KS Part I Summary 1 Briefly describe the organization's mission or most significant activities To provide educational events to increase awareness of Kansas rural culture Activities & Governance 2 Check this box ┡─ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . f 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2015 (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) 6 300 7a Total unrelated business revenue from Part VIII, column (C), line 12. 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 119,284 122,160 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 58 22 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 15,204 10.994 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 134,546 133,176 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 87,834 89,757 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 50,644 61,385 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 138,478 151,142 18 Revenue less expenses Subtract line 18 from line 12 . -3,932 -17,966 Assets or d Balances **End of Year** Beginning of Current Year 20 Total assets (Part X, line 16) . . . 69,856 61,622 21 Total liabilities (Part X, line 26) . 24,393 14,661

Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Net assets or fund balances Subtract line 21 from line 20

Preparer's signature Siri D Harrell

Sign

22

Signature of officer

Marci Penner Director and ke Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Siri D Harrell

Firm's name Firm D Harrell CPA

Firm's address ► PO Box 504

McPherson, KS 67460

May the IRS discuss this return with the preparer shown above? (see instruction

For Paperwork Reduction Act Notice, see the separate instructions.

| orm | 990 (2015) | | | | Page 2 |
|-------------|-------------------|---|--|---|------------------------|
| Part | | ent of Program Servic Schedule O contains a respoi | e Accomplishments use or note to any line in this Par | tIII | |
| 1 | | the organization's mission | · | | |
| o pr | ovide educational | l events to increase awarene | ss of Kansas rural culture | | |
| | | | | | |
| | | | | | |
| 2 | | tion undertake any significan 90 or 990-EZ? | t program services during the ye | ar which were not listed on | ⊤Yes ▼No |
| | If "Yes," describ | e these new services on Sch | edule O | | |
| 3 | | tion cease conducting, or ma | ke significant changes in how it o | conducts, any program | ⊢Yes √No |
| | If "Yes," describ | e these changes on Schedul | e O | | |
| 4 | expenses Section | on 501(c)(3) and 501(c)(4) o | accomplishments for each of its to organizations are required to repo ach program service reported | | |
| 4a | (Code |) (Expenses \$ | 150,842 including grants of \$ |) (Revenue \$ |) |
| | • | | I on an annual basis This event is the p | • • | ner awareness programs |
| | | ss to Kansas landmarks, historical e | | , | . , |
| | | | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| | /C-1- | \ | |) (Davison 6 | , |
| 4 c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4d | Other program | services (Describe in Sched | ule O) | | |
| | (Expenses \$ | | , ling grants of \$ |) (Revenue \$ |) |
| 4e | | service expenses 🕨 | 150,842 | · · · · · · · · · · · · · · · · · · · | · |
| | rocai program s | Service expenses F | 130,072 | | |

| Part IV Checklist of Required Schedule |
|--|
|--|

| ГСП | Circumst of Required Schedules | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🔁 | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 | 2 | Yes | |
| 3 | 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 | | No |
| 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 | | No |
| 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 | | No |
| 6 | | 6 | | No |
| 7 | | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | | No |
| | VIII, IX, or X as applicable | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| | 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 | | No |
| | 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 | | No |
| | 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 | | No |
| е | Did the organization report an amount for other habilities in Part X, line 25 '11' res, complete schedule D, Part X | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | No |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| | 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 | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 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 | | No |
| 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 | | No |
| 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | | No |
| 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 | | No |
| 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 | | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Dar | t IV Checklist of Required Schedules (continued) | | | |
|-----|--|-----|-----|----|
| | | | | |
| 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 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 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 | | No |
| 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? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 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 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | 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 | | No |
| 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 | | No |
| 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 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | Yes | |
| L | A family manufacture of a common of the same discount of the same discou | 200 | 165 | |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 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 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| | | | | |
| | 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 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 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 | Yes | |

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|-----|--|--------|-----|------|--|--|--|--|
| Pai | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | | | | | |
| | | | Yes | No | | | | |
| | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1 | | | | | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 | | | | | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | | | | | |
| 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 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | No | | | | |
| 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)? . . | | | | | | | |
| Ь | If "Yes," enter the name of the foreign country - See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No | | | | |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| | 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 | | No | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | |
| C | file Form 8282? | 7c | | No | | | | |
| 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 | | No | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | | | | | |
| h | required? | 7g | | | | | | |
| 0 | Form 1098-C? | 7h | | | | | | |
| 0 | Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | | | | | |
| b | 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 | | | | | | | |
| C | Enter the amount of reserves on hand | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No | | | | |
| h | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14h | | | | | | |

| Part VI G | overnance, | Management, | and | Disclosure |
|-----------|------------|-------------|-----|------------|
|-----------|------------|-------------|-----|------------|

| | | | Yes | No | | | | | | |
|--------------------------|---|--------------------------------------|--------|----------------|--|--|--|--|--|--|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 5 | | | | | | | | | |
| | 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 | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 5 | | | | | | | | | |
| 2 | 2 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? | | | | | | | | | |
| 3 | 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? . | | | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No No | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | Yes | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | _ | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | Νο | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | | | | |
| а | The governing body? | 8a | Yes | | | | | | | |
| | Each committee with authority to act on behalf of the governing body? | 8b | Yes | | | | | | | |
| | 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 | 100 | No | | | | | | |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ie Cod | e.) | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | Yes | No | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No | | | | | | |
| b | 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? | 10b | | | | | | | | |
| 11a | L1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | |
| 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 | | | | | | | | | |
| b | | 12a | | No | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a 12b | | No | | | | | | |
| c | | | | No | | | | | | |
| c 13 | rise to conflicts? | 12b | | No No | | | | | | |
| | rise to conflicts? | 12b 12c | | | | | | | | |
| 13 | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12b 12c 13 | | No | | | | | | |
| 13 14 15 | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12b 12c 13 | | No | | | | | | |
| 13 14 15 a | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12b 12c 13 14 | | No No | | | | | | |
| 13 14 15 a | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official | 12b 12c 13 14 | | No No No | | | | | | |
| 13 14 15 a b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12b 12c 13 14 | | No No No | | | | | | |
| 13 14 15 a b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12b 12c 13 14 15a 15b | | No No No | | | | | | |
| 13 14 15 a b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12b 12c 13 14 15a 15b | | No No No | | | | | | |
| 13 14 15 a b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12b 12c 13 14 15a 15b | | No No No | | | | | | |
| 13 14 15 a b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12b 12c 13 14 15a 15b | | No No No | | | | | | |

State the name, address, and telephone number of the person who possesses the organization's books and records ►Marci Penner 978 Arapaho Road Inman, KS 67546 (620) 585-2374

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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 nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) A verage hours per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the | |
|-------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| (1) Marcı Penner | 70 00 | × | | × | × | | | 0 | 0 | (| |
| Director and key employee | 0 00 | | | | | | | | | | |
| (2) Sheila Lampe President | 1 00 | | | x | | | | 0 | 0 | (| |
| (3) Shari Wilson | 1 00 | | | | | | | | | | |
| /ice president | 0 00 | | | X | | | | 0 | 0 | (| |
| (4) Eric Montgomery | 1 00 | | | | | | | | | | |
| Treasurer | 0 00 | | | X | | | | 0 | 0 | (| |
| (5) WenDee LaPlant | 70 00 | | | | | | | | | | |
| Key employee | 0 00 | | | | X | | | 0 | 0 | (| |
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\$100,000 of compensation from the organization 🕨

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | (A) Name and Title | (B) A verage hours per week (list any hours | more t | han o | one l both | box, an d | heck unless officer stee) | 5 | (D Report compen from organizat | table sation the ion (W- | (E) Reportable compensation from related organizations (W- | (F) Estima amount o compens from | ated of other sation the |
|--------------|--|---|-----------------------------------|-----------------------|---------------|--------------|------------------------------------|--------|---|-----------------------------------|--|--|-----------------------------------|
| | | for related organizations below dotted line) | Individual trustie or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099- | MISC) | 2/1099-MISC) | organizat relat organiza | ed |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 1b c d | Sub-Total Total from continuation shee | | | | | <u> </u> | * | | | 0 | 0 | | 0 |
| 2 | Total number of individuals (in \$100,000 of reportable comp | | | | | | d abov | e) w | ho received | d more th | nan | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any f on line 1a? <i>If "Yes," complete</i> : | | | | | | emplo | | , or highest | compen | | 3 | N |
| 4 | For any individual listed on lin organization and related organization and related organization. | ie 1a, is the sum nizations greater | of repo than \$ | rtabl 150, | e co 000 | ? If | "Yes," | comp | | | on from the uch | 4 | No No |
| 5 | Did any person listed on line : services rendered to the orga | | | | | | | | | | | 5 | No |
| Se | ection B. Independent Co | ontractors | | | | | | | | | | | |
| 1 | Complete this table for your fi compensation from the organi | | | | | | | | | | | | - |
| | | (A) Name and business | address | | | | | | | Des | (B) scription of services | Comper | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent co | ontractors (inclu | dına but | t not | lımıt | ed t | o thos | e list | ed above) | who rece | eived more than | | |

| Part VIII | | Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | | | |
|---------------------------------------|-----|--|---|------------------------|-----------------------------|--------------------------|-------------------------|-----------------------|--|--|--|--|
| | | Check if Schedu | ıle O contains a respon | nse or note to any lir | | | | | | | | |
| | | | | | (A) Total revenue | (B) Related or | (C) Unrelated | (D) Revenue | | | | |
| | | | | | | exempt | business | excluded from | | | | |
| | | | | | | function | revenue | tax under | | | | |
| | | | | | | revenue | | sections 512-514 | | | | |
| | 1a | Federated camp | paigns 1a | | | | | | | | | |
| at at | L | | | 26,671 | | | | | | | | |
| Grants mounts | ь | Membership du | es 1b | | | | | | | | | |
| 일부 | С | Fundraising eve | ents 1c | 4,664 | | | | | | | | |
| Giffs, iilar A | d | Related organiz | ations 1d | | | | | | | | | |
| ons, Gifts, Grants Similar Amounts | _ | Government grants | c (contributions) | 58,299 | | | | | | | | |
| Si iii | е | Government grants | s (contributions) 1e | | | | | | | | | |
| Contributions, and Other Sim | f | All other contribution similar amounts no | ons, gifts, grants, and 1f | 32,526 | | | | | | | | |
| tributio Other | g | | ons included in lines | | | | | | | | | |
| 声号 | 9 | 1a-1f \$ | | | | | | | | | | |
| Cont and | h | Total. Add lines | s 1a-1f | 📦 | 122,160 | | | | | | | |
| | | | | Business Code | | | | | | | | |
| e l | 2a | | | Dusiness Code | | | | | | | | |
| Ye. | _ | | | | | | | | | | | |
| 윤 | Ь | | | | | | | | | | | |
| 92 | С | | | | | | | | | | | |
| er v | d | | | | | | | | | | | |
| ڪ د | е | | | | | | | | | | | |
| <u>ra</u> | f | All other progra | ım service revenue | | | | | | | | | |
| Program Serwce Revenue | | | | | | | | | | | | |
| υ. | g | | s 2a – 2f | | | | | | | | | |
| | 3 | | ome (including dividend | | 22 | 22 | | | | | | |
| | 4 | | ar amounts) tment of tax-exempt bond ; | | | | | | | | | |
| | - | | | Nocceus F | | | | | | | | |
| | 5 | Royalties | () D I | /··\ D | | | | | | | | |
| | 6- | Cuana wanta | (ı) Real | (II) Personal | | | | | | | | |
| | oa | Gross rents | | | | | | | | | | |
| | ь | Less rental | | | | | | | | | | |
| | _ | expenses Rental income | | | | | | | | | | |
| | С | or (loss) | | | | | | | | | | |
| | d | Net rental incor | me or (loss) | | | | | | | | | |
| | | | (ı) Securities | (II) Other | | | | | | | | |
| | 7a | Gross amount from sales of | | | | | | | | | | |
| | | assets other | | | | | | | | | | |
| | | than inventory | | | | | | | | | | |
| | ь | Less cost or | | | | | | | | | | |
| | | other basis and sales expenses | | | | | | | | | | |
| | С | Gain or (loss) | | | | | | | | | | |
| | d | Net gain or (los | s) | | | | | | | | | |
| ψ. | 8a | Gross income fi | rom fundraising | | | | | | | | | |
| Ŧ | | events (not incl | - | | | | | | | | | |
| Other Revenue | | * | reported on line 1.c) | | | | | | | | | |
| ď | | See Part IV, lin | reported on line 1c) | | | | | | | | | |
| <u>a</u> | | • | a | | | | | | | | | |
| 동 | ь | Less direct exi | penses b | | | | | | | | | |
| _ | | | ا [loss) from fundraising و | events 🛌 | | | | | | | | |
| | | | rom gaming activities | - | | | | | | | | |
| | | See Part IV, lin | | | | | | | | | | |
| | | | a | | | | | | | | | |
| | | • | penses b | | | | | | | | | |
| | С | Net income or (| loss) from gaming activ | vities ⊢ | | | | | | | | |
| | 10a | Gross sales of | | | | | | | | | | |
| | | returns and allo | | 23,011 | | | | | | | | |
| | L | 1.22 | a | , | | | | | | | | |
| | | Less cost of go | L | 12,017 | 10,994 | 10,994 | | | | | | |
| | С | | loss) from sales of inve | - | 10,994 | 10,994 | | | | | | |
| | 44: | Miscellaneous | s kevenue | Business Code | | | | | | | | |
| | 11a | | | | | | | | | | | |
| | b | | | | | | | | | | | |
| | С | | | | | | | | | | | |
| | d | All other revenu | ue | | | | | | | | | |
| | е | Total. Add lines | s 11a-11d | 🕨 | | | | | | | | |
| | 12 | Total revenue | Saa Instructions | _ } | | | | | | | | |

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 th | ıs Part IX | | | <u> </u> | | | | |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | | | | | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 62,805 | 62,805 | | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | | | | | |
| 7 | Other salaries and wages | 8,042 | 8,042 | | | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | | | | | |
| 9 | Other employee benefits | 13,490 | 13,490 | | | | | | |
| 10 | Payroll taxes | 5,420 | 5,420 | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | |
| a | Management | | | | | | | | |
| b | Legal | | | | | | | | |
| С | Accounting | 300 | | 300 | | | | | |
| d | Lobbying | | | | | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | | | | | |
| f | Investment management fees | | | | | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | | | | | |
| 12 | Advertising and promotion | 45 | 45 | | | | | | |
| 13 | Office expenses | 709 | 709 | | | | | | |
| 14 | Information technology | 2,734 | 2,734 | | | | | | |
| 15 | Royalties | | | | | | | | |
| 16 | Occupancy | 18,718 | 18,718 | | | | | | |
| 17 | Travel | 6,219 | 6,219 | | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 11 | 11 | | | | | | |
| 20 | Interest | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 498 | 498 | | | | | | |
| 23 | Insurance | 2,673 | 2,673 | | | | | | |
| 24 | Other expenses Itemize expenses not covered 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) | | | | | | | | |
| а | Event expenses | 9,589 | 9,589 | | | | | | |
| b | Postage | 2,971 | 2,971 | | | | | | |
| c | Telephone | 2,959 | 2,959 | | | | | | |
| d | Bank and credit card fees | 2,358 | 2,358 | | | | | | |
| e | All other expenses | 11,601 | 11,601 | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24 e | 151,142 | 150,842 | 300 | 0 | | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | | | | | |

Part X **Balance Sheet** (A) (B) Beginning of year End of year 27,887 28.451 1 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 2.049 4 4 914 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 6 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 6 7 7 39.920 32,257 8 8 Q 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 1,918 Complete Part VI of Schedule D 10a b 10b 1,918 10c Less accumulated depreciation 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 69.856 16 61,622 16 14,661 24,393 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 14.661 26 24.393 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶

and complete Balance lines 27 through 29, and lines 33 and 34. 27 27 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 30 through 34. 5 30 Capital stock or trust principal, or current funds Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 37,229 32 55,195 32 Retained earnings, endowment, accumulated income, or other funds 33 55.195 33 37,229 34 Total liabilities and net assets/fund balances 69.856 61.622 34

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131014166

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Name of the organization Kenses Complex Foundation June Employer identification number | | | | | | | | | | | | |
|--|----------|--|--|------------------------------------|--|-------------------------------|--------------------------|---------------------------------|--|--|--|--|
| Kansa | s Samp | ler Foundation Inc | | | | | 48-1114956 | | | | | |
| Pai | rt I | Reason for Publi | c Charity S | Status (All organiza | tions must co | mplete this r | | ons . | | | | |
| | | zation is not a private fo | | <u>-</u> | | | | | | | | |
| 1 | _ | A church, convention | | · | = : | • | • | | | | | |
| 2 | <u></u> | A school described in | | | | | | | | | | |
| 3 | , | A hospital or a cooper | | | | | | | | | | |
| 4 | , | A medical research or | | _ | | | |) Enter the | | | | |
| • | ' | hospital's name, city, | | racea in conjunction w | vicii a nospicai a | ieseribea iii se | | J. Enter the | | | | |
| 5 | Γ | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) | | | | | | | | | | |
| 6 | Γ | A federal, state, or loc | al government | t or governmental unit | described in se | ection 170(b)(1 | L)(A)(v). | | | | | |
| 7 | ᆫ | An organization that n described in section 1 | 70(b)(1)(A)(v | vi). (Complete Part II |) | _ | ental unit or from the g | jeneral public | | | | |
| 8 | _ | A community trust des | | | | | | | | | | |
| 9 | ' - | An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). | | | | | | | | | | |
| 11 | <u></u> | An organization organi | | | | | | ut the nurnoses of | | | | |
| | ' | one or more publicly s | | | | | | | | | | |
| | _ | the box in lines 11a th | rough 11d tha | at describes the type o | of supporting or | ganızatıon and | complete lines 11e, 1 | . 1f, and 11g | | | | |
| а | Γ | Type I. A supporting o | | | • | | | | | | | |
| | | supported organization organization | | | | ty of the direct | ors or trustees of the | supporting | | | | |
| b | \vdash | Type II. A supporting | | | | with its suppo | rted organization(s), t | ov having control or | | | | |
| - | , | management of the su must complete Part IV | pporting orgar <mark>/, Sections A</mark> a | nization vested in the s and C. | same persons t | hat control or r | manage the supported | organization(s) You | | | | |
| C | Γ | Type III functionally i | | | | | | grated with, its | | | | |
| -1 | _ | supported organization | | | | | | | | | | |
| d | ı | Type III non-function not functionally integral | | | | | | | | | | |
| | | (see instructions) You | | | | | cilicite and an account. | chess requirement | | | | |
| e | \sqcap | Check this box if the o | rganızatıon re | ceived a written deter | mination from t | he IRS that it i | s a Type I, Type II, T | ype III functionally | | | | |
| | | integrated, or Type III | | | | | | | | | | |
| f | Enter | r the number of support | | | | | · · · · · · · — | | | | | |
| g | | Provide the following in | nformation and | out the supported orga | inization(s) | | | | | | | |
| | | (:) | /::>F T N | (:::) | (:) | | () | (:) | | | | |
| Nam | ne of s | (i) upported organization | (ii)EIN | (iii) Type of | (iv) Is the organ | | (v) A mount of | (vi) A mount of other | | | | |
| Name of S | | organization organization (described on lines 1- 9 above (see instructions)) | | governing | monetary support (see instructions) | support (see instructions) | | | | | | |
| | | | | | Yes | No | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| Sch | edule A (Form 990 or 990-EZ) 201! | 5 | | | | | | Page 2 |
|----------|--|--|---|--|---|-------------------------------------|------------------------------|-----------------------|
| Pa | Support Schedule for (Complete only if you Part III. If the organization) | checked the bo | x on line 5, 7, o | or 8 of Part I or | r if the organiza | tion fail | ed to qu | |
| S | ection A. Public Support | acion iano to qu | amy ander the | teete noted ben | ovv piedoe eem | piete i e | | |
| (or | Calendar year fiscal year beginning in) 🕨 | (a)2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2 | 015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any unusual grants) | 71,605 | 63,343 | 55,181 | 90,080 | | 84,970 | 365,179 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 71,605 | 63,343 | 55,181 | 90,080 | | 84,970 | 365,179 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | 12,386 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | 352,793 |
| S | ection B. Total Support | | | | | | | |
| (0.0 | Calendar year | (a)2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 20 |)15 | (f) Total |
| (or 7 | fiscal year beginning in) > A mounts from line 4 | 71,605 | 63,343 | 55,181 | 90,080 | | 84,970 | 365,179 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | 77 | 58 | | 22 | 157 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | 365,336 |
| 12 | Gross receipts from related activit | ies, etc (see inst | ructions) | | | 12 | | |
| 13 | First five years. If the Form 990 is check this box and stop here | <u> </u> | <u> </u> | | | | | organization, |
| 14 | Public support percentage for 201 | | | 11 column (f\) | | | | 06.530.00 |
| | | | | 11, COIUIIII (I)) | | 14 | | 96 570 % |
| 15 | Public support percentage for 201 | | | on line 12 | mo 14 to 22 4/50/ | 15 | abaali Eli | 100 000 % |
| b | 33 1/3% support test—2015. If the and stop here. The organization qu 33 1/3% support test—2014. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me | alifies as a public organization did in n qualifies as a pu i— 2015. If the orga ation meets the fa | ly supported orga not check a box o ublicly supported inization did not o cts-and-circums | nization n line 13 or 16a, organization heck a box on lin ances test, chec | and line 15 is 33 e 13, 16a, or 16b k this box and sto | 1/3% or , and line op here. E | more, che e 14 Explain | eck this |
| b 18 | organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organization Private foundation. If the organizations | nization meets the ation meets the "fa | e "facts-and-cırc acts-and-cırcums | umstances" test, stances" test Th | check this box a e organization qua | nd stop h alıfıes as | e re. a publicly | , , , , , |

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 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 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b 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)

| مو | ction | Λ | ΔII | Sunn | ortina | Orga | nizations | |
|-----|-------|----|-----------|------|---------|-------|-------------|--|
| 361 | CUUII | м. | \sim 11 | Supp | oi aiig | OI Ua | IIIZALIUIIS | |

| | ction A. An Supporting Organizations | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI 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)? | 2 | | |
| | If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | |
| I | 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 Part VI when and how the organization made the determination. | 3b | | |
| • | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | 3c | | |
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | | |
| | 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 | | |
| l | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised | 4b | | |
| | by or in connection with its supported organizations. | | | |
| • | 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 Part VI 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. | 4c | | |
| 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 Part VI, 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). | 5a | | |
| | • 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? | 5b | | |
| • | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5с | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 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 II of Schedule L (Form 990). | 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 Part VI . | 9a | | |
| ı | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| • | Did a disqualified person (as defined in line 9(a)) 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 Part VI . | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | 10a | | |
| I | 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 | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| • | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| ı | A family member of a person described in (a) above? | 11b | | |
| | : 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. | 11c | | |

| Pai | rt IV Supporting Organizations (continued) | | | |
|-------------|--|----|-----|----|
| Se | ection B. Type I Supporting Organizations | | | |
| | · · · · · · · · · · · · · · · · · · · | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to 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 controlled the organization's activities. If the organization had more than one supported organization, 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. | 1 | | |
| 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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | 2 | | |
| Se | ection 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 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Se | ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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 | | |
| 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 supported organizations played in this regard. | 3 | | |
| | | | | |
| | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 a b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| 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 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 | | |
| ŀ | 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 Part VI 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 | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| | 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? <i>Provide details in Part VI</i> . | 3a | | |
| Ŀ | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Part V | Type III Non-Functionally | , Integrated 509(a)(: | 3) Supporting | Organization |
|--------|---------------------------|-----------------------|-----------------|---------------|
| | I TO III I GIICGOIGII) | Tillegiatea 303(a)(| J/ Juppoi tilly | OI Gailleadol |

| Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) | 1 2 3 4 5 6 7 8 | (A) Prior Year | (B) Current Yea (optional) |
|---|-----------------------|----------------|-------------------------------|
| Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) | 2 3 4 5 | | |
| Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) | 3 4 5 6 7 | | |
| Add lines 1 through 3 Depreciation and depletion 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) | 4 5 6 7 | | |
| Depreciation and depletion 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) | 6 7 | | |
| 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) | 6 7 | | |
| gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 7 | | |
| Other expenses (see instructions) | | | |
| o the expenses (see methanis) | 8 | | l |
| Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | | | |
| | <u> </u> | (A) Duan Varu | (B) Current Yea |
| Section B - Minimum Asset Amount | | (A) Prior 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) | 1 | | |
| 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) | | | |
| Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| Subtract line 2 from line 1d | 3 | | |
| Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| Multiply line 5 by 035 | 6 | | |
| Recoveries of prior-year distributions | 7 | | |
| Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | - Carrona Four |
| Enter 85% of line 1 | 2 | | |
| F- | 3 | | |
| Minimum asset amount for prior year (from Section B, line 8, Column A) | 4 | | |
| Enter greater of line 2 or line 3 | 5 | | |
| Income tax imposed in prior year | 5 | | |
| Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-in | 6 | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | | |
|---|--|--|---|--|--|--|--|
| Section D - Distributions | | | Current Year | | | | |
| 1 Amounts paid to supported organizations to accom | plish exempt purposes | | | | | | |
| 2 A mounts paid to perform activity that directly furth excess of income from activity | 2 A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | | | | | |
| 3 Administrative expenses paid to accomplish exemp | 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | | | | | | |
| 4 Amounts paid to acquire exempt-use assets | | | | | | | |
| 5 Qualified set-aside amounts (prior IRS approval re | | | | | | | |
| 6 Other distributions (describe in Part VI) See instru | | | | | | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | | | | | |
| Distributions to attentive supported organizations t details in Part VI) See instructions | | | | | | | |
| 9 Distributable amount for 2015 from Section C, line | 6 | | | | | | |
| 10 Line 8 amount divided by Line 9 amount | | | | | | | |
| | | | | | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 | | | | |
| 1 Distributable amount for 2015 from Section C, line 6 | | | | | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions) | | | | | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| d From 2013 | | | | | | | |
| e 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 | | | | | | | |
| a Applied to underdistributions of prior years | | | | | | | |
| b Applied to 2015 distributions of prior years | | | | | | | |
| | | | | | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | | | | | |
| 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 31 and 4c | | | | | | | |
| 8 Breakdown of line 7 | | | | | | | |
| | | | | | | | |
| c Excess from 2013 | | | | | | | |
| d From 2014 | | | | | | | |
| e From 2015 | | | | | | | |

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| Facts | And | Circum | stances | Test |
|-------|-----|--------|---------|------|
|-------|-----|--------|---------|------|

| Return Reference | Explanation |
|------------------|-------------|

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493131014166

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury

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. Inspection Internal Revenue Service Name of the organization **Employer identification number** Kansas Sampler Foundation Inc 48-1114956 Part I 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 Aggregate value of contributions to (during 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 24 historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 ☐ Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and

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.

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- 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
- 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

(ii) Assets included in Form 990, Part X

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

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

Cat No 52283D

| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves If "Yes," explain the arrangement in Part XIII and complete the following table Amount | |
|---|-------------------------|
| b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes | ıts |
| Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount or Part X, line 21. Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes If "Yes," explain the arrangement in Part XIII and complete the following table Beginning balance Additions during the year Ending balance Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Pnor year b (c)Two years back (d)Three years back (e) Beginning of year balance C Net investment earnings, gains, and losses | |
| Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount or Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Beginning balance It Additions during the year 1d | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Beginning balance It Id Additions during the year Ending balance Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Pnor year b (c)Two years back (d)Three years back (e) Beginning of year balance | |
| Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. | |
| assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes | |
| Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | _ _{No} |
| b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses | n Form 990, |
| c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions | No |
| d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Prior year b (c)Two years back (d)Three years back (e) 1a Beginning of year balance b Contributions | t |
| Ending balance 1 | |
| Ending balance 1 | |
| Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b | |
| b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII | |
| Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Prior year b (c)Two years back (d)Three years back (e) b Contributions Net investment earnings, gains, and losses | No No |
| (a)Current year (b)Prior year b (c)Two years back (d)Three years back (e) 1a Beginning of year balance b Contributions | Г |
| 1a Beginning of year balance | Four years back |
| b Contributions | rour years back |
| c Net investment earnings, gains, and losses | |
| losses | |
| d Cyanta ay ashalayahaa | |
| d Grants or scholarships | |
| e Other expenditures for facilities and programs | |
| f Administrative expenses | |
| g End of year balance | |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as | |
| a Board designated or quasi-endowment ▶ | |
| b Permanent endowment ▶ | |
| C Temporarily restricted endowment ► | |
| The percentages on lines 2a, 2b, and 2c should equal 100% | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations | Yes No |
| (ii) related organizations | |
| b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R? | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds | |
| Part VI Land, Buildings, and Equipment. | |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line Description of property Cost or other basis (b) Accumulated (c) depreciation (other) | ne 10. (d)Book value |
| 1a Land | |
| b Buildings | |
| c Leasehold improvements | |
| d Equipment | _ |
| e Other | _ _ |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► Schedule D (F | <u> </u> |

| | | | s' on Form 990, Part IV, line 11b. |
|---|--------------------------|----------------------|--|
| (a) Description of security or category (including name of security) | , | (b)Book value | (c)Method of valuation Cost or end-of-year market value |
| (1)Financial derivatives | | | |
| (2)Closely-held equity interests (3)Other | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | F | | |
| Part VIII Investments—Program Related. Complete if the organization answered | d 'Yes' on Form 990. F | Part IV. line 11c.c. | as Form 000 Part V line 12 |
| (a) Description of investment | | (b) Book value | (c) Method of valuation |
| (-) | | | Cost or end-of-year market value |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization | on answered 'Ves' on For | m 990 Part IV line | 11d See Form 990 Part X June 15 |
| (a) Desc | | m 550,1 dre 10,1 me | (b) Book value |
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| Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. | anization answered '\ | | |
| Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. | | | |
| Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability | anization answered '\ | | |
| See Form 990, Part X, line 25. (a) Description of liability | anization answered '\ | | |
| See Form 990, Part X, line 25. (a) Description of liability | anization answered '\ | | |
| See Form 990, Part X, line 25. (a) Description of liability | anization answered '\ | | |
| Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability | anization answered '\ | | |
| See Form 990, Part X, line 25. (a) Description of liability | anization answered '\ | | |
| See Form 990, Part X, line 25. (a) Description of liability | anization answered '\ | | |
| See Form 990, Part X, line 25. (a) Description of liability | anization answered '\ | | |
| Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability | anization answered '\ | | |
| Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability | anization answered '\ | | <u> </u> |
| See Form 990, Part X, line 25. | anization answered '\ | | <u> </u> |
| Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability | anization answered '\ | | <u> </u> |
| Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability | anization answered '\ | | <u> </u> |
| Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability | anization answered '\ | | <u> </u> |

| Par | | venue per Audited Financial Sta zation answered 'Yes' on Form 990, l | | | per R | eturn |
|------|--|---|------------------|--|------------------|-------------------|
| 1 | | support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but | not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) o | n investments | 2a | | | |
| b | Donated services and use of fac | cilities | 2b | | | |
| c | Recoveries of prior year grants | | 2c | | | |
| d | Other (Describe in Part XIII) | | 2d | | | |
| e | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | Amounts included on Form 990 | , Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not inclu | ded on Form 990, Part VIII, line 7b . | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| c | Add lines 4a and 4b | | | | 4c | |
| 5 | Total revenue Add lines 3 and | 4c. (This must equal Form 990, Part I, line | 12) | | 5 | |
| Part | | penses per Audited Financial Sta zation answered 'Yes' on Form 990, | | | es per | Return. |
| 1 | | audited financial statements | | | 1 | |
| 2 | A mounts included on line 1 but | not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of fac | cilities | 2a | | | |
| b | Prior year adjustments | | 2b | | | |
| c | Otherlosses | | 2c | | | |
| d | Other (Describe in Part XIII) | | 2d | | | |
| e | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line 2e from line 1 . | | | | 3 | |
| 4 | Amounts included on Form 990 | , Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not inclu | ded on Form 990, Part VIII, line 7b | . 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| С | Add lines 4a and 4b | | · | | 4c | |
| 5 | Total expenses Add lines 3 and | d 4c. (This must equal Form 990, Part I, li | ne 18) |) | 5 | |
| Pari | XIII Supplemental Info | rmation | | | | |
| Part | ide the descriptions required for P V, line 4, Part X, line 2, Part XI, l mation | art II, lines 3, 5, and 9, Part III, lines 1a ines 2d and 4b, and Part XII, lines 2d and | and 4, d 4b A | , Part IV , lines 1b and Iso complete this part | 2b, to provid | de any additional |
| | Return Reference | Explanation | | | | |
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| Part XIII Supplemental Information (continued) | | | | | | |
|--|-------------|--|--|--|--|--|
| Return Reference | Explanation | | | | | |
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Schedule D (Form 990) 2015

DLN: 93493131014166

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Name of the organization Kansas Sampler Foundation Inc | | | | | En | Employer identification number | | | | | | |
|---|-------------------|---------------------------------------|---------------------------|-----------------|---------------------|--------------------------------|-------------|---------|---------------------------|----------|-------------------|----------|
| Kansas sampler i oundation tilk | | | | | | 48 | 48-1114956 | | | | | |
| | | Transaction | | | | | | | | | 40h | |
| | ne of disqualific | anızatıon answe ed person | | | | fied person and | _ | | z, Part cription | | (d) Corre | ected? |
| 1 (=, | | | organization | | | | transaction | | | Yes | No | |
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| 2 Enter the a | mount of tax i | ncurred by orga | nızatıon ma | nagers or dis | | | | ınder : | section > \$ | | | |
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| 5 Linter the a | iniounic of cax, | ii aiiy, oii iiile 2, | above, ren | iibursea by tii | e organizacio | | • • | • | F P | | | |
| Part II Lo | ans to and | or From Int | terested | Persons. | | | | | | | | |
| | | rganization ansv rted an amount | | | | line 38a, or Fo | rm 99 | 0, Par | t IV, lın | ne 26, o | r if the | |
| | | Teed all alloane | 011 1 01111 3 3 | , i are x, iiii | | | | | | | | |
| (a) Name of | (b) Relations | | (d) Loan to | | (e)O riginal | (f) Balance | (g) In (h) | | | | (i)Written | |
| ınterested person | with organization | Purpose of loan | or from th organizatio | | principal amount | due | default? | | A ppro | | agreement? | |
| • | r | | | <u> </u> | | | | | cómmi | II | | |
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
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| Total | 1 | ▶ \$ | | | | | | l | | | I | l |
| Part III Gra | | istance Bene | | | | I. | | | | | | |
| | | organization | | | | _ | | | | | | |
| (a) Name of i | | (b) Relationshi interested pers | | (c) A mount | of assistance | (d) Type o | ofassi | stance | e (e) | Purpos | e of assı | stance |
| perso | ,''' | organizat | | | | | | | | | | |
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| Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. | | | | | |
|---|---|---------------------------|---------------------------------------|--|----|
| (a) Name of Interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
| | | | | Yes | No |
| (1) Marcı Penner | Director | | Penner owns KSF building Rent is paid | | No |
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Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131014166

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public

Inspection

| Name of the organization Kansas Sampler Foundation Inc | Employer identification number |
|---|--------------------------------|
| | 48-1114956 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation | | |
|---|---|--|--|
| Members or stockholder classes and rights Part VI line 6 | No authority to issue stock, 1950 members | | |
| Member election for additional members Part VI line 7a | Board of directors elects new board members | | |
| Form 990 governing body review Part VI line 11 | Governing body reviews Form 990 prior to filing | | |
| Governing documents etc available to public Part VI line 19 | Copy of return is available for public inspection on-site | | |