	(EA- 1)			2	9 393 341	11815 9			
		EXTENDED TO MAY 15, 2020							
Forn		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							
	For calendar year 2018 or other tax year beginning a			• • • •	N 30 2019	2018			
Dena	artment of the Treasury								
	nal Revenue Service Do not enter SSN numbers on this fo	Open to Public Inspection for 501(c)(3) Organizations Only							
A L	Check box if Name of organization (Check to address changed	ployer identification number nployees' trust, see tructions)							
	Exempt under section Print K-STATE OLATHE I		20-8737117						
	501(C)(3) Number, street, and room or suite no 1408(e) 220(e) Type 2201 W. INNOVAT		related business activity code e instructions)						
	408A 530(a) City or town, state or province, count								
C Bo						2000			
at	end of year	501(c) corp	oration	501(c) trust	401(a) trust	Other trust			
H Er	nter the number of the organization's unrelated trades or businesses.		1		the only (or first) unrelate				
tra	ade or business here ▶ <u>SEE STATEMENT 1</u>			If only one,	complete Parts I-V. If mo	re than one,			
	escribe the first in the blank space at the end of the previous sentence,	, complete Pa	arts I ar	id II, complete a Schedule	M for each additional tra	de or			
	usiness, then complete Parts III-V			Annua pantuallad avarra		Yes X No			
	uring the tax year, was the corporation a subsidiary in an affiliated gro "Yes," enter the name and identifying number of the parent corporatio		าเ-รนบร	idiary controlled group?		Yes LX No			
	he books are in care of WILLIAM EAKIN	<u></u>	•••••	Telepho	one number > 913	-307-7302			
Pa	art I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net			
1	Gross receipts or sales 31,999.			24 222					
! _	Less returns and allowances c Balance	•	1c	31,999. 81,132.					
2 3	Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c		3	-49,133.		-49,133.			
	Capital gain net income (attach Schedule D)		4a	13,1331		13,133.			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b						
C	Capital loss deduction for trusts		4c						
5	Income (loss) from a partnership or an S corporation (attach statem	ent)	5	140 005	10 022	102 462			
6 7	Rent income (Schedule C)		6 7	142,295.	18,833	. 123,462.			
8	Unrelated debt-financements (Schredule E) Interest, agnuitles, royalties, and rents from a controlled organization	(Schedule F)	8						
9	Investment income of a section 501(c)(7), (PSo) (17) organization (9						
10	Exploited exempt activity income (SOI) Stule (15)		10						
11	Advertising income (Schedule J)		11						
12 13	Other Income (See (Ship) to Frattach schedul) Total, Combine lines 3 through 12		12	93,162.	18,833	74,329.			
	art II Deductions Not Taken Elsewhere (See ins	tructions fo			10,033	14,327.			
	(Except for contributions, deductions must be directly				income.)				
14	Compensation of officers, directors, and trustees (Schedule K)				14	<u> </u>			
15	Salaries and wages				15				
16 17	Repairs and maintenance Bad debts				16				
18	Interest (attach schedule) (see instructions)				18				
19	Taxes and licenses				19				
20	Charitable contributions (See instructions for limitation rules)				20				
21	Depreciation (attach Form 4562)			21					
22 23	Less depreciation claimed on Schedule A and elsewhere on return Depletion			_22a	22b				
24	Contributions to deferred compensation plans				24				
25	Employee benefit programs				25				
26	Excess exempt expenses (Schedule I)				26				
27	Excess readership costs (Schedule J)				27	 			
28	Other deductions (attach schedule)				28	 			
29 30	Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduc	t line 29	9 from line 13	2 <u>9</u> 30	74,329.				
31	Deduction for net operating loss arising in tax years beginning on o	31	, =, 525.						
<u>32</u>	Unrelated business taxable income Subtract line 31 from line 30			<u> </u>	32	74,329.			
92270	11 01-09-19 I HA For Panerwork Reduction Act Notice see instru	ctions				Form 990-T (2018)			

Form 990-T (2		8737117	Page -
Part III	Total Unrelated Business Taxable Income		
3 3 T	otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	74,329.
	mounts paid for disallowed fringes	34	
	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
	otal of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		E4 200
	nes 33 and 34	36	74,329.
	pecific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
	nrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		72 220
	nter the smaller of zero or line 36	38	73,329.
-	Tax Computation	— 100 —	15 200
	rganizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	15,399.
40 T	rusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	_ 40	
44 5	Tax rate schedule or Schedule D (Form 1041)	► 40 ► 41	
	roxy tax See instructions	-	<u> </u>
	Iternative minimum tax (trusts only)	42	 -
	ax on Noncompliant Facility Income See instructions otal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	15,399.
Part V	Tax and Payments		13,333.
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
	ther credits (see instructions)		
	eneral business credit. Attach Form 3800 45c		
	redit for prior year minimum tax (attach Form 8801 or 8827)		
	otal credits. Add lines 45a through 45d	45e	
	ubtract line 45e from line 44	46	15,399.
47 C	ther taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche	edule) 47	
48 T	otal tax. Add lines 46 and 47 (see instructions)	48	15,399.
	018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a P	ayments: A 2017 overpayment credited to 2018		
b 2	018 estimated tax payments 50b 22,6	31.	
сТ	ax deposited with Form 8868 50c		
d F	oreign organizations: Tax paid or withheld at source (see instructions) 50d		
e B	ackup withholding (see instructions) 50e		
1 0	redit for small employer health insurance <u>premi</u> ums (attach Form 8941) 50f		
g <u>O</u>	ther credits, adjustments, and payments: Form 2439		
L	Form 4136 Other Total ▶ <u>50g</u>		
	otal payments Add lines 50a through 50g	51	22,631.
	stimated tax penalty (see instructions) Check if Form 2220 is attached	52	
	ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
	verpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	7,232.
	nter the amount of line 54 you want: Credited to 2019 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions)	▶ 55	<u>7,232.</u>
Part VI			Van Na
	t any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file nCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
	ere		_
	uring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust		$-\frac{x}{x}$
	"Yes," see instructions for other forms the organization may have to file.	,•	A
	nter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of	my knowledge and bel	ief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here	\(\langle \langle \lan	May the IRS disci	uss this return with
	Signature of officer Date Title	instructions)?	
-	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid			
Prepare	ADDIT C CHADEC AFOTI C CHADEC		266112
Use On	C - NADATEV C ACCOCTATEC CDAC IIC		0038643
U30 UI	120 NORTH JULIETTE		
	Firm's address ► MANHATTAN, KS 66502-6092 Phone n	o 785-53	7-2202
823711 01-0	9-19	Fo	rm 990-T (2018)

Schedule A - Cost of Good	ls Sold. Enter	method of invent	ory v	aluation N/A	·					
1 Inventory at beginning of year	1	0.		Inventory at end of year		-	6		0.	
2 Purchases	2	16,537.	7	Cost of goods sold S	ine 6					
3 Cost of labor	3	64,595.]	from line 5. Enter here and in Part I,						
4a Additional section 263A costs				line 2			7	81	,132.	
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		١	res No	
 Other costs (attach schedule) 	4b			property produced or	acquired	for resale) apply to				
5 Total. Add lines 1 through 4b	5	81,132.		the organization?					X	
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pe	rsonal Property	Lease	ed With Real Pro	perl	ty) 		
Description of property										
(1) EVENT ROOM RENTA	.L									
(2)									_	
(3)										
(4)						·				
	_ _	ed or accrued				3/a\Daduatiana dispath		معاة طفيين أمعقب		
(a) From personal property (if the pe rent for personal property is more 10% but not more than 50%	e than	of rent for pe	rsonal	onal property (if the percent property exceeds 50% or if ed on profit or income)		3(a) Deductions directly columns 2(a) a SEE STAT	nd 2(b)	(attach schedule)	ime in	
(1)	.,	W. C. C. C.	142,295.					18,833.		
(2)					<i>,</i>			10	<u>, 055.</u>	
(3)										
(4)										
Total	0.	Total		142,2	95.					
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	>		142,2		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	18	,833.	
Schedule E - Unrelated Del	ot-Financed	Income (see II	nstru	ctions)						
			2	Gross income from		Deductions directly cor to debt-finance				
1. Description of debt-fit	nanced property		-	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other dedu (attach sched	ctions fule)	
(1)						-	-			
(2)										
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis llocable to nced property i schedule)	6.	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	,	8. Allocable de (column 6 x total a 3(a) and 3	of columns	
(1)				%						
(2)		_		%		-				
(3)				%						
(4)	_			%		_				
						nter here and on page 1, art I, line 7, column (A)		Enter here and on Part I, line 7, colu		
Totals				▶		0			0.	
Total dividends-received deductions in	cluded in column	8					.		0.	
				·				Farm 00:	0 T (0040)	

Form 990-T (2018)

0.

0

Totals (carry to Part II, line (5))

		<u> 20 0777</u>
Part I	I Income From Periodicals Reported on a Separate Basis (For each periodical lister	d in Part II, fill in
	columns 2 through 7 on a line-by-line basis)	

1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-		
(2)						
(3)	_			-		
(4)						_
Totals from Part I	0.	0.			<u> </u>	0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 0.	٥.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	•
(4)	-	%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3

18,833.

FORM .990-T	DESCRIPTION (ATION'S PRIMA ACTIVITY	ARY UNRELATED	STATEMENT	1
MEETING ROOM	RENTAL AND ME	ETING CATE	RING			
TO FORM 990-T,	, PAGE 1					
FORM 990-T	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT	2
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL	
RENT, MAINT/UT	TILITIES COSTS	- SUBTOTA	L - 1	18,833.	18,8	33.