

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 1912, and ending 1912. Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

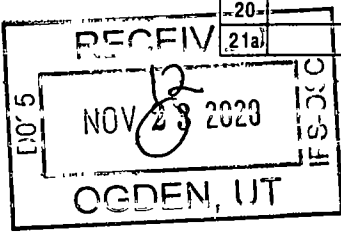
Form sections A through G: A. Check box if address changed; B. Exempt under section 501(c)(3); C. Book value of all assets at end of year: 73,317,679; D. Employer identification number: 48-1215574; E. Unrelated business activity code: 900099; F. Group exemption number; G. Check organization type: 501(c) corporation.

H Enter the number of the organization's unrelated trades or businesses: 1. Describe the only (or first) unrelated trade or business here: SEE STATEMENT 1. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

J The books are in care of THE ORGANIZATION. Telephone number: 785-587-8995.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows 1-13 for Unrelated Trade or Business Income. Total income: 15,383.

Table with 2 columns: Description, Amount. Rows 14-31 for Deductions Not Taken Elsewhere. Total deductions: 0. Unrelated business taxable income: 15,383.



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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Line number and Amount. Rows include 32 (15,383), 33, 34 (14,383), 35 (1,000), 36, 37 (1,000), 38 (1,000), 39 (0).

Part IV Tax Computation

Table with 2 columns: Line number and Amount. Rows include 40 (0), 41, 42, 43, 44, 45 (0).

Part V Tax and Payments

Table with 2 columns: Line number and Amount. Rows include 46a-d, 46e, 47 (0), 48, 49 (0), 50 (0), 51a-f, 51g, 52, 53, 54, 55, 56 (Refunded).

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Rows include 57, 58, 59.

Sign Here: Under penalties of perjury, I declare that I have examined this return... SECRETARY EX-OFFICIO

Table with 4 columns: Preparer's name, Preparer's signature, Date, PTIN. Rows include ERIC A KIENTZ, VARNEY & ASSOCIATES, CPAS, LLC, 1501 POYNTZ AVENUE, MANHATTAN, KS 66502-6092.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

|  |    |  |  |   |  |     |    |
|--|----|--|--|---|--|-----|----|
| 1 Inventory at beginning of year                   | 1  |  | 6 Inventory at end of year   | 6 |  |     |    |
| 2 Purchases  | 2  |  | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                  | 7 |  |     |    |
| 3 Cost of labor                                    | 3  |  |  |   |  |     |    |
| 4a Additional section 263A costs (attach schedule) | 4a |  |  |   |  | Yes | No |
| b Other costs (attach schedule)                    | 4b |  | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |   |  |     |    |
| 5 Total. Add lines 1 through 4b                    | 5  |  |  |   |  |     |    |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|     |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

| 2 Rent received or accrued  |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)         |   | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)                    |
|   |   | 0.  |

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |  |   |
|---|---|--|--|---|
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)               |   |
| (1)   |   |  |  |   |
| (2)   |   |  |  |   |
| (3)   |   |  |  |   |
| (4)   |   |  |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5  | 7. Gross income reportable (column 2 x column 6)     | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |  |   |
| (2)   |   | %  |  |   |
| (3)   |   | %  |  |   |
| (4)   |   | %  |  |   |
| Totals  |   |  | Enter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B)                |
|   |   |  | 0.   | 0.  |
| Total dividends-received deductions included in column 8  |   |  |  | 0.  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number                 | Exempt Controlled Organizations                   |  |   |  |
|------------------------------------|---|---|--|---|--|
|                                    |   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made  | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
| Nonexempt Controlled Organizations |   |   |  |   |  |
| 7. Taxable income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made               | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                          |  |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
| <b>Totals</b>                      |   |   | Add columns 5 and 10<br>Enter here and on page 1, Part I,<br>line 8, column (A)      | Add columns 6 and 11<br>Enter here and on page 1, Part I,<br>line 8, column (B)     |  |
|                                    |   |   | 0.   | 0.  |  |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)   | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1)                      |                     |  |                                 |   |
| (2)                      |                     |  |                                 |   |
| (3)                      |                     |  |                                 |   |
| (4)                      |                     |  |                                 |   |
| <b>Totals</b>            |                     | Enter here and on page 1, Part I, line 9, column (A) |                                 | Enter here and on page 1, Part I, line 9, column (B)  |
|                          |                     | 0.   |                                 | 0.  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1)                                  |   |   |   |   |                                      |   |
| (2)                                  |   |   |   |   |                                      |   |
| (3)                                  |   |   |   |   |                                      |   |
| (4)                                  |   |   |   |   |                                      |   |
| <b>Totals</b>                        |   | Enter here and on page 1, Part I, line 10, col (A)                          | Enter here and on page 1, Part I, line 10, col (B)  |   |                                      | Enter here and on page 1, Part II, line 25                                      |
|                                      |   | 0.  | 0.  |   |                                      | 0.  |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. 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)  |                             |                             |   |                       |                     |  |
| <b>Totals (carry to Part II, line (5))</b> |                             | 0.                          | 0.  |                       |                     | 0.   |

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed 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   | 4. 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)                                |   |   |   |                       |                     |  |
| <b>Totals from Part I</b>          | 0.  | 0.  |   |                       |                     | 0.   |
| <b>Totals, Part II (lines 1-5)</b> | 0.<br><small>Enter here and on page 1, Part I, line 11, col (A)</small> | 0.<br><small>Enter here and on page 1, Part I, line 11, col (B)</small> |   |                       |                     | 0.<br><small>Enter here and on page 1, Part II, line 26</small>                  |

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

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