Form <b>990-T</b>	Exempt Organization Bu			ax R	eturn	ļ	OMB No 1545-0687
	(and proxy tax und			, <sub>20</sub> /	806	.	2017
	For celendar year 2017 or other tax year beginning JUL 1				2018	<u> </u>	2017
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for ► Do not enter SSN numbers on this form as it ma				01(c)(3)	ŀ	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed			and see instructions.)	·····		D Empl (Emp	oyer identification number loyees' trust, see actions)
B Exempt under section	Print SAINT FRANCIS COMMUNIT	Y SI	ERVICES. INC	2.	1	4	8-0543809
X 501(c 103 )	or Number, street, and room or suite no. If a P.O. be					E Unrel	ated business activity codes
408(e) 220(e)	Type 509 E ELM STREET	,				(266 (	nstructions)
408A 530(a)	City or town, state or province, country, and ZIP SALINA, KS 67401-2353		n postal code			211	110
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<b></b>					
25,012,77	72. G Check organization type 🕨 🗶 501(c) co	rporatioi	501(c) trust		401(a)	trust	Other trust
H Describe the organization	's primary unrelated business activity. > OIL PRO	DUC	TION				
I During the tax year, was t	he corporation a subsidiary in an affiliated group or a pare	ent-subs	idiary controlled group?		▶ [	Ye	es X No
If "Yes," enter the name ar	nd identifying number of the parent corporation.						
	► CHIEF FINANCIAL OFFICER	<u> </u>	Teleph	one numbe	r ▶ 78	85-	825-0541
Part I Unrelated	Trade or Business Income		(A) Income		Expenses		(C) Net
1a Gross receipts or sales	5			STATE OF THE PARTY.			
b Less returns and allow	rances c Balance	10		14.000			16.15 10 10 10 10 10 10 10 10 10 10 10 10 10
2 Cost of goods sold (So	chedule A, line 7)	2		13.42.20 M	認為的影響	£83	心理的影響的社會
3 Gross profit. Subtract I	line 2 from line 1c	3	·····	30000000000000000000000000000000000000			<del></del>
4a Capital gain net income	e (attach Schedule D)	4a			<b>新聞的</b>		
b Net gain (loss) (Form 4	4797, Part II, line 17) (attach Form 4797)	4b	*****		THE PLANT		
c Capital loss deduction	for trusts	4c			1466		
5 Income (loss) from par	rtnerships and S corporations (attach statement)	5	· · · · · · · · · · · · · · · · · · ·	<b>经验</b> 数	(1) (1)	1200	
6 Rent income (Schedule	e C)	6					
7 Unrelated debt-finance	d income (Schedule E)	7		ļ			
8 Interest, annuities, roya	alties, and rents from controlled organizations (Sch. F)	8		ļ			
9 Investment income of a	a section 501(c)(7), (9), or (17) organization (Schedule G	9					
10 Exploited exempt activi	ity income (Schedule I)	10		ļ			
11 Advertising income (So	·	11		a transie	- 22. 1 WAT	2 Sept. 3	
•	tructions, attach schedule) STATEMENT 3	12		新たいは			38,204.
13 Total. Combine lines 3		13	38,204.	L			38,204.
(Except for co	ns Not Taken Elsewhere (See instructions for tributions, deductions must be directly connected.)	or limita d with t	itions on deductions ) he unrelated business	ıncome )			
14 Compensation of office	cers, directors, and trustees (Schedule K)		# <b>5</b>			14	
15 Salaries and wages	TAKEN 72	17	7		Γ	15	
16 Repairs and maintena	Ince ERECEIVE	۱۳ ر	<u> </u>			16	
17 Bad debts		13	äl –			17	
18 Interest (attach sched	(ule) MAY 2 2 20°	19	<b>781</b>			18	
19 Taxes and licenses		<u> </u>	ايم		L	19	1,774.
20 Charitable contribution	ns (See instructions for limitation rules)	E 0 E			L	20	
21 Depreciation (attach F	orm 4562)	UL	21			Sec. 3	
22 Less depreciation clair	med on Schedule A and elsewhere on toturn		22a			22b	
23 Depletion					L	23	6,085.
24 Contributions to defer	red compensation plans				L	24	
25 Employee benefit prog	grams				L	25	<del></del>
26 Excess exempt expens	ses (Schedule I)				L	26	
27 Excess readership cos	sts (Schedule J)				L	27	<del></del>
28 Other deductions (atta	ach schedule)		SEE STAT	EMENT	' 4	28	14,624.
29 Total deductions. Ad	d lines 14 through 28				L	29	22,483.
	xable income before net operating loss deduction. Subtra-	ct line 29				30	15,721.
31 Net operating loss dec	duction (limited to the amount on line 30)		SEE STAT	EMENT	՝ 5	31	15,721.
	xable income before specific deduction. Subtract line 31 f		30		L	32	0.
	enerally \$1,000, but see line 33 instructions for exception				L	33	1,000.
	axable income Subtract line 33 from line 32. If line 33 is	greater	than line 32, enter the sn	naller of zer	o or		_
line 32	Panerwork Reduction Act Notice see instructions		<del></del>			34	0. Form <b>990-T</b> (2017)

Fart III   Tax Computation   So Ingestions Table as desperations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check fire   See instructions and   Controlled group members (sections 1561 and 1563) check fire   See instructions and   Controlled group members (sections 1561 and 1563) check fire   See instructions and   Controlled group members (sections 1561 and 1563) check fire   See instructions and   Controlled group members (section 1564)   See   Controlled group g	Form 990-1		48-05	43809	Page 2
Conceleted group members (sections 1561 and 1563) check here ▶ See instructions and a Enter you share of the \$50,000 as \$25,000, and \$25,000 tasked period brackets (in that order) (1)	Part I	II. Tax Computation			
Conceleted group members (sections 1561 and 1563) check here ▶ See instructions and a Enter you share of the \$50,000 as \$25,000, and \$25,000 tasked period brackets (in that order) (1)	35	Organizations Taxable as Corporations. See instructions for tax computation.		14. M	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 toxable moone brackets (in that order)  (1) \$		• •			
1)   S		<del>-</del>		13.68	
b Enter organization's share of, (1) Additional 5% tax (not more than \$11,750) \$   3   2   3   4   3   3   3   3   3   3   3   3	•			20,25	
(2) Additional 3% tax front more than \$100,000)  (a) Income tax on the amount on time 34  Trusts Taxable at Trust Rates. See instructions for tax computation (income tax on the amount on line 34 from    Trusts Taxable at Trust Rates. See instructions   Trusts Rates. See instructions   36				52	
c income tax on the amount on Inne 34  36 Trasts Taxable art rurst Rates. See instructions for tax computation income tax on the amount on Inne 34 from:    Tax rate schedule or   Schedule D (Form 1041)   37    Tax rate schedule or   Schedule D (Form 1041)   38    Alternative minimum tax   38   Alternative minimum tax   38   Alternative minimum tax   38   Tax cn Nen-Compliant Facility Income. See instructions   38   Alternative minimum tax   39   Tax cn Nen-Compliant Facility Income. See instructions   40   Tax cn Nen-Compliant Facility Income. See instructions   41   Tax cn Nen-Compliant Facility Income. See instructions   42   Tax cn Nen-Compliant Facility Income. See instructions   44   Tax cn Nen-Compliant Facility Income. See instructions   44   Tax cn Nen-Compliant Facility Income. See instructions   45   See See Incompliant Facility Income. See instructions   45   Tax cn Nen-Compliant Facility Income. See instr	b			1380	
Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34 from:    Tax rate schedule or   Schedule D (Form 1041)   38   37		(2) Additional 3% tax (not more than \$100,000)			•
Tax rate schedule or Schedule D (Form 1041)  37 Prays tax. See instructions  38 Alternative minimum tax  39 Tax on Non-Compilant Fieldity income. See instructions  30 Tax on Non-Compilant Fieldity income. See instructions  40 O.  Part VII Tax and Payments  41 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  b Other credits (see instructions)  c General business credit Attach Form 3800 or 8827)  c Total credits, Add intes 41 at through 141  42 Subtract line 41 fer form is 67  43 Other taxes. Check if from ☐ Form 425 ☐ Form 8611 ☐ Form 8697 ☐ Form 8666 ☐ Other (estach schedule)  44 Total tax, Add lines 42 and 43  45 a Payments: A 2016 overpayment credited to 2017  b 2017 estimated tax payments  c Tax deposited with Form 8666  d Foreign organizations; Tax paid or withhelid at source (see instructions)  d Eaching withholding (see instructions). Check if Form 220 is attached 649  d Form 4136 ☐ Other form 4136 ☐ Other organizations; Tax paid or withhelid at Source (see instructions)  d Gredit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments: Add lines 43 and 47 and	C	Income tax on the amount on line 34	<b>&gt;</b>		<u> </u>
38 Alternative minimum tax 38 Alternative minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 40 Tatal. Add lines 37, 38 and 39 to line 35 cor 36, whichever applies 40 O.  Part IV Tax and Payments 41a Foreign tax credit (corporations attach Form 118; trusts attach Form 1116) 5 Other credits (see instructions) 6 Central for prior year minimum tax (attach Form 8801 or 8827) 6 Total acredits. Add lines 41 through 410 42 Subtract line 41s from line 40 43 Subtract line 41s from line 40 44 Total tax. Add lines 42 and 43 45 a Payments A 2016 overpayment credited to 2017 5 2017 estimated tax payments 6 Tax deposited with Form 8805 6 Foreign organizations. Tax paid or withheld at source (see instructions) 6 Backup withhelding (see instructions) 6 Backup withhelding (see instructions) 7 Credit for small employer health insurance premiums (Attach Form 8941) 9 Other credits and payments 7 Credit for small employer health insurance premiums (Attach Form 8941) 9 Other credits and payments 7 Credit for small employer health insurance premiums (Attach Form 8941) 9 Other credits and payments 9 Form 4136 10 Form 4136	36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		· 表 字	
38   Alternative minimum tax   38   38   39   39   39   40   0.4   741   40   0.5   742   40   0.5   742   40   0.5   742   7		Tax rate schedule or Schedule D (Form 1041)	<b>•</b>	36	
39   Tax on Ren-Compilant Facility Income. See Instructions   40   0.0.	37	Proxy tax. See instructions	<b>&gt;</b>	37	_
39   Tax on Ren-Compilant Facility Income. See Instructions   40   0.0.	38	Alternative minimum tax		38	
Total Add lines 37, 38 and 38 to line 35c or 36, whichever applies    Part IV.   Tax and Payments				39	·
Part IV.   Tax and Payments		•			0.
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b Other credits (see instructions) c General business credit Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) t Total credits. Add lines 41a through 41d 42 Subtract line 41e from line 40 43 Other taxes. Check if from line 40 44 Total tax. Add lines 42 and 43 45 Payments. A 2016 overgayment credited to 2017 b 2017 estimated tax payments c Tax deposited with Form 8888 d Foreign organizations: Tax payments d Foreign organizations: Tax payment organizations are premiums (Attach Form 8941) g Other credits and payments. d Total tax due. If line 46 is less than the total of lines 44 and 47, enter amount oweral d Total payments. Add lines 45 through 45g f Foreign yearnest. Add lines 45 through 45g f Foreign organizations: Tax depositions with form 8941) g Other credits and payments: d Form 4136		···· - · · · · · · · · · · · · · · · ·		-(30%)	•
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47 Estimated tax penalty (see instructions). Check if Form 2220 is attached   48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want: Credited to 2018 estimated tax    Refunded  50 Part Y. Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country  here   During the tax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year   Sign  Under penalties of perjay, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of prepage - define than taxpayapi is based on all information of which prepage has any knowledge  Propager a homother flow than than taxpayapi is based on all information of which prepage has any knowledge  Propager and belief, it is true,  Signature of officer  Date  Primtype preparer's name  Preparer's signature  CORLENE R. LANGE  Primty sellow Primt	40			-l l	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want: Credited to 2018 estimated tax  Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  52 During the tax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  53 Enter the amount of tax-exempt interest received or accrued during the tax year   54 Under penalties of perjuty, idective that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete Declaration of prepare/schert than taxpayer) is based on all information of which preparer has any knowledge  Firm's name KCOE ISOM, LLP  Firm's name KCOE ISOM, LLP  Firm's name KCOE ISOM, LLP  3030 CORTLAND, P.O. BOX 1100  Firm's address SALINA, KS 67402-1100  Phone no. (785)825-1561					<del></del>
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Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information of the foreign country   Yes   No					
Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶  52 During the tax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Under penelties of parity, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of prepare of other tran taxpayer) is based on all information of which prepare has any knowledge  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Oate  Check If PIIN  Self- employed  Firm's name ▶ KCOB ISOM, LLP  Firm's name ▶ KCOB ISOM, LLP  Firm's name ▶ KCOB ISOM, LLP  Firm's address ▶ SALINA, KS 67402-1100  Phone no. (785)825-1561				<del>                                      </del>	
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over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country  here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true,  correct, and complete Declaration of propure (other than taxpayer) is based on all information of which prepare has any knowledge and belief, it is true,  Signature of officer  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Preparer's signature  Date  CORLENB R. LANGE  Firm's name  KCOE ISOM, LLP  Firm's address  SALINA, KS 67402-1100  Phone no. (785)825-1561			0115)		Tv. In.
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country  here  52 During the tax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  53 Enter the amount of tax-exempt interest received or accrued during the tax year  Sign  Under penelties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete Declaration of prepare toher than taxpayer) is based on all information of which prepare has any knowledge  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Preparer's signature  CORLENE R. LANGE  Print/Type preparer's name  Preparer's signature  CORLENE R. LANGE  Firm's name  KCOE ISOM, LLP  Firm's address  SALINA, KS 67402-1100  Phone no. (785)825-1561	51	·			
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year  Sign  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare other than taxpayer) is based on all information of which preparer has any knowledge  PRESIDENT/CEO  Title  Print/Type preparer's name  Preparer's signature  CORLENE R. LANGE  Print/Type preparer's name  Preparer's signature  CORLENE R. LANGE  Firm's name  KCOE ISOM, LLP  Firm's name  KCOE ISOM, LLP  Firm's address  SALINA, KS 67402-1100  Phone no. (785)825-1561					St 3 2
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge    PRESIDENT/CEO		FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			1,7,5%
If YES, see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Sign  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge  PRESIDENT/CEO  Titlle  PRESIDENT/CEO  Titlle  Print/Type preparer's name  Preparer's signature  CORLENE R. LANGE  Print/Type preparer's name  Preparer's signature  CORLENE R. LANGE  Print/Type preparer's name  Preparer's signature  CORLENE R. LANGE  Firm's name KCOE ISOM, LLP  Firm's EIN 48-0567703  Phone no. (785)825-1561		· ··· · · · · · · · · · · · · · · · ·			
Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge    Value   Val	52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?		X
Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge    PRESIDENT/CEO		If YES, see instructions for other forms the organization may have to file			
Sign Here    Correct and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge   PRESIDENT/CEO	53				
Here    Signature of officer   Date   PRESIDENT/CEO   Title   PRESIDENT/CEO   Title   Print/Type preparer's name   Preparer's signature   Date   Check   If PTIN   Self- employed   Print/Type preparer   Print/Type preparer's name   Preparer's signature   Date   Check   If PTIN   Self- employed   Print/Type preparer   Print/Type preparer's name   Preparer's signature   Date   Check   If PTIN   Self- employed   P00007927   P00007927   Prim's name   KCOE ISOM, LLP   Firm's EIN   48-0567703   Phone no. (785)825-1561	0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the beaucorrect, and complete. Declaration of prepare—to their tax payer) is based on all information of which preparer has any knowledge.	st of my knowl	edge and bellef, it is	tue,
Paid Preparer Use Only    Print/Type preparer's name   Preparer's signature   Date   D		71 / Mb 1-12	Г	May the IRS discuss	this return with
Paid Preparer's name Preparer's signature Preparer's signature CORLENE R. LANGE Date CORLENE R. LANGE Firm's name  CORLENE R. LANGE  CORLENE R. LANGE Firm's name  CORLENE R. LANGE  Firm's name  Firm's address  SALINA, KS 67402-1100  Phone no. (785)825-1561	mere			he preparer shown	below (see
Paid Preparer Use Only         CORLENE R. LANGE         Coulene R. Lange         5-15-19         self- employed         P00007927           Firm's name ► KCOE ISOM, LLP         Firm's EIN ► 48-0567703           3030 CORTLAND, P.O. BOX 1100         Phone no. (785)825-1561		Signature of officer Date Title		nstructions)?	Yes No
Preparer Use Only         CORLENE R. LANGE         CORLENE R. LANGE         CORLENE R. LANGE         P00007927           Firm's name         ▶ KCOE ISOM, LLP         Firm's EIN         ▶ 48-0567703           3030 CORTLAND, P.O. BOX 1100         Phone no. (785)825-1561		Print/Type preparer's name Preparer's signature Date Ch	neck 🔲	If PTIN	
Preparer Use Only         CORLENE R. LANGE         CORLENE (No. 1000)         CORLENE R. LANGE         P00007927           Use Only         Firm's name         KCOE ISOM, LLP         Firm's EIN         48-0567703           3030 CORTLAND, P.O. BOX 1100         Phone no. (785)825-1561	Paid	Se Se se se se se	lf- employed	i	
Use Only   Firm's name   KCOE   ISOM, LLP   C   Firm's EIN   48-0567703		rer CORLENE R. LANGE   Collene N. Norge   3-15-19		P0000	7927
3030 CORTLAND, P.O. BOX 1100 Firm's address ► SALINA, KS 67402-1100 Phone no. (785)825-1561	•	F - NCOE TOOM LLD	ırm's EIN	48-05	67703
Firm's address ► SALINA, KS 67402-1100 Phone no. (785)825-1561	036 0	3030 CORTLAND, P.O. BOX 1100		-	
			hone no.	(785)825	-1561

Schedule A - Cost of Good	s Sold. Enter	r method of inver	itory valuation N/I	Ā		
1 Inventory at beginning of year	1_1_		6 Inventory at end of ye	ar		6
2 Purchases	2		7 Cost of goods sold. S	Subtract	line 6	£7.7%
3 Cost of labor	3		from line 5. Enter here	e and in	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	n 263A (	with respect to	Yes No
b Other costs (attach schedule)	4և		property produced or	acquired	d for resale) apply to	Politica (
5 Total Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property I	Lease	d With Real Prope	erty) 
1. Description of property						
(1)						
(2)						
(3)						
(4)					·•·	
		red or accrued			2(a) Doductions dispetty a	onnected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if it is based on profit or income)	age	columns 2(a) and	2(b) (attach schedule)
(1)						
(2)			1			
(3)						
(4)						
Total	0.	Total	· · · · · · · · · · · · · · · · · · ·	0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	· · · · ·	nter -		0.	(b) Total deductions. Enter here and on page 1 Part I, line 6 column (B)	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)			
			Gross income from or allocable to debt-		3. Deductions directly conne to debt-finance	
1. Description of debt-fi	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			<u> </u>			
(2)						
(3)						<u> </u>
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schadule)	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)			%	ļ		
(4)			%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I line 7, column (B)
Totals			<b>.</b>		0.	0.
Total dividends-received deductions to	naludad in aalumi	. 0	_			0 -

723731 01-22-18

Form 990-T (2017)

## 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	Advertising gain or (loss) (col. 2 minus col. 3). If a gain compute cols. 5 through 7.	5. Greulation 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.		<b>机克斯斯斯斯斯</b> 斯克斯克斯	CANADA PARA PARA PARA PARA PARA PARA PARA P	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.	0.				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 urrelated business
(1)		%	
(2)		%	
· ·		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b></b>	0.

Form 990-T (2017)

63,668.

NOL CARRYOVER AVAILABLE THIS YEAR

FORM 990-T						
FORM 990-1		OTHER	INCOME		STATE	MENT 3
DESCRIPTION	N				AM	OUNT
OIL WORKING	G INTEREST .					38,204
TOTAL TO F	ORM 990-T, PAGE 1	, LINE 12				38,204
FORM 990-T		OTHER	DEDUCTI	ONS	STATE	MENT 4
DESCRIPTIO	N	•			AM	OUNT
LEASE OPER	TING EXPENSES			•		14,624
				•		
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 28	,	,		14,624
TOTAL TO FO		LINE 28	LOSS D	EDUCTION	STATE	14,624 MENT 5
			SLY	EDUCTION LOSS REMAINING	STATE AVAIL THIS	MENT 5

63,668.