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Form 990-"		Exempt Orga				ax Returr	۱ <u> </u>	OMB No 1545	-0687	
•	1	-	nd proxy tax und	ier se			ļ	201	Ω	
	For cal	lendar year 2018 or other tax ye		4 .4	, and ending	••••	— I	ZU I	U	
Department of the Internal Revenue Se	Treasury ervice	Do not enter SSN numbe			ons and the latest inform de public if your organiz		0	pen to Public Ins 01(c)(3) Organizat	spection for tions Only	
A Check to address	oox if s changed	Name of organization ([KANSAS SECT	Check box if name of	-	•			yer identification i byees' trust, see ctions)	number	
B Exempt unde	er section Print	23	3-70261	.55						
X 501(c 0	3_) or	Number, street, and roon		ted business activistructions)	vity code					
408(e)	220(e) Type	11725 ALDER	NY CT UNIT	31] (000 ,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
408A 529(a)	530(a)	City or town, state or province, country, and ZIP or foreign postal code WICHITA, KS 67212 5418								
Book value of al	l assets	F Group exemption num			, <u> </u>		<u>,, , , , , , , , , , , , , , , , , , ,</u>	, , , , , , , , , , , , , , , , , , , ,		
at end of year	161,503.			poration	501(c) trust	401(a) trust	Othe	er trust	
H Enter the num	nber of the organiza	ition's unrelated trades or l	ousinesses.	1	Describe	the only (or first) ur	related			
trade or busin	ess here 🕨 <u>SI</u>	EE STATEMENT	1		. If only one,	complete Parts I-V.	If more t	than one,		
describe the fi	irst in the blank spa	ce at the end of the previo	us sentence, complete P	arts I an	d II, complete a Schedul	e M for each addition	nal trade	or		
	n complete Parts III									
-		oration a subsidiary in an		nt-subsi	diary controlled group?	> [Yes	X No		
		tifying number of the parer					24.51			
		FERRYL PAJOR		ī	!) 250-05		
		de or Business Inc	ome		(A) Income	(B) Expense:	'	(C) Ne	<u>.t</u>	
1a Gross rece	•		- Delenes	.						
-	ns and allowances	A line 7)	c Balance	1c 2						
	ods sold (Schedule fit. Subtract line 2 fr			3			- +			
•	n net income (attac			4a						
		art II, line 17) (attach Form	1 4797)	4b			- +			
	s deduction for trus	• •	,	4c						
•		ship or an S corporation (a	ttach statement)	5						
·	ne (Schedule C)		,	6						
7 Unrelated	debt-financed incor	me (Schedule E)		7						
8 Interest, a	nnuities, royalties, a	and rents from a controlled	organization (Schedule F)	8	<u></u>					
9 Investmen	t income of a section	on 501(c)(7), (9), or (17) o	rganization (Schedule G) 9						
•	exempt activity inco	•		10						
	g income (Schedule	•		11	1,400.	5,4	27.	<u> </u>	027.	
	•	ns; attach schedule)		12	1 400				007	
	mbine lines 3 throu	^{gn 12} ot Taken Elsewhei	ro (Con instructions f	13	1,400.		27.	-4,	027.	
		utions, deductions mus								
14 Compens	ation of officers, di	rectors, and trustees (Sche	edule KECEIVE	D			14			
	and wages	1			<u> </u>		15			
16 Repairs a	nd maintenance	15	JUN 0 3 20'	19 1	žI		16			
17 Bad debts		100	5		剥		17			
•	attach schedule) (s	ee instructions)	OGDEN,	iT	1		18			
	d licenses						19			
		e instructions for limitation	rules)		ايما		20			
	ion (attach Form 45	562) n Schedule A and elsewher	o on return		21 22a		1001			
22 Less depi 23 Depletion		ii ochedule A and eisewher	e on retuill		[228]		22b 23			
	ions to deferred co	mnensation plans					24			
	benefit programs	προποατιστή ματίδ					25			
	kempt expenses (Sc	chedule I)					26			
	adership costs (Sc	•					27			
	luctions (attach sch	•					28			
	luctions Add lines	•					29		0.	
30 Unrelated	business taxable ii	ncome before net operating	g loss deduction. Subtra	ct line 29	from line 13		30	-4,	027.	
		loss arısıng ın tax years be	· .	ary 1, 20	18 (see instructions)		31			
32 Unrelated	l business taxable ii	ncome, Subtract line 31 fro	om line 30				32	-4.	027.	

MONTY ALLEN, CPA

Firm's name ► KIRKPATRICK, SPRECKER & CO., LLP

311 S. HILLSIDE

Firm's address ► WICHITA, KS 67211-2130

self- employed

Firm's EIN

Phone no.

P00185149

(316)685-1411

48-0685589

Form 990-T (2018)

05/21/19

Preparer

Use Only

MONTY ALLEN, CPA

Paid

KANSAS SECTION AMERICAN WATER WORKS

Form 990-T (2018) ASSOCIATION

23-7026155

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Schedule A - Cost of Good	Is Sold. Enter	method of inver	ntory valuation N/A					
1 Inventory at beginning of year	Inventory at beginning of year 1			6 Inventory at end of year				
2 Purchases	2		7 Cost of goods sold. Se	ubtract li	ne 6			
3 Cost of labor	3		from line 5. Enter here	and in P	art I,			
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?				ii	
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	pert	(y)	
Description of property	<u>-</u> •				-			
(1)	-		·····		· · · · · · · · · · · · · · · · · · ·			
(2)								
(3)								
(4)				_				
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) a	y conne nd 2(b)	cted with the income (attach schedule)	ın
(1)	·							
(2)								
(3)			_					
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, colum		ter >		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	▶.		0.
Schedule E - Unrelated De	bt-Financed	l Income (see	instructions)					
			2 Gross income from or allocable to debt-	(5)	3 Deductions directly cor to debt-finan		perty	
1 Description of debt-fi	inanced property		financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	18
(1)								
(2)								
(3)						Ì		
(4)			-					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%				<u> </u>	
(4)			%			Π.		
					nter here and on page 1, art I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals		•	, •		0			0.
Total dividends-received deductions	ncluded in columi	n 8	•			-		0.

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Schedule F - Interest, A	111101110	, rioyana		Controlled O				(300 111	Struction.	
1 Name of controlled organizati	on	2 Employ identification number	on (loss) (see	related income e instructions)	4. Tot payr	al of specified nents made	includ	t of column 4 led in the con ation's gross	trolling	6 Deductions directly connected with income in column 5
(1)			-							
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	ations							•		
7. Taxable Income		nrelated income (ee instructions)	loss) 9 Total	of specified pay made	ments -	10. Part of column the controlling gross		nization's	11. Dec with	ductions directly connected income in column 10
(1)		_								
(2)										
(3)					j					
(4)										-
						Add colun Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					>			0.		0.
Schedule G - Investme (see instri		me of a Se	ection 501(c)(7), (9), or	(17) Or	ganization)			
1 Descr	iption of inco	me		2 Amount of	income	3 Deduction directly connections	cted	4. Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)					,	,			-	(00.00000)
(2)										
(3)							•			
(4)										
-				Enter here and Part I, line 9, co				•		Enter here and on page 1 Part I, line 9, column (B)
Totals			>		0.1					0.
Schedule I - Exploited I (see instru	_	Activity I	ncome, Othe	r Than Ac	lvertisi	ng Income	•			
			3 Expenses	4. Net incon	ne (loss)					7
Description of exploited activity	2 G unrelated incomi trade or t	business e from	directly connected with production of unrelated business income	from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)	-					-				
	Enter her page 1, line 10,	Part I,	Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 26
Totals		0.	0.		_					0.
Schedule J - Advertisir										
Part I Income From F	Periodic	als Repor	ted on a Con	solidated	Basis					
1. Name of periodical		2 Gross advertising income	3 Direct advertising costs	or (loss) (c		5. Circulat income		6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) SOLUTION H2O		1,400	5,427	•						
(2)		<u> </u>								
(3)										
(4)										
Totals (carry to Part II, line (5))		1 400	5 427		027					0.

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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)

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)				<u>-</u>			
Totals from Part I	▶	1,400.	5,427.				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)	▶	1,400.	5,427.				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)

Page 5

823732 01-09-19

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

SALE OF ADVERTISING FOR PROFESSIONAL NEWSLETTER

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/05	477.	0.	477.	477.
12/31/06	1,436.	0.	1,436.	1,436.
12/31/07	2,309.	0.	2,309.	2,309.
12/31/08	2,669.	0.	2,669.	2,669.
12/31/09	2,930.	0.	2,930.	2,930.
12/31/10	3,486.	0.	3,486.	3,486.
12/31/11	1,742.	0.	1,742.	1,742.
12/31/12	17.	0.	17.	17.
12/31/13	2,131.	0.	2,131.	2,131.
12/31/14	2,259.	0.	2,259.	2,259.
12/31/15	1,780.	0.	1,780.	1,780.
12/31/16	2,722.	0.	2,722.	2,722.
12/31/17	2,706.	0.	2,706.	2,706.
NOL CARRYO	VER AVAILABLE THIS	YEAR	26,664.	26,664.