

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 1909

OMB No 1545-0687

For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 09/30, 2019

2018

Department of the Treasury Internal Revenue Service

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)

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

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type (501(c) corporation).

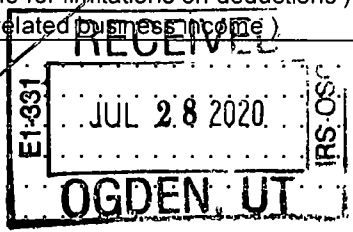
H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here: ATCH 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of: MARY ANNE METHENY Telephone number: 816-461-4188

Part I Unrelated Trade or Business Income table with columns (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, etc.

Part II Deductions Not Taken Elsewhere table with columns (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, etc.



SCANNED JUN 25 2021

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Description, Line Number, Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes lines 45a-45g, 46-49, 50a-50g, 51-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions 56-58 regarding foreign accounts, distributions, and tax-exempt interest.

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 preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Preparer information section including name (MICHAEL J ENGLE), signature, date (7/10/2020), firm name (BKD, LLP), and address (1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

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		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b.	5					X

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		
(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(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).

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)
Total dividends-received deductions included in column 8				

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

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income (loss), 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. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 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. Rows (1) through (4).

Totals section with instructions: Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

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

Table with 5 columns: 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). Rows (1) through (4).

Totals section with instructions: Enter here and on page 1, Part I, line 9, column (A). Enter here and on page 1, Part I, line 9, column (B).

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

Table with 7 columns: 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, 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). Rows (1) through (4).

Totals section with instructions: 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 26.

Schedule J-Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss) (col 2 minus col 3), 5 Circulation income, 6 Readership costs, 7 Excess readership costs (column 6 minus column 5, but not more than column 4). Rows (1) through (4).

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

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)						
Totals from Part I, ▶						
	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) ▶						

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) ATCH 2		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14 ▶			

ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

ATTACHMENT 2SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
MARY ANNE METHENY P.O. BOX 577 LEE'S SUMMIT, MO 64063	CHIEF EXECUTIVE OFFICER	0	0.
ANN LEABO P.O. BOX 577 LEE'S SUMMIT, MO 64063	CHIEF FINANCIAL OFFICER	0	0.
MICHAEL MOORE P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR/CHAIR	0	0.
ANGELA ROSS PRESNELL P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR/CHAIR ELECT	0	0.
BRIAN HERRMANN P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR/SECRETARY	0	0.
MONICA ALDERSON P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR/TREASURER	0	0.
JULIE ROSS P.O. BOX 577 LEE'S SUMMIT, MO 64063	AT LARGE	0	0.
WHITNEY BARTELLI P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.
SAMUEL DEAN P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.
AMY DOLL P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.

ATTACHMENT 2 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
MICHAEL CLINE P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.
LATOYA GARCIA P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.
NEIL GETZLOW P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.
TINA JOHNSON P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.
JOE KAUTEN P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.
DOUG KING P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.
ABBY MOCEK P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.
LEE MOORE P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.
DOUG SCHMITT P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.
TARA STEINER P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.

ATTACHMENT 2 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
CAROLYN WALTERS P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.
DR. LYNETTE WHEELER P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.
JANELLE WILLIAMS P.O. BOX 577 LEE'S SUMMIT, MO 64063	DIRECTOR	0	0.
TOTAL COMPENSATION			<u>0.</u>