٠,	<i>*</i>									10	104	7		
		١.					_			• •	1	OMB No 1	1545_06	27
	990-T	1	Exempt Organization Business Income Tax Return						rn	-	CIVIS 140			
Form	(and proxy tax under section 6033(e))								1	20	4 0	,		
	For calendar year 2018 or other tax year beginning July 1 , 2018, and ending June 30 , 20 19								19		<u>4</u>	10	,	
	ment of the Treasury									One	en to Public	Inspect	tion to	
	Revenue Service	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -). 50	1(c)(3) Organ	nization	s Only	
<u> </u>	Check box if address changed	Name of organization (Check box if name changed and see instructions.)									er i dentifica es' trust, sec			
	npt under section	tion Print Women's Employment Network Inc											,	
_	or Number, street, and room or suite no. If a P.O. box, see instructions									43-150873 d business		code		
	408(e) 220(e) Type S20 Main Street Suite 100								ructions.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code S29(a) Kansas City MO 64105													
C Bpol	k yalue of all assets	F Gr		tions.) ▶										
at er	C Book value of all assets at end of year G Check organization type ▶ ☑ 501(c) corporation ☐ 501(c) trust ☐ 4								40	401(a) trust Other trus				
H Er	nter the number		organization's unrelated trades or but					· · · ·	Descri	be the	only	(or first) u	ınrelat	ed
tra	ade or business	here 🕨		. If	only (one, co	mple	te Pa	rts I–V.	If mo	re tha	in one, de	scribe	3 the
fir	st in the blank s	space a	t the end of the previous sentence											
tra	ade or business,	then c	omplete Parts III-V.		_									_
Di	uring the tax year,	, was the	e corporation a subsidiary in an affiliate	d group o	a pa	rent-sub	sidia	iry coi	ntrolled	group	7	► □ Ye	es 🗌	No
			and identifying number of the parent	corporat	ion. 🕨									_
			Sherry Turner					phon	e numb			816-822		
_			e or Business Income		4—	(A) Inc	ome		(B) I	Expens	88 31355 986	(C) Net	Decarios
	Gross receipts			. .	1		- 1							
b	Less returns and a			· —							100		M	
2	•	-	chedule A, line 7)		-					A STATE OF	TEAN	新港 教徒		E To ST
3	•		line 2 from line 1c		-		\dashv	- 1		4 C 20/2 C	413	}		ļ
4a	. •		ne (attach Schedule D)	_					Design of the second		7.00			
b			797, Part II, line 17) (attach Form 479		┿~				AND STREET	AL AL	3 2 3 2 4	 	-	
c			n for trusts		+		-+	— k		X (2) Y	200	 		-
5			nership or an S corporation (attach stater		-		-+		性認為	公本法 证	15000	 		
6 7	Rent income (\$		•		+		 -				┼	├ -	 	
8			ed income (Schedule E)	· -	+						┼──	 		
9			and rents from a controlled organization (Sched	·····/ ···	+			-			 	 		
10			tion 501(c)(7), (9), or (17) organization (Schedi vity income (Schedule I)		+		-+	-			+	 -		
11		•	chedule J)	·)			-+	\longrightarrow			 -	 		
12			ructions, attach schedule)						Chief Marie	11 to 2 2 2	162250	 -		
13	Total. Combin		•	13					LI 38070	A described	T BY GOW			-
Part	I Deduction	as Not	Taken Elsewhere (See instruction be directly connected with the unit	ns for lim	tatio	ns on o	ledu	ction	eJ (J-y/	ent f	orco	ntrib utior		
	deductions	s must	be directly connected with the uni	related b	usine	ss inco	me.	۳; ۱	ECE	ETVE	ED.	1	٠٠,	
14			ers, directors, and trustees (Schedu				2				14	ဖြ		
15							C32	. [EB 0	n . ⊃∩	15	181		
16	Repairs and m	aintena	nce				9		-p v	3 . ZU	46	S		
17	Bad debts .						ļ. Ļ	<u>.</u>			17	15		
18			ule) (see instructions)						BDE	N, l	178			
19											19-			
20	Charitable con	tributio	ns (See instructions for limitation rule	es) .			٠. ٠				20			
21			orm 4562)				- -			<u> </u>				
22			med on Schedule A and elsewhere o							<u>L_</u>	22b	<u> </u>		
23											23	ļ	 -∔	
24			red compensation plans								24	<u> </u>		
25	Employee bene	etit prog	grams							•	25	 -		
26			ses (Schedule I)								26			
27			sts (Schedule J)								27	<u> </u>		
28			ch schedule)								28			
29			d lines 14 through 28								29			
30			table income before net operating los								30		375 18 81	ver C
31 32			ting loss ansing in tax years beginning								31	AND THE PARTY OF T	2000	B.P.P.F.
			xable income. Subtract line 31 from Notice, see instructions.						-: :	<u></u>	32	Form 9	00-T	(2015)
rur Pa	perwork Heaucti	on Act i	vouce, see instructions.		- (Cat No 1	1291.	1				romn 🔊	JU-1	(2010)

						_
	IO-T (2018)	····			<u>1</u>	Page 2
Part		_ 				,
33	Total of unrelated business taxable income computed from all unrelated trad				İ	
	instructions)		⊢	33	0	
34				34	9690	
35	Deduction for net operating loss arising in tax years beginning before J			[ĺ
	instructions)		35	0	ļ	
36	Total of unrelated business taxable income before specific deduction. Subtrac	- 1				
	of lines 33 and 34	1	36	9690		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exception		37	-1000		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 i			1		
Dod	enter the smaller of zero or line 36	<u> </u>	· 51	38	8690	<u> </u>
Part		<i>i.</i> ,	_	20		
39 40	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) . Trusts Taxable at Trust Rates. See instructions for tax computati	ion Incomo idi	22 23	39 	1825	
70	the amount on line 38 from: Tax rate schedule or Schedule D (Form 104		1	40		
41	Proxy tax. See instructions			41		
42	Alternative minimum tax (trusts only)		-	42		<u> </u>
43	Tax on Noncompliant Facility Income. See instructions		⊢	43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		.、∠⊢	44	1825	
	V Tax and Payments		~~		1023	
_	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	13	With the second		
	Other credits (see instructions)	45b	1			
	General business credit. Attach Form 3800 (see instructions)	45c				
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d				
				15e	0	
46	Subtract line 45e from line 44		_ <u></u>	46	1825	
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 C	Other (attach schedule)		47	0	
48	Total tax. Add lines 46 and 47 (see instructions)			48	1825	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column			49	0	
	Payments: A 2017 overpayment credited to 2018	50a	1	20.0		
	2018 estimated tax payments	50b			}	
	Tax deposited with Form 8868	50c				
	Foreign organizations: Tax paid or withheld at source (see instructions) .	50d			i	
е	Backup withholding (see instructions)	50e	T I		1	
f	Credit for small employer health insurance premiums (attach Form 8941) .	50f				
g	Other credits, adjustments, and payments: Form 2439					
	☐ Form 4136 ☐ Other ☐ Total ▶	50g	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
51	Total payments. Add lines 50a through 50g			51	0	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	0	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount ov		59	1825		
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter arr	ount overpaid .	_	54		
	Enter the amount of line 54 you want	Refunde		55		
Part \	Statements Regarding Certain Activities and Other Information	n (see instructions)			
56	At any time during the 2018 calendar year, did the organization have an interes	st in or a signature	or othe	er authority		No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes					調調
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," et	nter the name of the	ne forei	gn country		是数
	here					
57	During the tax year, did the organization receive a distribution from, or was it the grantoi	r of, or transferor to,	a foreig	n trust? .	1_1	

	nere •						1 1				
	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 hav	re to file.		_					
58	Enter t	the amount of tax-exempt interest rece	eived or accrued during	ng the tax year	\$			W			
		penalties of perjury, I declare that I have examined					nowledge and belief,	ıt ı			
Sign Here	1	housy Lurnor	11/25/2019				May the IRS discuss this retu with the preparer shown belongies instructions)? TYes				
	Signat	ture of officer	Date	Title	I a .		1 2711	=			
Paid Prepa	aror	Print/Type preparer's name Elizabeth Liddle	Preparer's signature	radle	Date 11/22/19	Check Self-employe	•	3_			
Use (Firm's name ► Support Kansas City Ir	nc		Firm's EIN ▶	31-1717077					
<u> </u>	Jilly	Firm's address ➤ 5960 Dearborn Suite 20	0, Mission KS 66202		Phone no	913-831-4752	<u>. </u>				
						 -	Form 990-T (20	018			