98	<u> </u>	_	AMENDED RETURN- SECTIO	N 512	(a)(7) REPEAL	_	
	ENDED ŘETURN	7			,		OMB No 1545-0687
Exempt Organization Business Income (and proxy tax under section 6033(e) For calendar year 2018 or other tax year beginning 07/01/18, and ending 0				n 6033(e))	ian	2018	
Depa	ortment of the Treasury	For cale	endar year 2018 or other tax year beginning U / / U ⊥ Go to www.irs gov/Form990T for insti	/IB,	and ending U6/30/.		Ones to Bublis Inc. of 1
	nal Revenue Service	▶ Do	not enter SSN numbers on this form as it may be				Open to Public Inspection for 1 501(c)(3) Organizations Only
	Check box if address changed		Name of organization (Check box if name char			D Employer iden	
В	xempt under section		, ()	•	,		st, see instructions)
_	501(C)(3)	Print	BUDGET AND FINANCIAL		SEMENT	42.17	47060
}	408(e) 220(θ)	or	Number, street, and room or suite no. If a P.O. box, see instruc		100	43-17	
}-	408A 530(a)	Туре	908 BALTIMORE AVE, SU		L02	- 1	ness activity code
<u>- L</u>	529(a)		City or town, state or province, country, and ZIP or foreign	•		(See instruction	
C	Book value of all assets		KANSAS CITY	MO	64105		
ē	at end of year		roup exemption number (See instructions)				
_			neck organization type 🕨 🕱 501(c) corp		501(c) trust	401(a) trust	Other trust
H	enter the number of the	organiza	ation's unrelated trades or businesses	_ Descri	be the only (or first) un		
J							If only one, complete
			cribe the first in the blank space at the end of t	he previo	ous sentence, complete	Parts I and II, co	mplete
			rade or business, then complete Parts III–V			<u> </u>	
			poration a subsidiary in an affiliated group or a	parent-si	ubsidiary controlled gro	oup?	▶ ☐ Yes ☐ No
,	r Yes," enter the name	and idei	ntifying number of the parent corporation				,
	<u> </u>		ENNIFER HAM				816-474-2972
	The books are in care of art I Unrelated		e or Business Income		(A) Income	ohone number >	
			e or Business income	-1	(A) income	(b) Expenses	(C) Net
1a	Gross receipts or sale						
b	Less returns and allow		c Balance	1c			
.767B	Cost of goods sold (So			2			
28	Gross profit Subtract			3			
ಚಿ	Capital gain net incom		12 17	4a			
*p‡	Net gain (loss) (Form 479)	7, Part II,	line 17) (attach Form 4797)	4b			
Ç	Capital loss deduction			4c			_
55/20	Income (loss) from partnership	•	oration (attach statement)	5			
ිත	Rent income (Schedul			6			
辺	Unrelated debt-finance		•	7			
剹	•		nts from controlled organization (Schedule F)	8			
9₹	Investment income of a se	ection 501	(c)(7), (9), or (17) organization (Schedule G)	9		<u>.</u>	
10,0	Exploited exempt activ	-		10			
1107	Advertising income (Se	chedule	J)	11			
12	Other income (See ins	tructions	s, attach schedule)	12			
13	Total. Combine lines 3			13	0		0
LPa	art II Deduction	ns Not s must	t Taken Elsewhere (See instructions be directly connected with the unrela	for limited bus	tations on deductions (siness income)	ons) (Except fo	or contributions,
14	Compensation of office	ers, dire	ctors, and trustees (Schedule K)				14
15	Salaries and wages						15
16	Repairs and maintena	nce					16
17	Bad debts		RECEIVED				17
18	Interest (attach schedu	ule) (see					18
19	Taxes and licenses		FEB 2 8 2020				19
20	Charitable contributions (S	See instru	ctions for imitation rules)				20
21	Depreciation (attach F	orm 456	2)		21		
22	Less depreciation clair	med on a	Schedule A and elsewhere on return		22a	2	2b 0
23	Depletion						23
24	Contributions to deferr	ed comi	pensation plans				24
25	Employee benefit prog	•	•				25
26	Excess exempt expens		nedule I)				26
27	Excess readership cos	•	•			<u> </u>	27
28	Other deductions (atta	•	•			<u> </u>	28
29	Total deductions. Ad		•			 	29
30			come before net operating loss deduction. Sub	tract line	29 from line 13	 	30
31			ss arising in tax years beginning on or after Jar			_	31 . !
32		_	come_Subtract line 31 from line 30		(222		32

DAA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

Form	990	-T (2018) BUDGET AND FINANCIAL MANAGEMENT 43	3-1747260	_		Page 2
ŀ Pa	art II	Total Unrelated Business Taxable income				
33	Tota	al of unrelated business taxable income computed from all unrelated trades or businesses ((see			·····
	insti	ructions)	•	33	3	
34	Amo	ounts paid for disallowed fringes		34		•
35		ductions for net operating loss arising in tax years beginning before January 1, 2018 (see				
		ructions)		. 35	5	
36		al of unrelated business taxable income before specific deduction. Subtract line 35 from the	sum		 	
		nes 33 and 34		_ : 36	s	0
37		ecific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		38 3		1,000
38		related business taxable income. Subtract line 37 from line 36. If line 37 is greater than line		70 H	-	1,000
00		er the smaller of zero or line 36	16 30,	38	,	0
i Pa	rt IV				<u> </u>	
39		panizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		▶ 3		
40	_	sts Taxable at Trust Rates. See instructions for tax computation. Income tax on				
_		amount on line 38 from Tax rate schedule or Schedule D (Form 1041)		A	_	
41		xy tax. See instructions			1	
42		ernative minimum tax (trusts only)		42	2	·
43		on Noncompliant Facility Income. See instructions			2	
44		al. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		4	4	0
	ırt.V				<u></u>	
45a		eign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
_		er credits (see instructions)				
р					,	
C		neral business credit. Attach Form 3800 (see instructions) dit for prior year minimum tax (attach Form 8801 or 8827) 45d		─┤,		
d		,			_	
e 40		al credits. Add lines 45a through 45d		45		
46		tract line 45e from line 44		46	-	
47		rtakes Form 4255 Form 8611 Form 8697 Form 8866 Other (att sch.)		4/	<u></u>	0
48		al tax. Add lines 46 and 47 (see instructions)		48		
49		8 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2		49	9	
50a	•	ments A 2017 overpayment credited to 2018		'		
b		8 estimated tax payments				
С		deposited with Form 8868			ĺ	
d		eign organizations. Tax paid or withheld at source (see instructions) 50d				
е		kup withholding (see instructions)				
, f		dit for small employer health insurance premiums (attach Form 8941)				
g		er credits, adjustments, and payments Form 2439			1	
		Form 4136 X Other SEE STMT 2 Total 50g		147		
51	Tota	al payments. Add lines 50a through 50g		 \$ 1	1	447
52	Estu	mated tax penalty (see instructions) Check if Form 2220 is attached	>	L \$ 2	2	
53	Tax	due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53		0
54		erpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		55 54		447
55		er the amount of line 54 you want. Credited to 2019 estimated tax	Refunded	100 \$	5	447
<u> </u> Pa	<u>irt V</u>				ļ ————————————————————————————————————	
56	At a	any time during the 2018 calendar year, did the organization have an interest in or a signatu	re or other authority			Yes No
		r á financial account (bank, securities, or other) in a foreign country? If "YES," the organizat CEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name o				
	here			,		X
57	Duri	ing the tax year, did the organization receive a distribution from, or was it the grantor of, or	transferor to, a fore	gn trust?		X
	If "Y	/ES," see instructions for other forms the organization may have to file		•		
<u>58</u>	Ente	er 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 a	nd belief, it is		
Sig	ınl '	true, correct, and complete Declaration of preparer (other-than taxpayer) is based on all information of which preparer has any kn	nowledge		May the IRS di	scuss this return er shown below
Hei		V2/2/20 CHAIR_			(see instruction	er shown below is)?
					— <u>X</u> Ye	s No
		Signature of officer Date Title Print/Type preparer's name Preparer's signature	Date	Che	eck of PTIN	
Paid		VAUGHN P. CORNISH VAUGHN P. CORNISH	02/1	L/20 self-	<i>→</i> 1	04557
	oarer			Firm's EIN	40	664675
•	Only			FIRM S EIN F		
USE	Uilly	THE CIPACE NO. 64063		Phone so	816-55	4-6717
		Firm's address > LEES SUMMIT, MO 64063		Phone no		90-T (2018)
					roim J	~~ (∠∪10)

		T AND FIN					43-1	747260		 	F	Page 3
<u>Sch</u>	edule A - Cost of Go		metho									
1	Inventory at beginning of ye	ear 1		6	Inventory a	t end of y	ear		6	L		
2	Purchases	2		7 Cost of goods sold. Subtract								
3	Cost of labor	3			line 6 from line 5. Enter here and							
4a	Additional sec 263A costs				ın Part I, Iır	e 2			7			
	(attach schedule)	4a		8	Do the rule	s of section	on 263A	(with respect to			Yes	No
b	Other costs (attach schedule)	4b			property produced or acquired for resale) apply							
5	Total. Add lines 1 through	4b 5			to the organization?							
	edule C - Rent Incom		roper	ty and Pers			ased	With Real Prope	erty)	<u> </u>		
_(se	ee instructions)					<u></u>						
1 Des	cription of property											
<u>(1)</u>	N/A											
(2)				 .				-·				
(3)												
(4)												
		2 Rent receiv	ed or accn	ued					_			
	(a) From personal property (if the p	ercentage of rent		(b) From real an	d personal prope	rty (if the		3(a) Deductions (directly o	connected with the	ıncome	
	for personal property is more tha	-	ļ	• •	of rent for personal property exceeds			in columns 2(a) and 2(b) (att				
	more than 50%)			50% or if the rent i	s based on profit	or income)						
(1)												
(2)												
(3)											_	
(4)												
Total			Total					# N T				
		-((b) Total deduction				
	otal income. Add totals of co and on page 1, Part I, line 6,	, ,	o) Enter		>			Enter here and on pa Part I, line 6, column				
Sch	edule E – Unrelated D	ebt-Financed	Incom	e (see instruc	ctions)							
	· · · · · ·			2 Gros	s income from or			3 Deductions directly of debt-fine			to	
	1 Description of debt-fir	nanced property		allocable	e to debt-finance	,			T P			
			property		(a) Straight line depreciation (attach schedule)		İ	(b) Other deductions (attach schedule)				
	37/3							(allaci scredule)		(allaur sure	dule)	
<u>(1)</u>	N/A								+-			
(2)												
(3)												
(4)												
	4 Amount of average acquisition debt on or	 Average adjusted of or allocable to 			6 Column		7.0	iross income reportable	ŀ	8 Allocable de		
	allocable to debt-financed	debt-financed prop		.	4 divided			column 2 x column 6)		(column 6 x total o		ıns
	property (attach schedule)	(attach schedule)		y column 5					3(a) and 3(((0))	
(1)						%						
(2)						%		·				
(3)			-			%						
(4)						%						
								here and on page 1, I, line 7, column (A)		nter here and o		
Tota	le.					•		. ,		, , -		. ,
Tota	15								L_			

Total dividends-received deductions included in column 8

98

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

Form 990-T (2018) BUDGET AND FINANCIAL MANAGEMENT Part II I 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)

Z tillough / On a	a line-by-line basi	s <u>/</u>				
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) N/A						
(2)						
(3)						
(4)			ļ			
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)		<u> </u>	<u> </u>		 	

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

1 Name	2 Title a	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1. Part II, line 14		•	

Form 990-T (2018)

98 Budget and Financial Management

43-1743260

Federal Statements

FYE: 6/30/2019

Statement 1 - Form 990-T - Explanation for Amending

Description

AMENDED RETURN - SECTION 512(A)(7) REPEAL

CHANGES FROM ORIGINAL RETURN:

PART III:

ORIGINAL RETURN LINE 34: 3,129 LINE 38: 2,219 LINE 44: 447 LINE 50: 0

AMENDED RETURN

LINE 34: 0 LINE 38: 0 LINE 44: 0 LINE 50: 447

Statement 2 - Form 990-T, Part IV, Line 50g - Other Credits and Payments

Description		Amount		
PAID WITH ORIGINAL RETURN	\$	447		
TOTAL	\$	447		