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Form	990-T		xempt Orga	nd proxy tax und	er ce	ss income i	ax neturi	•	OND 140 1343-0007	_
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	ment of the Treasury  I Revenue Service	<b></b>	Do not enter SSN numbe					. [	Open to Public Inspection 501(c)(3) Organizations (	n foi Only
A	Check box if		Name of organization (					D Emplo	oyer identification numbe loyees' trust, see	r
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B Ex	empt under section	Print	INC.						<u>7-3574130</u>	<u> </u>
X	] 501(c)(3 )	or Type	Number, street, and roon		x, see ir	nstructions.			ated business activity co nstructions )	des
	408(e)220(e)	Type	8208 MELROS					4		
	408A530(a)		City or town, state or pro		r foreig	n postal code			000	
	529(a) ok value of all assets	<u> </u>	LENEXA, KS	66214				900	099	_
C at e	nd of vear	2.4	F Group exemption number		opration	501(a) trust	401/2	\ truct	Other tru	ct
II. Do	26,294,7		G Check organization typ					i) trust गामस्ट		
			ary unrelated business acti oration a subsidiary in an				OUGH ENTI	Ye	F	-
			ifying number of the parer	- · · ·	11-5005	idiary controlled group.			5 [44] 140	
			THE ORGANIZA			Teleni	ione number	913.	297.1804	_
			de or Business Inc			(A) Income	(B) Expense		(C) Net	_
——ha	Gross receipts or sale Less returns and allow	:s				11	^\/			
5	Less returns and allov	vances		c Balance	1c		/ <u>^</u>			
2	Cost of goods sold (S	chedule	A, line 7)	·	2		11		•	
<b>2</b> 3	Gross profit, Subtract	line 2 fr	om line 1c	1	3	/_\`	\/			
4 a	Capital gain net incon	ne (attac	h Schedule D)		4a	14 11				
<u>5</u> ⊾	Net gain (loss) (Form	4797, P	art II, line 17) (attach Forn	1 4797)	4b					
C	Capital loss deduction	ו וטו נוטצ	SIS		4c	1,700,700			1 400 70	_
<b>⊂</b> 5	• • •		ips and S corporations (at	ach statement)	5,-	<u>-1,489,702.</u>			-1,489,70	2.
16	Rent income (Schedu	•			6					_
<b>2</b> 7	Unrelated debt-financ				77					
			and rents from controlled o		8/	17				
			оп 501(c)(7), (9), or (17) o	rganization (Schedule G)	10/	11	<del>                                     </del>			
	Exploited exempt active Advertising income (§	-	•		11					
	Other income (See in:		•		12					
	Total. Combine lines			(2)		-1,489,702.			-1,489,70	2
	rt II Deductio	ns No	t Taken Elsewher	e (See instructions for	or limit	ations on deductions.)			••••••••••••••••••••••••••••••••••••••	
	(Except for	contribu	utions, deductions must	be directly connected	d with	the unrelated business	income)			
14	Compensation of off	icers, dii	rectors, and trustees (Sche	edule K)		RECEIVE	D	14		
15	Salaries and wages			/-7		F		15		
16	Repairs and mainten	ance		<b>/</b> >	6133	FEB <b>2 5</b> 20	R3-OS(	16		
17	Bad debts				- [5	1 20 20 20		17	<u> </u>	
18	Interest (attach sche	dule)			- {	CODENIA	<del></del>	18		—
19	Taxes and licenses	10		rules) STATEMI	2 NT 150=	OGDEN, l see-stat		19		0 .
20			e instructions for limitation	rules) STATEMI	714.L		IEMENI Z	20_		<u> </u>
21	Depreciation (attach		ooz) n Schedule A and elsewher	e on return		21 22a		22b		
22 23	Depletion	ណៈមេហ បរ	I OUTCOME A AND EISEMNER	6 OILIGIUIII		[224]		23		
23 24	Contributions to defe	erred co	mnensation nlans					24	<u> </u>	
25	Employee benefit pro		portour piurio					25		_
26	Excess exempt expe	-	chedule I)					26		
27	Excess readership co							27		
28	Other deductions (at							28		
29	Total deductions. A							29		0
30			ncome before net operating	g loss deduction. Subtrac	t line 2	9 from line 13		30	-1,489,70	2

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32

Net operating loss deduction (limited to the amount on line 30)

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions

489,702 Form 990-T (2017)

31

Form 990-T (2017)

P00048643

(913) 338-3500

48-1195228

Paid

Preparer

**Use Only** 

OWENS

GREGORY D.

self- employed

Firm's EIN

Phone no.

GREGORY D.

OWENS

Firm's name ► KELLER & OWENS, LLC

10955 LOWELL AVE.

Firm's address ► OVERLAND PARK, KS 66210

47-3574130 Form 990-T (2017) INC. Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation Inventory at beginning of year 1 6 Inventory at end of year 6 2 Purchases 7 Cost of goods sold. Subtract line 6 2 Cost of labor 3 from line 5. Enter here and in Part I, 3 7 4a Additional section 263A costs No Yes (attach schedule) 8 Do the rules of section 263A (with respect to b Other costs (attach schedule) 4b property produced or acquired for resale) apply to Total. Add lines 1 through 4b the organization? 5 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) 1. Description of property (1) (2) (3)(4) Rent received or accrued ons directly connected with the income in (a) From personal property (if the percentage of (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if columns 2(a) and 2(b) (attach schedule) rent for personal property is more than 10% but not more than 50%) the rent is based on profit or income) (1) (2) (3)(4) Total Total O'./ (b) Total deductions. (c) Total income Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) 0. Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable Gross income from or allocable to debt-financed property to debt-financed property (b) Other deductions (attach schedule) (a) Straight line depreciation 1. Description of debt-financed property (attach schedule) (1) (2) (3) (4) 5. Average adjusted basis of or allocable to 4. Amount of average acquisition debt on or allocable to debt-financed Column 4 divided Gross income 8. Allocable deductions eportable (column by column 5 mn 6 x total of columns property (attach schedule) debt-financed prope (attach schedule) 2 x column 6) 3(a) and 3(b)) (1) %

Form 990-T (2017)

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Enter here and on page 1,

Part I, line 7, column (B)

(2)

(3)

(4)

**Totals** 

%

%

%

Total dividends-received deductions included in column 8

Enter here and on page 1,

Part I, line 7, column (A)

0 .

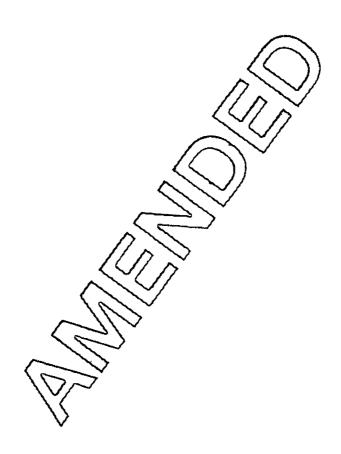
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	1 Name of periodical	advertisin	, I J.		or (loss) (co col 3) If a ga	l 2 minus n, comput					7 Excess readersh costs (column 6 minu column 5, but not mo than column 4)
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	tals (carry to Part II, line (5))	<b>▶</b> \	0.	0			<u> </u>			•	Form <b>990-T</b> (2

dicais Reporte I line-by-line basis.)	ed on a Separ	ate Basis (For ea	ch penodical liste	ed in Part II, fill in	
ı line-by-line basis.)					
	1	<u> </u>			
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)
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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
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n of Officers, L	irectors, and	i rustees (see in		cent of	
		2. Title	time dev	oted to	pensation attributable inrelated business
			1	% <b>3</b>	
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ine 14				7 ▶	0.
				,	Form <b>990-T</b> (2017)
	advertising income  O .  Enter here and on page 1, Part I, line 11, col (A)  O .	advertising advertising costs  O . O .  Enter here and on page 1, Part I, line 11, col (A)  O . O .  o . O .  O .  O .  O .  O .	3. Direct advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7   O • O • O • Enter here and on page 1, Part I, line 11, col (A) O • O • O • O • O • O • O • O • O • O	2. Gross advertising costs advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7   O • O • O • Enter here and on page 1, Part I, line 11, col (A) O • O • O • O • O • O • O • O • O • O	advertising advertising costs of 3) If a gain, compute costs 5 through 7   O O O O O O O O O O O O O O O O O O

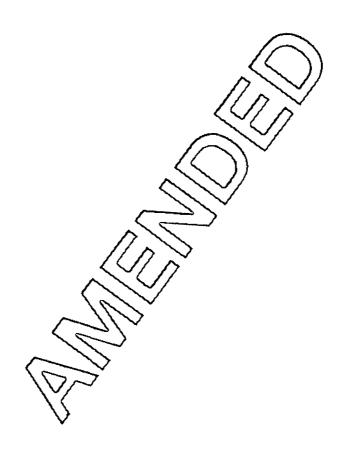
## FOOTNOTES

STATEMENT 1

THE FORM 990-T IS BEING AMENDED TO REFLECT CORRECTED INCOME AND LOSS AMOUNTS FROM FLOW-THROUGH ENTITIES AND TO REMOVE THE PASSIVE LOSS LIMITATION THAT DOES NOT APPLY TO AN ENTITY ORGANIZED AS A CORPORATION.



FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	TUUOMA
GRANTS INVESTMENTS	N/A FAIR MARKET VALUE	5,504,457. 504,043.
TOTAL TO FORM 990-T, PAGE 1, L	JINE 20	6,008,500.



FORM 990-T	CONTRIBUTIONS	SUMMARY		STATEMENT	3
·QUALIFIED CONTRIB	UTIONS SUBJECT TO 100%	LIMIT			
CARRYOVER OF PRIOR FOR TAX YEAR 201 FOR TAX YEAR 201 FOR TAX YEAR 201 FOR TAX YEAR 201		JTIONS			•
TOTAL CARRYOVER TOTAL CURRENT YEAR	R 10% CONTRIBUTIONS		6,008,500		
TOTAL CONTRIBUTION TAXABLE INCOME LIN	NS AVAILABLE MITATION AS ADJUSTED		67008,500	<del>7</del> '	
EXCESS 10% CONTRIBERCESS 100% CONTRIBERCESS	IBUTIONS		6,008,500 6,008,500	-	•
ALLOWABLE CONTRIB	UTIONS DEDUCTION			<del>-</del>	0
TOTAL CONTRIBUTION	N DEDUCTION ·				0
•			,		

FORM 990-T	INCOME (LOSS)	FROM PARTNERS	SHIPS	STATEMENT 4
PARTNERSHIP NAME	-	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
NEC AUSTIN 2 PACK LLC		-25,718.	0.	-25,718.
GLI PARÈNT LLC		2,461.	0.	2,461.
CO-TRIBUTE		-12,919.	0.	-12,919.
BR PARENT, LLC	•	-6,219.	0.	-6,219.
FARWEST INVESTORS, LLC		-62,308.	0.	-62,308.
FOUNDERS INVESTMENT III,	LLC	-564,886.	0.	-564,886.
SOLOMON'S FUND MANAGER		-16,153.	0.	-16,153.
BIRMINGHAM BAM, LLC		-40.	0.	-40.
IMAGINE FILM LLC		-501,136.	0.	-501,136.
CORNELIUS FILM		-198,858.	<b>10.</b>	-198,858.
MOUNTAINTOP MEDIA		-39,209.	<b>√ √ √ 0</b> .	-39,209.
PUREFLIX		-986.	$\sqrt{2}$ $\sqrt{2}$ $\sqrt{2}$ $\sqrt{2}$ $\sqrt{2}$	$_{\gamma}$ -986.
TOTAL TO FORM 990-T, PAG	E 1, LINE 5	-1,425,971.	0.	-1,425,971.
FORM 990-T IN	COME (LOSS) F	ROM S CORPORAT	rjons	STATEMENT 5
S CORPORATION NAME	GROSS INCOME	LOSSES	# DEDUCTIONS	NET INCOME OR (LOSS)
SIMPLYWIN, INC.	0.	0.	63,731.	-63,731.
TO FORM 990-T, LINE 5	ર્વે	0.	63,731.	-63,731.