	orm 990-T	Ex	empt Organization	Busi	ness Inc	ome Ta	x Return		ОМВ	No 1545-0687
F	orm 330-1								2018	
	•	For calendar year 2018 or other tax year beginning, 2018, and ending,							_	.010
Depa Interr	rtment of the Treasury all Revenue Service		enter SSN numbers on this form					١.		iblic inspection for organizations Only
A	Check box if	.			changed and see		(-)()	D E		ntification number
BE	 address changed xempt under section 		THE ATTERBURY FAM			N			nstructions)	rust see
	X 501(C) (5 3)	or _ or	2001 SHAWNEE MISS						48-120	
Ļ	408(e) 220(·	SHAWNEE MISSION,	V2 00	205				Jnrelated bu See instructi	siness activity code ons)
-	408A	a)							000000	
C B	ook value of all assets	F Groun	exemption number (See in	structions	s) ►				900099	
a	t end of year 3,139,047	<u> </u>	<u> </u>		c) corporation	5016	(c) trust	401(a)	trust	Other trust
н		·	on's unrelated trades or bus				escribe the only	. ,		
			IN PARTNERSHIPS				_			ete Parts I-V
			in the blank space at the er		previous sen	tence, com	plete Parts I an	d II, co	mplete a	Schedule M
			ss, then complete Parts III-V ration a subsidiary in an affil		un or a parer	nt-subsidiar	y controlled are	เมก?	▶ □,	Yes X No
			ying number of the parent of			it Subsidial	y controlled gro	up.	L	N IN
J	The books are in car	e of MIDL	AND PROPERITES INC	<u>-</u>		Te	elephone numbe	er► 9	13-677	-5300
Pa	rt I Unrelated	Trade or B	Business Income		(A) Inc		(B) Expens			(C) Net
1	a Gross receipts or s	sales								
	Less returns and allowa		c Balance							
	Cost of goods sold Gross profit Subtr		. 1111	2					-	
	a Capital gain net ind		•	3 4a			****		+	· · · · · · · · · · · · · · · · · · ·
	b Net gain (loss) (Form 4	•	•	4b			***************************************		+	
	c Capital loss deduc		, (,	4c						
5			or an S corporation	_					·-	
6	(attach statement) Rent income (Sche			<u>5</u>					-	
7	Unrelated debt-fina	•	(Schedule E)	7		2,908.	37	395.	 	E 512
8			m a controlled organization (Schedule			2,308.		393.	+	5,513.
9	Investment income of a	section 501(c)(7),	(9), or (17) organization (Schedule G)	9						
10	Exploited exempt a	activity income	(Schedule I)	10						
11	Advertising income	•		11						
12	Other income (See	: instructions; a	•	.	_					
12	Total. Combine line	as 3 through 10	SEE STATEMENT	1 12		4,253.	27	205		14,253.
Pai			en Elsewhere (See ins		s for limits	7,161.	deductions	395.	cent for	19,766.
	contribution	ons, deduct	ions-must be directly o	connect	ed with the	e unrelat	ed business	Incon	ne.)	
14			rs, and trustees (Schedule-k	9 7				14		
15	Salaries and wage		10,					15	ļ	
16	Repairs and mainted Bad debts	enance	NUV 25 2019	1				16		
17 18	Interest (attach sch	nedule) (see in	h	' .5]				17 18	<u> </u>	
19	Taxes and licenses		CGDEN LIT					19	<u> </u>	1,057.
20	Charitable contribu	itions (See inst	ructions for limitation rules)					20	 	1,057.
21	Depreciation (attac	h Form 4562)				21	15,897			
22		claimed on Sch	nedule A and elsewhere on r	eturn		22a	15,897			
23	Depletion							23		
24	Contributions to de		sation plans					24	ļ	
25 26	Employee benefit p	-	ulo D					25		
26 27	Excess readership							26		
28	Other deductions (28	-	
29	Total deductions.							29		1,057.
30	400		ne before net operating loss				line 13	30		18,709.
31 32			tax years beginning on or after Jani ne Subtract line 31 from line		(see instruction	s)		31	<u> </u>	18,709.
_		_	otice, see instructions.		ŤEE	A0201L 1/31/	19	32	Forr	n 990-T (2018)

Schedule A.— Cost of Good	ds Sold. Enter method of inv	rentory valuation 🏲						
1 Inventory at beginning of year	6 Invent	ory at e	end of year	6				
2 Purchases	2			s sold. Subtract				
3 Cost of labor	3	line 6		ne 5. Enter here	7			
4 a Additional section 263A costs (attach	schedule)	and in	ran i,	line Z			Yes	No
	4 a						res	No
b Other costs (attach sch)	4 b			of section 263A (wit luced or acquired fo				Į
5 Total. Add lines 1 through 4b	5			zation?	, 103a	ic, apply		Х
Schedule C — Rent Income (Fr	om Real Property and Per	sonal Property Lease	d With	Real Property) (see ins	tructions)		
1 Description of property								
(1)	_							
(2)								
(3)								
(4)								
	2 Rent received or accrued			3(a) Deduction	ne dire	ctly connec	tad wit	h
(a) From personal prope (if the percentage of rent for p property is more than 10% to more than 50%)	eal and personal propert entage of rent for person sceeds 50% or if the rent d on profit or income)	al	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 columere and on page 1, Part I, line 6, o				(b) Total deductions. here and on page 1, Par I, line 6, column (B)				
Schedule E — Unrelated De	bt-Financed Income (see	e instructions)						
1 Description of debt-f	inanced property	2 Gross income from or allocable to debt-	3 De	eductions directly co debt-fina	nnectonced p	ed with or a property SE	illocabl E ST	e to
i Description of debt-i	manced property	financed property		(a) Straight line depreciation (attach sch)		(b) Other deductions (attach schedule)		ns
(1) KH LEES SUMMIT LLC	LINE 20V	42,908.		15,897			21,4	98.
(2)								
(3)								
(4)			l					
4 Amount of average adjusted basis of 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)		Allocable d (column 6) olumns 3(a)	total o	of
(1) 4,172,685.	4,021,029.	100.0000 %		42,908			37,3	95.
(2)		%						
(3)		%						
(4)		%						
				here and on page I, line 7, column (A)				
Totals		•	·	42,908			37,3	<u>95.</u>
Total dividends-received deduction	s included in column 8				<u> </u>			
BAA	TE	EA0203L 01/30/19				Form 9	90-T (2	2018)

Schedule F. – Interest, A						anizations					
organization ide		2 Employer identification number		3 Net unrelated income (loss) (see instructions)			4 Total of specified payments made		5 Part of column that is included the controlling organization's gross income		eductions directly onnected with ome in column 5
(1)		-	·· -								
(2)											
(3)											
(4)			_								
Nonexempt Controlled Organiz	ations										
7 Taxable Income	inc	et unrelated ome (loss) instructions)		al of speci nents ma		10 Part of included in organizatio	n the d	controlling		connected	ctions directly d with income olumn 10
(1)											
(2)											
(3)											
(4)											
Totals						Add columns here and on p 8, co		, Part I, line		and on p	s 6 and 11 Enter bage 1, Part I, line lumn (B)
Schedule G - Investme	nt Inco	me of a Se	ction 5	01(c)(7)	(9)	or (17) Orga	niza	tion (see in	structu	nne)	
1 Description of income		2 Amount o		d	3 C	Deductions ly connected ch schedule)		4 Set-asides ttach schedu	5	5 Tota set-a	I deductions and sides (column 3 us column 4)
(1)										-	
(2)				-							
(2)			-								
(4)		· -									
Totals Schedule I — Exploited I	•	Enter here and Part I, line 9,	column (A).	'hai	n Advertising	Inco	me (see ins	structio	Part I, Ii	re and on page 1, ne 9, column (B)
1 Description of exploited a	activity	2 Gross unrelated business income fro trade or business	d c s om bu	openses dire connected wit production of unrelated siness incor	h i	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7	activi unrela	s income from ity that is not ated business income	attribu	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	-		1		\top					-	
(2)											
(3)											
(4)											
	•	Enter here on page Part I, line column (/	1, 0 10, Pa	ter here a on page 1 ort I, line olumn (B)	io.						Enter here and on page 1, Part II, line 26.
Totals Sebadula I Advertisin				·							
Schedule J – Advertisin				<u> </u>	ا ـ اـ ا	had Basis					
Part I Income From Pe	riodica				_						1
1 Name of periodical		2 Gross advertisin income		3 Direct dvertising costs		4 Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7		rculation ncome		idership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)					\Box						1
_(2)		<u> </u>			_						4
(3)		<u> </u>			\dashv						-
(4)					+						
Totals (carry to Part II, line (5))	•							_			
BAA				TEEA0204	L 12	2/31/18				F	orm 990-T (2018)

BAA

Page 5

Form **990-T** (2018)

· / III III III						
Part II Income From Periodic 7 on a line-by-line basis.)	als Reported o	n a Separate	Basis (For each p	periodical listed in	Part II, fill in co	lumns 2 through
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 (col 6 minus col. 5, but not more than col. 4)
(1)					_	
(2) (3) (4)						
(3)						
(4)						
Totals from Part I	-					
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27.
Totals, rant II (lines 1- 5)	<u> </u>					
Schedule K — Compensation	of Officers, Dire	ectors, and Tr	'ustees (see insti	ructions)		
1 Name		2 Title	3 Percent of time devote to business	d to unrela	ation attributable ated business	
				<u> </u>	%	
			<u></u>		%	
	<u></u>				%	
					%	
Total. Enter here and on page 1, Part	I, line 14				•	

TEEA0204 L 12/31/18

SCHEDULE D

(Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

2018

Name r	THE ATTERBURY FAMILY FOUNDAT	ployer identifica	r identification number			
		3-1202943				
Part	Short-Term Capital Gains and	Losses (See instri	uctions)	,		
enter o	structions for how to figure the amounts to in the lines below. rm may be easier to complete if you round	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain or Form(s) 89	Istments loss from 949, Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
off cen	ts to whole dollars.	(000 p00)	(0. 0	line 2, co	olumn (g)	result with column (g)
or to m ch Fr	otals for all short-term transactions reported in Form 1099-B for which basis was reported the IRS and for which you have no adjustments (see instructions). However, if you noose to report all these transactions on form 8949, leave this line blank and go to the 1b					
	otals for all transactions reported on orm(s) 8949 with Box A checked					
F	otals for all transactions reported on orm(s) 8949 with Box B checked					
	otals for all transactions reported on orm(s) 8949 with Box C checked					
4 S	hort-term capital gain from installment sales t	from Form 6252, line 20	5 or 37		4_	
5 S	hort-term capital gain or (loss) from like-kind	exchanges from Form	8824		5_	
6 U	Inused capital loss carryover (attach computa	tion)			6	
	let short-term capital gain or (loss). Combine				7	
Part		_osses (See instru	ictions)	T		,
enter o	structions for how to figure the amounts to in the lines below. If may be easier to complete if you round to to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain or Form(s) 89	istments loss from 149, Part II, olumn (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
or to m ch Fo	otals for all long-term transactions reported in Form 1099-B for which basis was reported the IRS and for which you have no adjustents (see instructions). However, if you noose to report all these transactions on form 8949, leave this line blank and go to be 8b					
	otals for all transactions reported on orm(s) 8949 with Box D checked		206.			-206.
Fo	otals for all transactions reported on orm(s) 8949 with Box E checked					
	otals for all transactions reported on orm(s) 8949 with Box F checked		2,081.			-2,081.
11 E	nter gain from Form 4797, line 7 or 9				11	
12 L	ong-term capital gain from installment sales fi	rom Form 6252, line 26	or 37		12	
13 L	ong-term capital gain or (loss) from like-kind (13				
14 C	apital gain distributions (see instructions)	14				
	et long-term capital gain or (loss) Combine li	15	-2,287.			
Part	Summary of Farts I and II					
16 E	nter excess of net short-term capital gain (line	e 7) over net long-term	capital loss (line 15)		16	
17 N	et capital gain. Enter excess of net long-term	capital gain (line 15) o	ver net short-term capit	al loss (line	7) 17	
	dd lines 16 and 17 Enter here and on Form 1 ote: If losses exceed gains, see Capital losse		the proper line on other	r returns	18	0.

	•		
orm	8949	(2018)	

Attachment Sequence No 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

SSN or taxpayer identification number

THE ATTERBURY FAMILY FOUNDATION

48-1202943

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

Form 8949, page 2, for each complete as many forms with	applicable box. If	you have more lor	ng-term transactio	ons than will fit on	this page fo	or one or more of	the boxes,
X (D) Long-term transa (E) Long-term transa (F) Long-term transa	ctions reported on	Form(s) 1099-B sl	howing basis was			e above)	
1 (a) Description of property (Example 100 shares XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, in If you enter an enter a co	(h) Gain or (loss). Subtract column (e) from column (d) and	
		(mo , day, yr)	(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PPP PEI LP LINE 20	V VARIOUS	VARIOUS	0.	206.			-206
, , , , , ,							
			-				
							· · · · · · · · · · · · · · · · · · ·
						_	
2 Totals. Add the amounts (subtract negative amoun include on your Schedule checked), line 9 (if Box E Box F above is checked)	ts). Enter each tota D. line 8b (if Box l	al here and D above is	0.	206.		0.	-206.

	•		
orm	8949	(2018)	

Attachment Sequence No 12A Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

SSN or taxpayer identification number

THE ATTERBURY FAMILY FOUNDATION

48-1202943

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

Form 8949, page 2, for each complete as many forms with (D) Long-term transaction (E) Long-term transaction (Y) (F) Long-term transaction (T) Long-term (T) Long-term transaction (T) Long-term (T	applicable box. If you the same box che ctions reported on ctions reported on ctions reported on	you have more lor ecked as you need Form(s) 1099-B s Form(s) 1099-B sl	ng-term transactions. d. howing basis was nowing basis was	ons than will fit on reported to the If	this page fo	r one or more of	the boxes,
1 (a) Description of property (Example 100 shares XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if If you enter an enter a co See the sep (f) Code(s) from instructions	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
TPP PE LP LINE 20V	VARIOUS	VARIOUS	0.	2,081.			-2,081
			program the province of the				
			· · · · · · · · · · · · · · · · · · ·				
					·		
2 Totals. Add the amounts in (subtract negative amount include on your Schedule checked), line 9 (if Box E Box F above is checked)	ts). Enter each tota D, line 8b (if Box i	al here and D above is	0.	2,081.		0.;	-2,081.

2018

FEDERAL STATEMENTS

PAGE 1

THE ATTERBURY FAMILY FOUNDATION

48-1202943

STATEMENT 1 FORM 990-T, PART I, LINE 12 OTHER INCOME

OTHER INVESTMENT INCOME

TOTAL $\frac{$}{5}$ $\frac{14,253}{14,253}$.

STATEMENT 2 FORM 990-T, SCHEDULE E, LINE 3B OTHER DEDUCTIONS ALLOCABLE TO DEBT-FINANCED PROPERTY

KH LEES SUMMIT LLC LINE 20V OTHER DEDUCTIONS

TOTAL \$ 21,498.