EXTENDED TO JUNE 15, 2021

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning AUG 1 . 2019 and ending JUL 31 ,

Open to Public Inspection

Α	For th	ne 2019 calendar year, or tax year beginning AUG 1, 2019 and ending	g JUL 31, 2020						
В	Check i	C Name of organization	D Employer identif	ication number					
	applical								
Σ	Addr char	ge STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND							
	Nam chan	ge Doing business as	44-60135	808					
	Initia retur		suite E Telephone numbe	er					
	Final	n/ F.O. BOX 4/3/	913-732-						
	term ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	210,459.					
	Ame retur	OVERLAND PARK, KS 66204-0757	H(a) Is this a group r	H(a) Is this a group return					
	Appl tion	F Name and address of principal officer: STARON GODBEE	for subordinate						
	pend	5408 BERKERS COURT WEST, NORTH CHARLESTON,	S H(b) Are all subordinates i						
1	Tax-ex	cempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)					
		ite: ▶ WWW.SBMEF.ORG	H(c) Group exemption	on number					
		f organization: Corporation X Trust Association Other L	Year of formation: 1963	M State of legal domicile; KS					
Pi	art I	Summary							
4	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O						
Governance									
rna	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as	sets.					
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	9					
Ġ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9					
Se	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0					
Activities &	6	Total number of volunteers (estimate if necessary)	6	9					
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
_	b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.					
			Prior Year	Current Year					
٥	8	Contributions and grants (Part VIII, line 1h)	249,854.	170,098.					
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	2,221.					
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,496.	34,140.					
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50.	0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	289,400.	206,459.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	110,272.	117,152.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	97,213.	81,268.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	207,485.	198,420.					
	19	Revenue less expenses. Subtract line 18 from line 12	81,915.	8,039.					
SOF			Beginning of Current Year	End of Year					
Net Assets Fund Balanc	20	Total assets (Part X, line 16)	1,228,006.	1,287,094.					
ot As	21	Total liabilities (Part X, line 26)	0.	1,850.					
		Net assets or fund balances. Subtract line 21 from line 20	1,228,006.	1,285,244.					
_	ort II	Signature Block							
		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is					
true,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep T	arer has any knowledge.						
		Signature of officer	Data						
Sigr			Date						
Here	е	SHARON GODBEE, TRUSTEE Type or print name and title							
			I Data	T STILL					
D. 14		Print/Type preparer's name Preparer's signature	Date Check C	PTIN					
Paid		LISA BURKE	self-employe						
Prep		Firm's name CBIZ MHM, LLC Firm's address 700 WEST 47TH STREET, SUITE 1100	Firm's EIN	34-1874260					
Use	C 045 5500								
	41	KANSAS CITY, MO 64112	Phone no.81	6-945-5500					
мау	the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					

Forn	990 (2019) STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND 44-6013508 Page 2
Ра	rt III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
1	SEE SCHEDULE O
	DIL Beninsoni o
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$193,268. including grants of \$112,000.) (Revenue \$2,221.) STUDENT GRANTS - EDUCATIONAL GRANTS TO 63 FEMALE STUDENTS WERE MADE
	DURING THE FISCAL YEAR.
	DOKING THE FISCAL TEAK.
4b	(Code:) (Expenses \$ 5 , 152 . including grants of \$ 5 , 152 .) (Revenue \$)
	TUITION REIMBURSEMENTS - TUITION REIMBURSEMENTS TO 47 FEMALE STUDENTS
	WERE MADE DURING THE FISCAL YEAR.
4-	/a. Vie
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 198,420.
	Form 990 (2019)

Form 990 (2019) STEPHEN BUFT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		k	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.	Mest		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			**
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
al.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		İ	v
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u>X</u>
124	541 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10-		X
h	Schedule D, Parts XI and XII	12a		
D		406		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	-+	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-+	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	-		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
		_	200	

			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23		X				
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		X				
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c						
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?							
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d						
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		Х				
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I							
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		X				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV							
	instructions, for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV			X				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		<u>X</u>				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	\rightarrow	<u>X</u>				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /f "Yes," complete	.		77				
22	Schedule N, Part II	32		<u>X</u>				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_		v				
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х				
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	_	X				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	\dashv					
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000						
	If "Yes," complete Schedule R, Part V, line 2	36		Х				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		i					
	Note: All Form 990 filers are required to complete Schedule O	38	X					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c						
932004	01-20-20	Form 9	990 (2	2019)				

Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			77
b	tar order at any time during the tax years	5a		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
	any contributions that were not too add dustible as desirable as desirable as desirable.	60		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	-	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD	100	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
ь				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	100		14.59
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X						
Sec	tion A. Governing Body and Management			101802							
			,	Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	9			N. T.						
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b	9									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2	,		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		\dashv							
•	of officers directors twisters as less and the second seco	3	,	x							
4											
5											
6		5	-		X						
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6	+	_							
10		1_			v						
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	78	a	\rightarrow	X						
D	and the state of t				**						
	persons other than the governing body?	71	b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
a	The governing body?	82	<u>a</u>	X							
b	Each committee with authority to act on behalf of the governing body?	81	2	_	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
^	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9	Ш		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			\	'es	No						
	Did the organization have local chapters, branches, or affiliates?	10	a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	ь								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11	a	X							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			22							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	a .	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	121	b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	120	c :	x							
13	Did the organization have a written whistleblower policy?	13	3	X							
14	Did the organization have a written document retention and destruction policy?	14		Х							
	Did the process for determining compensation of the following persons include a review and approval by independent			98							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15	a		X						
	Other officers or key employees of the organization	151			X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	168	a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	,50			77 179						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16t									
Sect	ion C. Disclosure	100	,								
	List the states with which a copy of this Form 990 is required to be filed NONE										
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	le onl	1) 21	ailabl	<u> </u>						
	for public inspection. Indicate how you made these available. Check all that apply.	ا انان در	y) av	andUl	C						
19	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d 6	m n ! - !	r							
	statements available to the public during the tax year.	u iinai	ricial								
	State the name, address, and telephone number of the person who possesses the organization's books and records ABWA MANAGEMENT LLC - 913-732-5100			_							
	P.O. BOX 4757, OVERLAND PARK, KS 66204-0757										

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

X Check this box if neither the organization r	nor any related	orga	niza	tion	cor	nper	nsate	ed any current officer, o	lirector, or trustee.	•
(A)	(B)			_ (C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	sition	n than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		T a	T	nd a director/trustee)			from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or 0	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	Institutional trustee		yee	mper		(** 27 1000 171100)		and related
	below	Individual trustee or director	ution	, i	Key employee	est co	La la			organizations
	line)	Indiv	Instit	Officer	Key	Highest compensated employee	Former			
(1) SHARON GODBEE	5.00									
TRUSTEE		X						0.	0.	0.
(2) TRINA T NKHAZI	5.00									
TRUSTEE		X						0.	0.	0.
(3) ANNE O'NEILL	5.00									
TRUSTEE		Х						0.	0.	0.
(4) MARY STEPHENSON	1.00									
TRUSTEE		X						0.	0.	0.
(5) JUDY TAYLOR	1.00									
TRUSTEE		X						0.	0.	0.
(6) KATHY SCHOOLEY	1.00									
TRUSTEE		X						0.	0.	0.
(7) MARY MAUPAI	1.00									
TRUSTEE		X						0.	0.	0.
(8) CHERYL BLAIR	1.00									
TRUSTEE		X						0.	0.	0.
(9) KERRIE UNDERHILL	1.00									
TRUSTEE		Х						0.	0.	0.
Y										
						Ш				
		Щ					_			
		\Box	_			Ш	_			
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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Revenue excluded Total revenue Unrelated function revenue business revenue from tax under sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 170,098. g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 170,098 **Business Code** 2 a MISCELLANEOUS REVENUE 900099 2,221. 2,221. Program Service f All other program service revenue 2,221. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 34,133. 4 Income from investment of tax-exempt bond proceeds 34,133 Royalties 5 (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other 4,007. assets other than inventory b Less: cost or other basis 4,000. Other Revenue and sales expenses c Gain or (loss) 7c d Net gain or (loss) 7. 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 206,459. 2,221 Total revenue. See instructions 34,140. 932009 01-20-20 Form **990** (2019)

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 117,152. 117,152. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (nonemployees): 55,440. 55,440. a Management b Legal 3,225. 3,225. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 7,156. Investment management fees 7,156. g Other. (If line 11g amount exceeds 10% of line 25, 7,000. 7,000. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion Office expenses 13 7,795. Information technology 7,795. 14 15 Royalties 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 599. 599. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) BUSINESS REGISTRATION F 53. 53. b C e All other expenses 198,420. 198,420 0. 0. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here if following SOP 98-2 (ASC 958-720)

h	heet							70-2- 00-08-8000-02- v
c	edule O contains a response or no	ote to	any line in this Part X					-
					(A) Beginning of year			(B) End of year
	erest-bearing		37,847.		1	54,734		
е	emporary cash investments					2	2	
3 Pledges and grants receivable, net						3	3	
ei	eivable, net			[0.	4	4	19
5 Loans and other receivables from any current or former officer, director,								
m	mployee, creator or founder, subs	stantia	ll contributor, or 35%					
it	ity or family member of any of the	ese pe	rsons	[5	5	
6 Loans and other receivables from other disqualified persons (as defined								
	4958(f)(1)), and persons describe					6	5	
n	ns receivable, net		**********************			7	,	
	sale or use		******************************	[8	3	
				- 1		9	,	
S	s, and equipment: cost or other							
t	te Part VI of Schedule D	10a	а					
la	lated depreciation	10Ł	0			10)c	
p	publicly traded securities				1,139,266.	1	1	1,163,815
0	other securities. See Part IV, line	11		L		1:	2	
3 Investments - program-related. See Part IV, line 11						13	3	
14 Intangible assets						14	4	
S	See Part IV, line 11			[50,893.	15	5	68,526
6 Total assets. Add lines 1 through 15 (must equal line 33)					1,228,006.	16	5	1,287,094
7 Accounts payable and accrued expenses 8 Grants payable			[17	7		
					18	3		
ı	nue			[19	9	
or	ond liabilities			[20	2	
	todial account liability. Complete			- 1		2	1	
е	er payables to any current or form	ner off						
n	nployee, creator or founder, subs	tantial	contributor, or 35%					
ty	ty or family member of any of the	se per	sons			22	2	
ja	gages and notes payable to unrela	ated th	nird parties			23	3	
	tes and loans payable to unrelate					24	1	
; ((including federal income tax, pa	ayables	s to related third				\top	
h	her liabilities not included on lines	s 17-24	4). Complete Part X					
				L	0.	25	5	1,850
s.	s. Add lines 17 through 25				0.	26	5	1,850
1	that follow FASB ASC 958, che	eck he	ere 🕨					
I	lines 27, 28, 32, and 33.			3				
10	nout donor restrictions			L		27	,	
1	donor restrictions			[28	3	
	that do not follow FASB ASC 9							
I	lines 29 through 33.							
r	r trust principal, or current funds		************************************		0.	29	,	0 .
a	al surplus, or land, building, or ed	quipme	ent fund	[0.	30	,	0.
	ngs, endowment, accumulated in				1,228,006.	31		1,285,244
	s or fund balances				1,228,006.	32		1,285,244.
	and net assets/fund balances				1,228,006.	33	,	1,287,094.
						1,228,006.	1,228,006. 33	1,228,006. 33

Form **990** (2019)

-	n 990 (2019) STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND	44-	6013508	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,459.
2	Total expenses (must equal Part IX, column (A), line 25)	2	198	3,420.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	3,039.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,228	3,006.
5	Net unrealized gains (losses) on investments	5	49	,199.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
_	column (B))	10	1,285	,244.
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule ().		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зь	
			Form 9	90 (2019)