FILE COPY Amended Return – Section 512(a)(7) Repeal.

	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) nended Return For calendar year 2018 or other tax year beginning									OMB No. 1545-0687		
			r 2018 or other tax y o to www.irs.gov					information ,		-	2010)
Depe Interi	riment of the Treasury nal Revenue Service		enter SSN numbers						c)(3).	Ope 501	en to Public Insp (c)(3) Organizati	ection for ons Only
Α	Check box if address changed			Check box is	f name o	hanged and see instr	uctions.)		D	Emplo (Emplo	oyer identification	ı number
В	Exempt under section	Print	Houston's		Place	e, Inc.				instruc	ctions.)	
	X 501(c)(3)	or	3735 Drexe								-0604478	
	408(e) 220(e)	Туре	Houston, I	.X //UZ/					E		ated business actions.)	tivity cod
	408A530(a)											
	529(a)		<u> </u>									
C	Book value of all assets it end of year		exemption number				_	-				
	7,489,112.		k organization typ					(c) trust		(a) trus		er trust
	Enter the number of the or	-	's unrelated trades	s or businesses		<u>1</u>	D	escribe the on				
	trade or business here ► If more than one, descri		t in the blank co	aco at the ond	of the	provious sonto	20.00				complete Pa	
	for each additional trade		•		OI tile	previous senie	iice, cc	ilipiele Fails	i aliu i	i, coii	ipiete a scrie	uule ivi
	During the tax year, was				ted gr	oup or a parent-	subsid	ary controlled	d group	?1	Yes	X No
	If 'Yes,' enter the name											
	The books are in care of						Т	elephone nur	nber►	713-552-0420		
			usiness Inco	me		(A) Incom		(B) Expe			(C) Net	
1	a Gross receipts or sales	S										
	b Less returns and allowances			c Balance►	1c							
2	Cost of goods sold (So	hedule A,	line 7)	_	2							
3	Gross profit. Subtract	line 2 from	ı line 1c		3							
4	a Capital gain net incom	ie (attach :	Schedule D)		4a							
	b Net gain (loss) (Form 4797, 1	Part II, line 1	7) (attach Form 4797))	4b							
	c Capital loss deduction				4c							
5	Income (loss) from a pa (attach statement)	rtnership o	r an S corporation		5							
6					6							
7	Unrelated debt-finance	-			7							
8	Interest, annuities, royalties,				8							
9	Investment income of a secti		=		9							
10	Exploited exempt activ				10							
11	Advertising income (Se	chedule J)			11							
12	Other income (See ins	tructions;	attach schedule)									
					12							
13	Total. Combine lines 3						0.			0.		0.
Pa			n Elsewhere								for	
			ions must be									
14	•								-	4		
15	Salaries and wages Repairs and maintena									5		
16	Bad debts									7		
17 18	Interest (attach schedu									8		
19	Taxes and licenses		-						-	9		
20	Charitable contribution									20		
21	Depreciation (attach F	•		•								
22	Less depreciation clair									2b		
23	Depletion					<u> </u>				23		
24	Contributions to deferr									24		
25	Employee benefit prog		•							25		
26	Excess exempt expens								-	26		
27	Excess readership cos	ts (Schedu	ule J)						2	27		
28	Other deductions (atta		,							28		
29	Total deductions. Add									29		
30	Unrelated business tax									80		
31	Deduction for net operating I Unrelated business tax									1 2		^
32	טוווכומנכט טעטוווכסט (מ)	CODIC ILICOL	no. Jubliact IIIIE		JU				3	-		0.

Par	t III	Total Unrelated Business Tax	able Income							
33		of unrelated business taxable income								
		ctions)				33		0.		
34		ınts paid for disallowed fringes				34				
35		ction for net operating loss arising in to				35				
36	Total	ctions)of unrelated business taxable income								
		es 33 and 34	36		0.					
37		fic deduction (Generally \$1,000, but se	37							
38		ated business taxable income. Subtra the smaller of zero or line 36				38		0.		
Dai		Tax Computation				30		0.		
39		nizations Taxable as Corporations. Mu	ultiply line 38 by 21% (0.21)		•	39	1	0.		
40		s Taxable at Trust Rates. See instructi				33		<u> </u>		
-10		e 38 from: Tax rate schedule or			•	40				
41		tax. See instructions				41				
42	-	native minimum tax (trusts only)				42				
43		n Noncompliant Facility Income. See				43				
44		. Add lines 41, 42, and 43 to line 39 o				44		0.		
			1 40, Willeliever applies				<u> </u>			
		Tax and Payments gn tax credit (corporations attach Form	1110, trusta attach Form 1116)	AE -						
		credits (see instructions)								
		ral business credit. Attach Form 3800								
		t for prior year minimum tax (attach Fo								
		credits. Add lines 45a through 45d	<u>.</u>			45 e		0.		
		act line 45e from line 44				46		0.		
47	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	m 8866		70				
		ther (attach schedule)				47				
48		tax. Add lines 46 and 47 (see instruct				48		0.		
49		net 965 tax liability paid from Form 96	•			49				
50 :		ents: A 2017 overpayment credited to								
	-	estimated tax payments								
		eposited with Form 8868								
		gn organizations: Tax paid or withheld				-	C+ - +	- + 0		
		up withholding (see instructions)					Stateme	nt Z		
		t for small employer health insurance								
ç	O ther	credits, adjustments, and payments:	Form 2439							
	F	orm 4136	er Total ¹	► 50 g						
51	Total	payments. Add lines 50a through 50g.				51		0.		
52		nated tax penalty (see instructions). Ch				52				
53		ue. If line 51 is less than the total of li				53				
54	Over	payment. If line 51 is larger than the to	otal of lines 48, 49, and 52, enter ar	nount overpaid		54		105.		
55		the amount of line 54 you want: Cred			Refunded ►	55		105.		
Par		Statements Regarding Certain		nation (see instru	ctions)		1	100.		
56		time during the 2018 calendar year, did		•	•	er a		Yes No		
-		cial account (bank, securities, or other) in a	-	-	-		<u> </u>	105 110		
		t of Foreign Bank and Financial Accounts			▶			X		
57		g the tax year, did the organization red			ansferor to	a fore	pian trust?	X		
37		s,' see instructions for other forms the org		ne grantor or, or tre	unsicion to,	a ioic	igir trust	Λ		
58		the amount of tax-exempt interest receive		Ġ	0					
36	LIILEI			າedules and statements. ຄ	U. and to the best of	of mv kr	nowledge and			
Sig	n	Under penalties of perjury, I declare that I have exbelief, it is true, correct, and complete. Declaration	1					c roturnil-		
Her		File Copy		Executive D	irector	the pre	ne IRS discuss this eparer shown belo	ow (see		
		Signature of officer	Date	ııtıe		instruc	tions)?	s No		
		Print/Type preparer's name	Preparer's signature	Date	Check if	F	PTIN			
Paid Pre		Barbara Murphy	Barbara Murphy	5/28/20	self-employed	F	201386215	5		
par		Firm's name Blazek & Vette		0269860	·					
Use		Firm's address > 2900 Weslayan,	, 5	22000						
Onl		Houston, TX 77			Phone no.	17	13) 439-	-5739		
		iioubcoii, ix //	TEEA0202L 01/24/19							

Schedule A — Cost of Goods S	fold. Enter method of inve	entory valuation 🟲							
1 Inventory at beginning of year	1	6 Invent	ory at	end of year	6				
2 Purchases	2			ls sold. Subtract					
3 Cost of labor	3		e 6 from line 5. Enter here						
4 a Additional section 263A costs (attach sche	dule)	and ir	Part I	, line 2	7		Yes	No	
	4a	0 D- H-		-fti 0C2A (i4)			res	NO	
b Other costs (attach sch)	4 b			of section 263A (with duced or acquired for					
5 Total. Add lines 1 through 4b	5			zation?				Χ	
Schedule C — Rent Income (Fr	om Real Property and	Personal Property	y Leas	sed With Real Pr	ope	rty) (see in	structi	ons)	
1 Description of property									
(1)									
(2)									
(3)									
(4)				T					
	ent received or accrued			3(a) Deductions	s dire	ctly connect	ted wit	:h	
(a) From personal property (if the percentage of rent for pers property is more than 10% but i more than 50%)	eal and personal proper entage of rent for person ceeds 50% or if the rent on profit or income)	nal	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)						
(1)									
(2)									
(3)									
(4)									
Total	Total			(b) Tabal dadoodiana f					
(c) Total income. Add totals of column here and on page 1, Part I, line 6, column				(b) Total deductions. E here and on page 1, Par I, line 6, column (B)	t				
Schedule E - Unrelated Debt-I	Financed Income (see	instructions)							
1 Description of debt-finar	nced property	2 Gross income from or allocable to debt-	2 Gross income from		eductions directly connected with or allocable to debt-financed property				
1 Description of descrimen	nood proporty	financed property		(a) Straight line preciation (attach sch)		(b) Other deductions (attach schedule)			
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 A or a pr	6 Column 4 divided by column 5	rep	7 Gross income eportable (column 2 x column 6)		8 Allocable ded (column 6 x to columns 3(a) ar		of		
(1)		90							
(2)		9							
(3)		9							
(4)		96							
			Enter Part	r here and on page 7 I, line 7, column (A)	I, Ent	er here and	on pa	ige 1, า (B).	
Totals.		,		. , , , , , , , , , , , , , , , , , , ,		, - , -		` /	
Total dividends-received deductions	ncluded in column 8	· · · · · · · · · · · · · · · · · · ·			<u> </u>				
BAA		EA0203L 01/30/19			<u> </u>	Form 9	90-T ((2018)	

Schedule F — Interest, A	nnuiti	es, Royalti			nts Fro trolled Or			Orgai	nizations	(see ins	structions)	
1 Name of controlled organization	ideı	2 Employer identification number		3 Net unrelated income (loss) (see instructions)			4 Total of speci payments made		ified de		in co	eductions directly onnected with ome in column 5	
(1)													
(2)													
(2) (3) (4)													
(4)													
Nonexempt Controlled Organiza	ations					<u> </u>							
		et unrelated	۵.	Total o	f choolifie	7	10 Part of	colum	n O that is		11 Doduo	tions directly	
/ Laxable Income	7 Taxable Income 8 Net income (see in		9 Total of specified payments made 10 Part of column 9 that is included in the controlling organization's gross income				(11 Deductions directly connected with income in column 10					
(1)													
(2)													
(3)													
(4)													
Totals			l				Add columns here and on p		, Part I, line		and on p	6 and 11. Enter age 1, Part I, line umn (B).	
Schedule G – Investmen). (or (17) Orga	nizati	on (see ins	truction	ns)		
1 Description of income			t of income di			De ctly	ductions connected schedule)		4 Set-asides	5	5 Total deductions		
(1)					`		,					•	
(2)													
(3)													
(4)													
Totals Schedule I — Exploited E		Enter here an Part I, line 9,	colur	nn (A).	ner Tha	n A	Advertising	Incon	ne (see inst	ruction	Part I, Ii	re and on page 1, ne 9, column (B).	
1 Description of exploited a	2 Gross unrelate busines income fro trade o busines	ted connection of u busine		nected with froduction currelated 2		Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)													
(2)													
(3)													
(4)													
Totals		Enter here on page Part I, line column (ge 1, on pine 10, Part		r here and page 1, I line 10, umn (B).							Enter here and on page 1, Part II, line 26.	
Schedule J – Advertising		me (see inct	ructio	ns)									
Part I Income From Per		•			ncolida	tor	l Bacic						
Part I income From Per	riouic							- 0		• •			
1 Name of periodical		2 Gross advertisi income	ng	3 Direct advertising costs		(1	Advertising gain or oss) (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)													
Totals (carry to Part II, line (5))))	<u> </u>											

Form 990-T (2018) Houston's Amazing Place, Inc.

Part II 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.)							
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.		ulation ome	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)							
(2) (3)							
(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, Part II (lines 1− 5)							
Schedule $K-$ Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)			
1 Name		2 Title 3 Percent of time devoted to business				4 Compensation attributable to unrelated business	
					%		
					%		
					%		
					%		
Total. Enter here and on page 1, Part II,	line 14					>	
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Federal Statements

Page 1

Houston's Amazing Place, Inc.

76-0604478

Statement 1 Form 990-T, Amended Return Amended Return Explanation

Form 990-T, Part III, Line 34 of this Amended Form 990-T is reduced by \$1,500, as compared to the Form 990-T as originally filed. The reduction is due to repeal of Section 512(a)(7), which increased unrelated business taxable income by amounts paid or incurred for qualified transportation fringe benefits.

Statement 2 Form 990-T, Part V Other Charges and Payments