							2030	9 0	5146207		
			remet Organization	D.,,	sinoso Ind	ama '	Tay Batu	<u> </u>	7 14 6 2 U /		
F	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) [900] For calendar year 2018 or other tax year beginning 09/01, 2018, and ending 08/31, 2018								OMB No 1545-0687		
Form											
	8	20 <u>1 9</u>	-1 2018								
	tment of the Treasury										
Interna	al Revenue Service	Do_	not enter SSN numbers on this form a		Open to Public Inspection for 501(c)(3) Organizations Only						
A L	Check box if address changed		Name of organization (Check bo	ox if na	me changed and se	e instruction	s)		nployer identification number nployees' trust, see instructions)		
	address dranged							,	.,		
BEX	empt under section	Print	PLURIBUS RESOURCES Number, street, and room or suite no 1					_			
Х	501(C <u>)O3</u>)		74-2603561								
	408(e) 220(e)	08(e) 220(e) Or Type									
	408A 530(a)		1506 BEXAR CROSSING					,	ee instructions)		
	529(a)		City or town, state or province, country	y, and a	ZIP or foreign postal	code					
	ok value of all assets		SAN ANTONIO, TX 782	32							
ate	end of year	F Gro	up exemption number (See instructi	ions)	<u> </u>						
	903,048.	G Che	ck organization type 🕨 X 501	(c) co	rporation	501(c) trust	401((a) trust Other trust		
H E	nter the number of	the orga	nization's unrelated trades or busine	sses	▶ 1		Describ	e the o	nly (or first) unrelated		
tra	ade or business hei	re ▶ A'	TCH 1		11	only one,	complete Parts	-V If m	nore than one, describe the		
			end of the previous sentence, cor	nplete	Parts I and II, co	mplete a S	chedule M for ea	ch addi	tional		
tra	ade or business, th	en comple	ete Parts III-V								
			corporation a subsidiary in an affili	ated o	roup or a parent-	subsidiary of	controlled group?		▶ Yes X No		
	-		identifying number of the parent coi								
			AUDIA OLIVEIRA			Telephon	e number ▶ 21	0-83	2-5000		
			or Business Income		(A) Inco		(B) Exper		(C) Net		
1/2	Gross receipts or										
_p	Less returns and allowa		c Balance ▶	1c							
2			ule A, line 7)	2							
3			2 from line 1c	3					/ 		
4a	·		ttach Schedule D)	4a				$\overline{}$			
_	· -		Part II, line 17) (attach Form 4797)	4b		-					
b			rusts	4c							
C _				5					4) 6 4 43 96 11		
5			r an S corporation (attach statement)	6		 -			RECEIVED		
6	· ·				-			8	S		
7			come (Schedule E)	7				※ 1	MAY 0 1 2020 P		
8	· · · · · · · · ·		ents from a controlled organization (Schedule F)			/			2020 8		
9			1(c)(7), (9), or (17) organization (Schedule G)		/			-	TODEN UT		
10	•	•	ncome (Schedule I)	10	/			*******			
11			dule J)	11							
12			tions, attach schedule)			0.					
13	Total. Combine li	nes 3 thr	ough 12	13/			 	=	1 f 4 - 1 - 4 i		
			Taken Elsewhere (See instr					Excep	of for contributions,		
75			be directly connected with t								
			directors, and trustees (Schedule K)					1	14		
∞ ₁₅									•		
⊝ 6			. /						16		
‡"			/								
	Interest (attach s	chedule)	(see instructions)					1	18		
¹⁹			<i>. [</i>						19		
SCANNED			See instructions for limitation rules)					2	20		
431			4562)		-						
Z22	•		on Schedule A and elsewhere on re		_				2b		
(Z3									23		
424			compensation plans						24		
25	Employee benefit	program:	s					2	25		
26			Schedule I)						26		
27			chedule J)						27		
28			schedule)						28		
29	/		es 14 through 28						29		
30	,		ole income before net operating						30		
31			ig loss arising in tax years beginning						31		
32		-	e income Subtract line 31 from line	-					32		

PLURIBUS RESOURCES

Form	990-T (2018)				P	age 2
Par	rt III Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses	(see			_	
	instructions)	•	33	ı		
34	Amounts paid for disallowed fringes		34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018					
33	instructions)		35	ı		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the		33			
30	of lines 33 and 34		36	ı		
						
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37			—
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line					0.
David	enter the smaller of zero or line 36		38			
	rt IV. Tax Computation		-			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax					
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)		40			
41	Proxy tax. See instructions					
42	Alternative minimum tax (trusts only)			<u>-</u>		
43	Tax on Noncompliant Facility Income. See instructions		43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44			
Par	rt V Tax and Payments					
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a					
b	Other credits (see instructions)					
С	General business credit Attach Form 3800 (see instructions)]			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)]			
	Total credits Add lines 45a through 45d		45e			
46	Subtract line 45e from line 44		46			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach scho	edule) .	47			
48	Total tax. Add lines 46 and 47 (see instructions)		48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		ا مد ا			
	Payments A 2017 overpayment credited to 2018					
	2018 estimated tax payments		1			
	Tax deposited with Form 8868		1			
	Foreign organizations Tax paid or withheld at source (see instructions) 50d		1			
	Backup withholding (see instructions)		1			
			1			
	Other credits, adjustments, and payments Form 2439		1 1			
9	☐ Form 4136 ☐ Other ☐ Total ► 50g					
51	Total payments. Add lines 50a through 50g		51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	Ė	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54			
55	Enter the amount of line 54 you want Credited to 2019 estimated tax	_	-			
	rt VI Statements Regarding Certain Activities and Other Information (see insti					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signal			authority T	res	No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				-+	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of		-			
	here		. J. Gigi	. 55511119		Х
57		0 50	an 4			$\frac{x}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a iorei	ıyrı trus	·′· · · · ·	\rightarrow	
58	If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$					
20	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and	to the h	est of n	ny knowledae an	d belie	of, it is
Sign	true, gerrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge					
			-	IRS discuss t		
Her	CLANDIA OLIVEYRA 07/15/2020 TREASURER Signature of officer Date Title	—[wit	in the emstere	preparer show	WIL DO	
	Print/Type preparer's name Preparer's signature Preparer's signa		T	PTIN		No
Paid	WELLYN D. DIVENTIVEDED	Chec		1 50131	n 5 5 6	a
	Darer		mployed			
Use	Only Firm's address BKD, LLP Firm's address 8200 W. INTERSTATE 10, SUITE 900, SAN ANTONIO, TX 78230-3806	Firm's	EIN P	44-0160 10.341.9	100	
	Firm's address > 2200 %. Interestrate to, Solid Soo, San Antonio, 17 /0250-3000	Phone	eno ∠	10.341.94		0045

Form **990-T** (2018)

PLURIBUS RESOURCES

Form 990-T (2018)											Page 3
Schedule A - Cost of Go	ods Sold. Er	ter method	d of invent	ory valuation	n l	>					
1 Inventory at beginning of ye				6 Invent	огу :	at end of yea	ar	6			
? Purchases	Purchases 2			7 Cost	of	goods so	ld. Subtract line				
3 Cost of labor	3			6 from	m l	line 5 En	iter here and in				
4a Additional section 263A cos	sts			Part I,	line	2		7_			
(attach schedule)	4a			8 Do th	пе	rules of	section 263A (v	with r	espect to	Yes	No
b Other costs (attach schedule	e) . 4b			proper	ty	produced	or acquired fo	r resa	ile) apply		
5 Total. Add lines 1 through 4				to the	orga	anization?	<u> </u>	. <u></u>			X
Schedule C - Rent Income	(From Real P	roperty a	nd Perso	nal Prope	rty	Leased V	Vith Real Prope	rty)			
(see instructions)											
1. Description of property	_										
(1)							-				
(2)									_		
(3)							-				
(4)											
	2. Rent recei	ved or accru	ed								
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and percentage of rent if 50% or if the rent if				or personal pro	perty	exceeds in columns 2(a) and 2(b) (attach schedule)				me	
(1)											
(2)											
(3)											
(4)											
Total		Total									
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,		•					(b) Total deduction Enter here and or Part I, line 6, colu	n page 1			
Schedule E - Unrelated De	bt-Financed I	ncome (se	e instructi	ions)							
1 Description of debt	-financed property			income from o			Deductions directly co	ced prop	erty		
			property		(a) Straight line depreciation (attach schedule)		(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 Average adju- of or alloca debt-financed (attach sche	ble to property	4	Column divided column 5			income reportable n 2 x column 6)		Allocable decum Jumn 6 x total 3(a) and 3	of colum	
(1)					%						
(2)					%						
(3)				-	%	_					
(4)					%						
Totals					•		e and on page 1, le 7, column (A)		er here and o t I, line 7, co		
Total dividends-received deduction	ons included in co	olumn 8									

Form **990-T** (2018)

Form 990-T (2018)	PLURIBUS	S RESOUR	RCES					7	4-20	603561	Page 4
Schedule F-Interest, Anni	uities, Royaltie	s, and Rei	nts Fro	om Contro	lled O	rganizati	ons (see	e instructio	ons)		
		Exe	mpt Co	ntrolled Or	ganızatı	ons					
Name of controlled organization						of specified included		f column 4 that is in the controlling ion's gross income		6 Deductions directly connected with income in column 5	
(1)	_										
(2)	<u> </u>										
(3)								_			
(4)					1						
Nonexempt Controlled Organiz	zations										
7 Taxable Income	8 Net unrelated income		include						Deductions directly nected with income in column 10		
(1)											
(2)											
(3)											
(4)											
Totals					▶	Enter	columns 5 a nere and on line 8, colu	page 1,	Ent	d columns 6 a er here and on rt I, line 8, colu	page 1,
Schedule G-Investment Ir	ncome of a Sec	ction 501	(c)(7),	(9), or (17) Orga	nization	(see ins	tructions)			
1. Description of income	2 Amount o		3 Deductions			4 Set-asides (attach schedule)			5. Total deductions and set-asides (col 3 plus col 4)		
(1)											
(2)											
(3)											
(4)								-			
Totals	Enter here and Part I, line 9, o					-				Enter here and Part I, line 9,	
Totals ▶ Schedule I – Exploited Exe	empt Activity In	come, Ot	her Th	an Advert	ising Ir	ncome (s	ee instru	ictions)			
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Experdirect connecter production unrelated business in	tly d with on of ted	4 Net incor from unrelat or business 2 minus col if a gain, c cols 5 thro	ted tradé (column lumn 3) ompute	5. Gross income from activity that is not unrelated business income 6 Expenses attributable if column 5		ble to	7. Excess expe (column column 5 more colum	nses 6 minus 5, but not than	
(1)		·						 		+	
(2)								 			
(3)				-							
(4)				<u> </u>						-	
(4)	Enter here and on page 1, Part I, page 1, Part I, line 10, col (A) line 10, col (B)			Enter here and on page 1, Part II, line 26							
Totals		L									
Schedule J-Advertising Ir											
Part I Income From Per	iodicals Repor	ted on a C	onsol	idated Bas	sis						
1 Name of periodical	2. Gross 3 D 1 Name of periodical advertising income advertisi					5 Circulation income		6 Readership costs		7 Excess costs (c minus colu not mo colum	umn 5, but ere than
(1)				_							_
(2)				1						7	
(3)				1		-					
(4)			_	1						7	
Totals (carry to Part II, line (5))							<u></u> _			Form 990)-T (2018
											\ · · ·

74-2603561

Page 5

Part II income From Per 2 through 7 on a			rate Basis (For	each periodical	listed in Part II	, fill in columns
' 1. Name of penodical	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)						
(2)						
(3)						
(4)				<u> </u>		
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)						_
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see insti			
1 Name		2	Title	3 Percent of time devoted to business	4 Compensatio unrelated	
(1)				%		
(2)				%		
(3)				%	<u></u>	
(4)				%		
Total. Enter here and on page 1, P	art II, line 14					

Form **990-T** (2018)

ATTACHMENT	1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC SECTION 512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.