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Form	990-T	Ex					siness Ind der section					ОМВ	No 1545-068	87
7011	S. A.						07/01, 2018			190	9	6	0	
		For caler								_ , 20 <u>+</u>	<u> </u>	4		
	rtment of the Treasury al Revenue Service	▶ 0-		•			nstructions and			04/61/21		Open to F	Public Inspecti Organizations	ion fo
	Check box if	₽ D6	Name of organiza		,		ay be made public me changed and se						Organizations ication num	_
	address changed			`	J		·		·				ee instructions	
_	empt under section	Duin4					HEALTH SC							
X	100.	Print or	Number, street, a	and room o	ir suite no 1	if a P O	box, see instruction	ns			3-0356250			
_	408(e) 220(e)	Type								Unrelated business activity code (See instructions)				
_	408A530(a)	800 W. JEFFERSON City or town, state or province, country, and ZIP or foreign postal code						(+	,					
	529(a)													
	ok value of all assets end of year		KIRKSVIL	LE, MC	6350	1								
at	•		up exemption nu		· · · · ·									
			ck organization					501(c) trust	4	01(a) tr	ust	Othe	er tri
H E	inter the number of	the organ	nızatıon's unrelat	ed trades	or busine	esses	▶ 1		Desc	ribe the	e only (or first) u	ınrelated	
	ade or business her								complete Par				, describe t	the
fı	rst in the blank spa	ice at the	end of the prev	ious sent	tence, cor	mplete	Parts I and II, co	mplete a S	chedule M for	each a	idditiona	ıl		
tr	ade or business, th	en comple	ete Parts III-V											
I D	ouring the tax year,	was the d	corporation a su	bsidiary i	ın an affılı	ated g	roup or a parent-s	subsidiary i	controlled grou	ъ°		. ▶ ∟	Yes2	X
	"Yes," enter the na					rporati	on 🕨			_				
J T	he books are in care	e of ▶RI	CHARD K.	RIEDER	<u> </u>			Telephor	ne number 🕨	(660) 626-	-2009		
Pa	rt I Unrelated	Trade c	or Business I	ncome			(A) Incor	me	(B) Exp	penses			(C) Net	
1 a	Gross receipts or	sales												
b	Less returns and allowa	inces		с	Balance 🕨	1c								
2	Cost of goods sol	ld (Schedu	ule A, line 7)			2								
3	Gross profit Sub	tract line :	2 from line 1c .			3								
4 a	Capital gain net ii	ncome (a	ttach Schedule D))		4a								
b						4b								
С	Capital loss dedu	ction for ti	rusts			4c								
5	Income (loss) from a p					5					Ī			
6	Rent income (Sch					6								
7	Unrelated debt-fir	-				7								
8	Interest, annuities, roya		•			8								
9	Investment income of a					` . · ·								
10	Exploited exempt					10								
11	Advertising incom	•	· ·			11								
12	Other income (Se					12								
13	Total Combine li					13		0.						
	rt II Deduction	ns Not	Taken Elsew	here (S	ee insti		ns for limitati	ons on c	eductions) (Exc	ept fo	r contri	butions	
							related busin			, (0	⊸F•.•			
14	Compensation of										14			
15	Salaries and wage		•	•							-			
16	Repairs and main													
16	Bad debts													
	Interest (attach s													_
18 19	Taxes and license													
	Charitable contrib										20			
20											20			
21	Depreciation (atta										226			
22	-										22b			
23	Depletion	4.6.			·	· · ·					23			
2.4	Contributions to t	deferred compensation plans								24				
24		programs	5		· · -	***********		-; ;;{:			25			
25	Employee benefit				I N. I			· & ·			26			
25 26	Excess exempt ex	openses (S	Schedule I)		14									
25 26 27	Excess exempt ex	costs (So	chedule J)		151	. A.P.	R . 1. 0 .2020	. [0] .			27			
25 26	Excess readership Other deductions	costs (So (attach s	chedule J) schedule)	 	اکا	. AP	R · 1· 0 · 2020	. 85.0			28			_
25 26 27	Excess readership Other deductions	costs (So (attach s	chedule J) schedule)	 	اکا	. AP	R · 1· 0 · 2020	. 85.0			28	•		
25 26 27 28	Excess exempt ex Excess readership Other deductions Total deductions Unrelated busine	costs (So (attach s Add line ess taxab	chedule J)		operating	. AP Q:G	R 1 0 2020 DEM, UJ	tract Ine		 e 13	28 29 30	·.		
25 26 27 28 29	Excess readership Other deductions	costs (So (attach s Add line ss taxab coperating	chedule J)schedule)s 14 through 28 sle income before gloss arising in	ore net of	orterating s beginning	AP QG ng on o	R · 1· 0 · 2020 	tract (ne	29 from line	 e 13	28 29 30 31	•		

	990-T (2018)	Page 2
Pai	Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	<u> </u>
	instructions)	33
4	Amounts paid for disallowed fringes	34
5	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	
	instructions)	35
6	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	
	of lines 33 and 34	36
7	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37
8	Unrelated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36,	
	enter the smaller of zero or line 36	38 0.
ar	t IV Tax Computation	
)	Organizations Taxable as Corporations, Multiply line 38 by 21% (0.21)	39
)	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40
	Proxy tax See instructions	41
	Alternative minimum tax (trusts only)	
	Tax on Noncompliant Facility Income. See instructions	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44
	Tax and Payments	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	
	Other credits (see instructions)	
C	General business credit Attach Form 3800 (see instructions)	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
		45e
	Subtract line 45e from line 44	46
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	
	Total tax Add lines 46 and 47 (see instructions)	48 0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49
	Payments. A 2017 overpayment credited to 2018	
	2018 estimated tax payments	
	Tax deposited with Form 8868	
	Foreign organizations Tax paid or withheld at source (see instructions)	
	Backup withholding (see instructions)	,
	Credit for small employer health insurance premiums (attach Form 8941) 50f	
	Other credits, adjustments, and payments Form 2439	İ
9	Form 4136	1
	Total payments. Add lines 50a through 50g	51
	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52
	1	53
	Tax due, If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54
	Enter the amount of line 54 you want Credited to 2019 estimated tax	55
	Statements Regarding Certain Activities and Other Information (see instructions	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	
	here >	X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	gn trust?X
	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 🕨 🕏	
	Under penalties of penury I declare that I have examined this return including accompanying schedules and statements, and to the betrug correct, and complete Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge	st of my knowledge and belief
	May May	the IRS discuss this return
gn		
		instructions)? X Yes No
gn ere	Signature of officer Date Title (see	instructions)? X Yes No
re	Signature of officer Date Print/Type preparer's name Preparer's signature Oheck	instructions)? X Yes No
re d	Signature of officer Print/Type preparer's name MICHAEL J ENGLE Preparer's signature All Chaek self-em	instructions)? X Yes No PTIN PO0482834
re d	Signature of officer Date Print/Type preparer's name MICHAEL J ENGLE Firm's name BKD, LLP Date Check self-em Firm's name Check self-em Firm's name Date Check self-em Check self-em	instructions)? X Yes No PTIN PO0482834

Form 990-T (2018)

Form 990-T (2018)			SITY OF HE						356250 Page 4	
Schedule F-Interest, Anna	uities, Royalties,					ations (see	e instruction	ons)_		
Name of controlled organization	2 Employer identification number	. 3 Ne	pt Controlled C et unrelated income s) (see instructions)	4 Total	ons of specifi ents made	ed included	5 Part of column 4 that is included in the controlling ganization's gross income		6 Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated inc (loss) (see instruction		9 Total of specified payments made		10 Part of column 9 the included in the contro organization's gross inc		introlling		I Deductions directly inected with income in column 10	
(1)										
(2)										
(3)										
(4)	_			.	<u>. </u>					
•	•				Ente	d columns 5 a er here and on t I, line 8, colu	page 1,	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
				<u></u> .▶						
Schedule G-Investment Ir	come of a Sect	ion 501(c			nizatio	n (see ins	tructions)			
1 Description of income	2 Amount of II	ncome	3 Dedi directly c (attach s	onnected			et-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)										
(2)										
(3)	_									
(4)	Cater here and ar		_					-	Enter here and on page 1,	
	Enter here and or Part I, line 9, col								Part I, line 9, column (B)	
Tatala										
Totals ▶ Schedule I – Exploited Exe	mnt Activity Inc	omo Oth	or Than Advor	ticina Ir	come	(coo instru	ictions)			
Schedule 1-Exploited Exe	The Activity inc	ome, Om			Come	(see institu	Clions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	with or busines 2 minus of If a gain,	ated trade s (column olumn 3) compute	from is no	oss income activity that it unrelated ess income	6 Expe attributa colum	ble to	7 Excess exempl expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)	 									
(3)							-	-		
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt 1,			·			Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J- Advertising Ir	Come (see instru	rtions)								
Part I Income From Per			nsolidated Ra	reie						
Part Income From Fer	louicais Reporte	u on a cc	nisolidated Da	1313	· ·					
1 Name of periodical	2 Gross advertising income	3 Direct advertising of	2	oss) (col col 3) If compute		irculation ncome	6 Reade cost	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)		· · · · · · · · · · · · · · · · · · ·								
(2)										
(3)									_	
(4)									İ	
Totals (carry to Part II, line (5))							<u> </u>		Form 990-T (2018)	

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(4)

Total Enter here and on page 1, Part II, line 14.

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) 4 Advertising 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 3 Direct 5 Circulation 6 Readership 2 minus col 3) If minus column 5, but 1 Name of periodical advertising advertising costs ıncome costs a gain, compute not more than ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and Enter here and on Enter here and on page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to business 4 Compensation attributable to 2 Title unrelated business (1) (2) ATCH 3 % % (3)

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 \$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 UNREALIZED BUSINESS INCOME.

1

43-0356250 ATTACHMENT 2

FORM 990-T: PART III - LINE 35 - PRIOR YEARS NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
06/30/1999 06/30/2000 06/30/2001 06/30/2002 06/30/2003 06/30/2004 06/30/2005 06/30/2006 06/30/2007 06/30/2008 06/30/2009 06/30/2010 06/30/2011 06/30/2012 06/30/2013 06/30/2014 06/30/2015 06/30/2016 06/30/2016	32,967. 40,587. 28,354. 24,052.	18,092. 40,587. 28,354. 24,052.	
06/30/2018 TOTAL:	125,960.	111,085.	
		PRIOR YEARS 4 ON PAGE 2, 990T)) .	

ATTACHMENT 3

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
ANN THIELKE 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE .	0	0.
BERTHA A. THOMAS 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE/SECRETARY	0	0.
C. LISETTE DOTTAVIO 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE	0	0.
CHESTER W. DOUGLASS 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE	0	0.
CRAIG PHELPS 800 W. JEFFERSON KIRKSVILLE, MO 63501	PRESIDENT	0	0.
G. SCOTT DREW 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE	0	0.
GARY M. WILTZ 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE/CHAIRPERSON	0	0.
JAMES CANNON 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE	0	0.
LINNETTE SELLS 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE/VICE CHAIRPERSON	0	0.
MICHELLE MAYO 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE	0	0

ATTACHMENT 3 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
PAULINA VAZQUEZ MORRIS 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE	0	0.
REID W. BUTLER 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE	0	0.
RICHARD RIEDER 800 W. JEFFERSON KIRKSVILLE, MO 63501	VICE PRESIDENT	0	0.
ROSIE ALLEN-HERRING 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE	0	0.
STANLEY E. GROGG 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE	0	0.
TISHA R. KICE-BRIGGS 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE	0	0.
GERALD R. DOWNEY 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE	0	0.
HERB KUHN 800 W. JEFFERSON KIRKSVILLE, MO 63501	TRUSTEE .	0	0.
TOTAL COMPENSATION			0.