Exempt Organization Business Income Tax Return OMB No 1545-0047 Form **990'-T** (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning $\underline{01/01}$, 2019, and ending $\underline{12/31}$, 20 $\underline{19}$ ► Go to www.irs.gov/Form990T for instructions and the latest information Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number Name of organization (Check box if name changed and see instructions) Check box if (Employees trust, see instructions) address changed B Exempt under section MIDLAND CARE CONNECTION INC X | 501(C Print Number, street, and room or suite no. If a P.O. box, see instructions 48-0883888 Unrelated business activity code 408(e) 220(e) Type (See instructions.) 200 SW FRAZIER CIRCLE 408A 530(a City or town, state or province, country, and ZIP or foreign postal code 529(a) TOPEKA, KS 66606 C Book value of all assets at end of year Group exemption number (See instructions) ▶ 22,826,657. Check organization type | X | 501(c) corporation 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated If only one, complete Parts I-V If more than one, describe the trade or business here ▶ ATCH first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?..... If "Yes," enter the name and identifying number of the parent corporation The books are in care of ▶KARREN WEICHERT Telephone number ▶ 785-232-2044 Part I Unrelated Trade or Business Income (B) Expenses (C) Net Gross receipts or sales b Less returns and allowances 1 c Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b Capital loss deduction for trusts 4 c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7) (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) Total. Combine lines 3 through 12. 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K)... 15 Salaries and wages . . . 16 Repairs and maintenance 17 18 Interest (attach schedule) (see instructions), 19 Depreciation (attach Form 4562). 20 Less depreciation claimed on Schedule A and elsewhere on return 21b 21 22 22 23 Contributions to deferred compensation plans 24 24 Employee benefit programs . . Excess exempt expenses (Schedule I) 25 Excess readership costs (Schedule J). 26 26 27 27 28 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 Unrelated business taxable income Subtract line 30 from line 29 31 For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)

Prepare s signature Print/Type preparer's name Date Check Paid 11/13/2020 P00422601 BRIAN D TODD self-employed Preparer Firm's EIN ► 44-0160260 ▶ BKD, LLP Firm's name Use Only Firm's address ▶ 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523 Phone no 417-865-8701 JSA Form 990-T (2019) 9X27411 000 2303QF K929 11/13/2020 V 19-7.7F 1129529 2:05:57 PM

%

%

%

%

Form **990-T** (2019)

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

Enter here and on page 1,

Part I, line 7, column (A)

Schedule F - Interest, Ann	unies, Royanies		pt Controlled Or			tions (see	- 11311 4011	0113)	
1 Name of controlled organization	2 Employer identification numb	oyer 3 Not unrelated income		4 Total	of specified	d included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1)				1		 			
(2)			.	-		<u> </u>			<u>,</u>
(3)									<u> </u>
(4)				1					
Nonexempt Controlled Organiz	zations				40 0		O that is	- 11	Deductions directly
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income		ntrolling	connected with income in column 10	
(1)									
(2)									
(3)						•			
(4)						columns 5 a			d columns 6 and 11
Totals	ncome of a Sec	 tion 501(c			Enter Part	here and on I, line 8, colu	page 1, mn (A)		er here and on page 1, it I, line 8, column (B)
1 Description of income	2 Amount of income		directly co	3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)									
(2)									
(3)		1 (0 10							
(4)									Enter here and on page 1
Totals ▶ Schedule I – Exploited Exe 1 Description of exploited activity	Part I, line 9, co		es 4 Net inco from unrela or business 2 minus co d If a gain,	me (loss) ated trade (column olumn 3) compute	5 Gross income from activity that is not 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)							ļ		
(2)									
(3)									
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here at page 1, Patine 10, cot	rt I,				<u> </u>		Enter here and on page 1, Part II, line 25
Schedule J-Advertising Ir	come (see instri	uctions)							
Part I Income From Per			nsolidated Ba	sis					
1 Name of periodical	2 Gross advertising income	3 Directions of advertising of	4 Adve	rtising ss) (col col 3) If ompute		rculation come	6 Reade	-	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							 		
(1)			 					_	
(2)	-		-						
(3)	-						-		
(4)	-								
Totals (carry to Part II, line (5))		_							200 7

Form **990-T** (2019)

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	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)	_					
Totals from Part I ▶						
	Enter here and on page 1, Part I, Inne 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	3 Percent of ime devoted to business	4 Compensation attributable to unrelated business
(1)	%	
(2)	%	
(3)	%	
(4)	%	
Total, Enter here and on page 1, Part II, line 14		-

Form **990-T** (2019)

ATTACHMENT 1

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 UNRELATED BUSINESS INCOME.