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Form * 990-T	Ex	xempt Organization I		siness Income der section 6033(rn 1977a	OMB No 1545-0687
, , ,	For calo	ndar year 2017 or other tax year beginn					<u></u>
Danastanas Salas Tarassas	For case	► Go to www.irs.gov/Form9901		· · · · · · · · · · · · · · · · · · ·		···	
Department of the Treasury Internal Revenue Service	▶ Do	o not enter SSN numbers on this form a				c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if				me changed and see instruction		D Emplo	yer identification number
address changed						(Employ	yees' trust, see instructions)
B Exempt under section		TUERK HOUSE INC		_			
X 501(C <u>133</u>)	Print	Number, street, and room or suite no. If	аРC	box, see instructions		52-09	002461
408(e) 220(e	Type						ited business activity codes
408A530(a		730 ASHBURTON STREET				(366 111	stractiona j
529(a)		City or town, state or province, country					
C Book value of all assets at end of year		BALTIMORE, MD 21216-		··· - ···		_	
5,362,957.		oup exemption number (See instruction			<u> </u>	1 4044 1	
				rporation 501(c ATTACHM) trust ENT 1	401(a)	trust Other trust
		orimary unrelated business activity corporation a subsidiary in an affilia		** **			X Yes No
=		identifying number of the parent cor	_				h Care Inc. 23-726
		BERNARD GYEBI-FOSTER	porati		ne number > 41	0-233-	0684
		or Business Income		(A) Income	(B) Exper		(C) Net
1a Gross receipts or							
b Less returns and allow		c Balance ▶	1 c		, ,,,		
2 Cost of goods so	old (Sched	dule A, line 7)	2				
		2 from line 1c	3				
4a Capital gain net	income (a	attach Schedule D)	4a				
b Net gain (loss) (F	orm 4797,	Part II, line 17) (attach Form 4797)	4b				
		trusts	4 c				
· ·	-	ips and S corporations (attach statement)	5				
			6				
		ncome (Schedule E)	7 8				
- · · · · · · · · · · · · · · · · · · ·		ents from controlled organizations (Schedule F) 01(c)(7), (9), or (17) organization (Schedule G)			-	<u>.</u> , .	
		income (Schedule I)	10				
•	•	dule J)	11				
-		ctions, attach schedule)	12				
13 Total. Combine	ines 3 thi	rough 12	13	0.			
Part II Deduction	ns Not	Taken Elsewhere (See instr				Except for	or contributions,
deductio	ns mus	t be directly connected with the	ne u	velated business inco	me.)		
		directors, and trustees (Schedule K)				14	
15 Salaries and wag	jes	• • • • • • • • • • • • • • • • • • • •		o IS		15	
16 Repairs and mai	ntenance			12 MAY (2-8) 2019	0	1	
17 Bad debts			• • •		85	17	
18 Interest (attach s19 Taxes and licens	ecnedule)		• • •	COODENTIE	r l	18	
		See instructions for limitation rules)					
		1 4562)		1 1			
		d on Schedule A and elsewhere on re				22b	
						23	
		compensation plans					
25 Employee benef	ıt program	s				25	
		Schedule I)					
		Schedule J)					
		schedule)					
		es 14 through 28					
		ole income before net operating					
		ion (limited to the amount on line 30 le income before specific deduction					
		rally \$1,000, but see line 33 instruct					
		table income. Subtract line 33 instruct					
		r line 32		_		1	0.
For Paperwork Reduc	tion Act I	Notice, see instructions				1 0 7	Form 990-T (2017)
^{7X2740} 2504LB K9	29 5/	8/2019 11:08:37 AM	V 1	7-7.10	1166812 ,		PAGE 42

Pa	rt III Tax Computation			'	
35	Organizations Taxable as Corporations. See instructions for tax computation Controlled group				
	members (sections 1561 and 1563) check here ▶ See instructions and				
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
	(1) \$ (2) \$ (3) \$				
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$		•		
	(2) Additional 3% tax (not more than \$100,000)				
c	Income tax on the amount on line 34	35c			
36	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on				
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)	36			
37	Proxy tax See instructions	37			_
38	Alternative minimum tax	38			
39	Tax on Non-Compliant Facility Income. See instructions	39			
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40			
Pa	rt IV Tax and Payments				
41 a					
	Other credits (see instructions)				
	General business credit Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827),				
	Total credits. Add lines 41a through 41d	41e			
42	Subtract line 41e from line 40	42			
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	43			_
44	Total tax. Add lines 42 and 43	44			0.
45 a	Payments A 2016 overpayment credited to 2017		_		
	2017 estimated tax payments				
С	- · · · · · · · - · · · · · · · · · · ·				
	Foreign organizations Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)				
	Credit for small employer health insurance premiums (Attach Form 8941)				
	Other credits and payments Form 2439				
_	☐ Form 4136 Other Total ▶ 45g	İ			
46	Total payments. Add lines 45a through 45g	46			
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47			
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	48			
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49			
50	Enter the amount of line 49 you want Credited to 2018 estimated tax Refunded Refunded	50			
Pa	rt V Statements Regarding Certain Activities and Other Information (see instructions	s)			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or	other	authority	Yes N	o
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization ma	ıy ha	ve to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	foreig	n country		
	here >			Х	
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trus	st?	X	(
	If YES, see instructions for other forms the organization may have to file				-
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of r	ny knowledge a	and belief,	ıt ıs
Sig	n N GUELLO N I A Ma	v the	IRS discuss	this retu	rn
He	re Nedwick Jones 191911 Nirector of Finance with		preparer sh		
		e instruci	1 22 70	<u>s N</u>	ю
Dai	Print/Type preparer's name Preparer's signature Date Check	, <u> </u>	ıf PTIN		
Paid	KRISTAL K CKEACH	mploye		48198	
	Firm's name PDND, LDE	EIN ▶	44-01602		
_	Firm's address > 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523	no no	417 865-		
	1		- 00	οΛ T (20	

Form **990-T** (2017)

	TUERK	HOUSE IN	IC			52-0902	461
Form 990-T (2017)							Page
Schèdule A - Cost of Go	ods Sold. En	ter method	of inventory valuation	>			
1 Inventory at beginning of y					ar	6	
2 Purchases					ld Subtract line		
3 Cost of labor			6 from	line 5 En	ter here and in		
4a Additional section 263A co	· · · 					7	
(attach schedule)					section 263A (w	<u> </u>	to Yes No
b Other costs (attach schedu	· · · - - 				or acquired for	•	
5 Total. Add lines 1 through		_			· · · · · · · · · · · · · · · · · · ·		
Schedule C - Rent Income		roperty ai	nd Personal Property	Leased V	Vith Real Proper	rtv)	<u> </u>
(see instructions)	•					-,,	
Description of property						-	
<u>(1)</u>							
(2)					,		,
(3)					1		
(4)			· · · · · · · · · · · · · · · · · · ·				
· ·	2 Rent recei	ved or accrue	ed				
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percenta	rom real and personal property age of rent for personal propert if the rent is based on profit or	y exceeds	3(a) Deductions di in columns 2(rectly connecte a) and 2(b) (atta	
(1)							
(2)							
(3)			•				
(4)							
Total		Total					
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter			(b) Total deduction Enter here and on		
here and on page 1, Part I, line 6	, column (A)	▶			Part I, line 6, colur		
Schedule E - Unrelated Do	ebt-Financed I	ncome (se	e instructions)				
			2. Gross income from or	3 (Deductions directly cor		allocable to
1. Description of deb	t-financed property		allocable to debt-financed property		debt-finance	(b) Othe	r deductions
(4)				(atta	ch schedule)	(attach	schedule)
(1)							
(2)							
(3)							
4 Amount of average	5 Average adju-	sted hasis					
acquisition debt on or allocable to debt-financed property (attach schedule)	of or alloca debt-financed (attach sche	ble to property	6 Column 4 divided by column 5		income reportable n 2 x column 6)	(column 6 x	ole deductions total of columns and 3(b))
(1)		•	%				
(2)			%				
(3)			%				
(4)			%				
				Enter her Part I, lin	e and on page 1, e 7, column (A)		and on page 1, 7, column (B)

Form **990-T** (2017)

Total dividends-received deductions included in column 8 .

		Exer	npt Controlled O	ganizali	ons	1				
1 Name of controlled organization	2 Employer identification numb	ier i	let unrelated income ss) (see instructions)		of specified nts made	ıncluded	Part of column 4 that is included in the controlling ganization's gross income		6. Deductions directly connected with incoming column 5	
)										
)										
)										
onexempt Controlled Organiz	zations									
7 Taxable Income	8. Net unrelated in (loss) (see instruc	I .	9 Total of speci payments mad					Deductions directly nected with income in column 10		
)										
)	-									

)			****							
otals		 ction 501(Part I,	lere and on line 8, colu	mn (A)		er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of	f income	3 Dedu directly co (attach so	onnected			t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
) '			<u> </u>							
)										
)				•						
)	Enter here and Part I, line 9, c		12.27 · 4. 200000	NAMES AND ASSESSED ASSESSED.	UV // 1.00000104	Sel Saydy. a				
otals ▶ chedule I - Exploited Exe	Part I, line 9, c	olumn (A)	ner Than Adver	tising In			ctions)			
otals	Part I, line 9, c	olumn (A)	ses ly 4. Net incc from unrel or busines 2 minus c lf a gain, cols 5 th	tising In ome (loss) ated trade s (column olumn 3) compute		ee Instru	ctions) 6 Expe attributa colum	enses able to	Part I, line 9, column (E	
otals	Part I, line 9, c	come, Oth 3 Expendirecticonnectee producticunrelati	ses ly 4. Net incc from unrel or busines 2 minus c lf a gain, cols 5 th	tising In ome (loss) ated trade s (column olumn 3) compute	5 Gross from act is not u	ee Instru	6 Expe	enses able to	7. Excess exempt expenses (column 5 munus column 5, but not more than	
chedule I - Exploited Exe 1. Description of exploited activity	Part I, line 9, c	come, Oth 3 Expendirecticonnectee producticunrelati	ses ly 4. Net incc from unrel or busines 2 minus c lf a gain, cols 5 th	tising In ome (loss) ated trade s (column olumn 3) compute	5 Gross from act is not u	ee Instru	6 Expe	enses able to	7. Excess exempt expenses (column 5 munus column 5, but not more than	
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Part II	Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in o	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, line 11 col (A)	Enter here and on page 1, Part I, line 11 col (R)				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

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

1 Name	2 Title	3 Percent of time 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 (2017)

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED 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 UNRELATED BUSINESS

A Buck to the

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ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

TOTAL HEALTH CARE, INC 23-7267007