	:	, "					2	000) 9 O E 1 0 m 4 4
	000 T	E	cempt Organization	Bus	siness Incor	ne [·]	ے Tax Retur	フひを n	30513711 OMB No 1545-0687
Form	990-T		(and proxy tax	c un	der section 60	033(e)) 1900	/ ├	OWS 110 1343-0007
		For cale	ndar year 2018 or other tax year begin	nning _	07/01 , 2018, an	d endı	ng 06/30, 2	19	2018
	tment of the Treasury		► Go to www irs gov/Form990					-	Onen in Public Inspection for
Intern	Check box if	Do Do	not enter SSN numbers on this form						Open to Public Inspection for 501(c)(3) Organizations Only open identification number
^ _	address changed		Name of organization (Check b	ox II na	me changed and see inst	iruction			yees' trust, see instructions)
B Ex	empt under section	ĺ	THERK HOUSE INC						
Х	501(C)(D 3)	Print	Number, street, and room or suite no	lf a P C	box, see instructions			52-09	902461
	408(e) 220(e)	or Type							ated business activity code
	408A 530(a)	.,,,,	730 ASHBURTON STREE	T				(See in:	structions)
	529(a)		City or town, state or province, countr	•	= :	•			
	ok value of all assets end of year		BALTIMORE, MD 21216						
	11,495,238.		up exemption number (See instruct ck organization type X 501			501/2	N Amurah	40447	1 01 1
			nization's unrelated trades or busine			501(c)		401(a)	trust Other trust (or first) unrelated
	ade or business her	-		3303		, one		•	than one, describe the
			end of the previous sentence, co	mplete			•		
	ade or business, th								
i D	uring the tax year,	was the	corporation a subsidiary in an affil	ated g	roup or a parent-subsi	diary c	controlled group?	n: ~	X Yes No
			identifying number of the parent co	rporati			OTA 12	2-1	<u> </u>
			RNARD GYEBI-FOSTER			ephon	e number ► 410		T
			or Business Income		(A) Income		(B) Expens	ses	(C) Net
1a b	Gross receipts or s		c Balance ▶	1.0					
2			ule A, line 7)	2	_				
3	-		2 from line 1c	3					
4 a			ttach Schedule D)	4a				_/	
b			Part II, line 17) (attach Form 4797)	4b					VED
С	Capital loss dedu	ction for t	rusts	4c			R	ECE	VED
5			an S corporation (attach statement)	55			/	-	100
6				6			/ 100	11 IN A	8 5050 /3/
7			come (Schedule E)	7_			12		
8			nts from a controlled organization (Schedule F)				1	201	N, UT
9			1(c)(7) (9) or (17) organization (Schedule G)					JGU	EIV. O.
10 11		•	ncome (Schedule I)	10					
12			tions, attach schedule)						
13	Total Combine li	nes 3 thre	ough 12	13		0.	·		
Par	t II Deduction	ıs Not	Taken Elsewhere (See insti	úctic	ns for limitations	on d	eductions) (E	xcept fo	or contributions,
			be directly connected with t						
14			directors, and trustees (Schedule K)						
15	Salaries and wage	s	<i>. [</i>				. .	. 15	
16			<i>. f</i>						
17	Bad debts				<i></i>			17	<u> </u>
18	Tavas and bases	chedule) (see instructions)					. 18	
19 20			See instructions for limitation rules)						
21			4562)					. 20	
22	Less depreciation	claimed	on Schedule A and elsewhere on re	· · ·	22a			22b	
23									
24			compensation plans						
25									
26			Schedule I)						
27			chedule J)						
28			chedule)						
29	/		s 14 through 28						
30	/		le income before net operating						
31/			g loss arising in tax years beginning						
.3/2 For P			e income Subtract line 31 from line otice, see instructions	JU .	· · · · · · · · · · · · · · · · · · ·		<u></u>	. 32	Form 990-T (2018)
8X274	12504LB K92	9 5/2	1/2020 3:39:59 PM	V 1	8-8.4F	1	166812		PAGE 4

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TUERK HOUSE INC

Form	990-T (2018)				Page 2
Pai	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33	i		
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
00	instructions)	35	1		
20		33			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines 33 and 34				
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 36,	† l			
	enter the smaller of zero or line 36	38			0.
Pai	t 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 on				
		40			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	\vdash			
41	Proxy tax See instructions	41			
42	Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·	42			
43	Tax on Noncompliant Facility Income See instructions				
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Pai	t V Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
	Other credits (see instructions)]			
	General business credit Attach Form 3800 (see instructions)	1			
ں ۔	General business credit Attach Form 5000 (see instructions)	1			
u	Credit for prior year minimum tax (attach Form 8801 or 8827)	450			
	Total distance in the second s	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 schedule) ,	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	49			
50 a	Payments A 2017 overpayment credited to 2018				
	2018 estimated tax payments	ĺĺ			
	Tax deposited with Form 8868	1			
	Foreign organizations Tax paid or withheld at source (see instructions)	1			
		1			
-	Backup withholding (see instructions)	1			
t	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments Form 2439				
	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	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	55			
	Statements Regarding Certain Activities and Other Information (see instructions		-		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		authority	Yes	No
	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		1		1
	· · ·	loreigi	Codinary		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trus	ነ?		X
	If "Yes," see instructions for other forms the organization may have to file				
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				L
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Deglaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of m	y knowledge a	and bel	ief, it is
Sign		u the	IDS discuss	this i	rotum
Her		-	IRS discuss preparer sh		
	Signature of officer Date Title (se		ons)? X Ye		No
	Print/Type preparer's name Preparer's signature / Date	T	PTIN		لنسب
Paid	111Cta (1/1001/10000 Check			2260	1
Pren	parer	mployed	44-0160		
-	Control Firm's name P DRD/ DDI	EIN ►			
	Firm's address > 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523 Phone	eno 4.	17 865-8		

Form 990-T (2018)									Page 3
Schedule A - Cost of Go	<u>oods Sold. Er</u>	ter metho							
1 Inventory at beginning of y	rear . 1	_	6	Inventory	at end of ye	ar	6		
2 Purchases	2	_	7	Cost of	goods so	old Subtract line			
3 Cost of labor	3			6 from	line 5 Er	nter here and in	1		
4 a Additional section 263A co	osts			Part I, line	2		7		
(attach schedule)	4a		8	Do the	rules of	section 263A (w	vith respec	t to Yes	No
b Other costs (attach schedu	ıle) . 4b				produced	or acquired for			يـ ـ
5 Total Add lines 1 through				to the orga	anization? .	<u> </u>	· · · · · · ·		
Schedule C - Rent Income	e (From Real P	roperty a	nd Personal	Property	Leased V	Vith Real Prope	rty)		
(see instructions)									
1 Description of property									
(1)		<u>. </u>	<u> </u>						
(2)									
(3)									
(4)									
	2 Rent recei	ved or accru	ed						
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percent	rom real and pers age of rent for per r if the rent is base	sonal property	exceeds	3(a) Deductions di in columns 2(
(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 on Part I, line 6, colur	page 1,		
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instructions)					
1 Description of deb	t-financed property		2 Gross incor allocable to de			Deductions directly con debt-financ	ed property		
			ргоре	rty	(a) Straigi (atta	nt line depreciation ich schedule)		er`deductions ch schedule)	
(1)	···								
(2)		_		_					
(3)									
(4)	<u> </u>								
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	6 Colu 4 divid by colur	ed		income reportable n 2 x column 6)	(column 6	able deductions x total of colun) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
:						re and on page 1, ie 7, column (A)		e and on page e 7, column (l	
Totals	ons included in co	olu <u>mn 8 .</u> .		ا⊲	<u> </u>				

Page 4

Schedule F—Interest, Annu	illes, Royalles			ntrolled Or			ations (S	ee mstructii)115)	
Name of controlled organization	2 Employer identification numb	er 3 Ne	et unrel	ated income nstructions)	4 Total		fied includ	t of column 4 t ed in the contr ation's gross in	olling	6 Deductions directly connected with income in column 5
(1)						_				
(2)								_		
(3)										
(4)	-:			_	<u> </u>	_				
Nonexempt Controlled Organiz		-				Γ	D - 4 - 6 1	0.00	г - 44	Dad at a day at
7 Taxable Income	8 Net unrelated in (loss) (see instruct	1		Total of specific ayments made		inc	Part of colur luded in the anization's gr	controlling		Deductions directly nected with income in column 10
(1)						ļ			<u> </u>	
(2)						<u> </u>			<u> </u>	
(3)						<u> </u>			<u> </u>	
						 	dd columns :			Id columns 6 and 11
Totals	come of a Sec	tion 501(c	· · · · :)(7),	 (9), or (17		Pa		olumn (A)		er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	ıncome		directly cor (attach sch	nected			Set-asides ch schedule)		and set-asides (col 3 plus col 4)
(1)			1							
(2)			ļ							
(3)										
Totals ▶ Schedule I – Exploited Exe	Enter here and o Part I, line 9, co	olumn (A)	er Th	an Adverti	sing Ir	icome	e (see inst	ructions)		Enter here and on page 1 Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	with of d	4 Net incom from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	from is n	ross income activity that ot unrelated ness income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	πI,					<u> </u>	_	Enter here and on page 1, Part II, line 26
Schedule J- Advertising In				datad Bas						
Part I Income From Peri	odicais Report	ed on a Co	nson	uateu bas	15					
1 Name of periodical	2 Gross advertising income	3 Direct advertising of		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col il 3) If npute		Circulation income	6 Reade cost	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								1		
(2)				1						7
(3)			-							7
(4)										1 i
Totals (carry to Part II, line (5))										5 000 T 10010

Form **990-T** (2018)

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, 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 - 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 (2018)

TUERK HOUSE INC

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ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

TOTAL HEALTH CARE, INC 23-7267007