orm 990-T		empt Organization I) and proxy tax)		der section 6033((e))	7005	OMB No 1545-0047
	For cale	ndar year 2019 or other tax year beginn	ing	06/01 , 2019, and end	ing05/31,2	2020.	୭ଲ19
epartment of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information.						
ternal Revenue Service	► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection 501(c)(3) Organizations O						
Check box if address changed		Name of organization (Check bo	x if nan	ne changed and see instruction	ns)		oyer identification number oyees' trust, see instructions)
Exempt under section	l	COMMUNITY HEALTH CEN	ITER	OF CENTRAL MISS	SOURI		
X 501(C <u>(2)3</u>)	Print or	Number, street, and room or suite no If	аРО	box, see instructions			545808
408(e) 220(e)	Type	1511 CURTOMY DRIVE					ated business activity code structions)
408A 530(a)		1511 CHRISTY DRIVE City or town, state or province, country	and 7	ID or foreign postal code	-		
529(a) Book value of all assets		JEFFERSON CITY, MO 6		= :			
at end of year	F Gro	up exemption number (See instruction					
21,462,187.		ck organization type X 501(_		c) trust	401(a)	trust Other trus
		nization's unrelated trades or busines			·		(or first) unrelated
trade or business her	•						e than one, describe the
		end of the previous sentence, com	plete	 '	•		•
trade or business, th		· ·					
During the tax year,	was the	corporation a subsidiary in an affilia	ated gr	oup or a parent-subsidiary	controlled group?		▶ Yes X N
If "Yes," enter the na	ame and	identifying number of the parent corp	poratio	n 🕨			
The books are in care	e of ▶TC	BY BARNETT		Telepho	ne number ► 57	3-632-	-2777
Part I Unrelated	Trade (or Business Income		(A) Income	(B) Expen	ses	(C) Net
1a Gross receipts or	sales						
b Less returns and allowa	nces	c Balance ▶	1c				· / ·
2 Cost of goods so	d (Sched	ule A, line 7)	2		•		
3 Gross profit Sub	tract line	2 from line 1c	3		- F + t	<u> </u>	
4a Capital gain net ii	ncome (a	ttach Schedule D)	4a		· · · · · · · · · · · · · · · · · · ·		
b Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b				
c Capital loss dedu	ction for t	rusts	4c	 		g 5>	
5 Income (loss) from a p	artnership o	r an S corporation (attach statement)	5			-	
6 Rent income (Sch	edule C)		6				
7 Unrelated debt-fit	nanced in	come (Schedule E)	7	/	<u> </u>		
8 Interest, annuities, roya	alties, and re	nts from a controlled organization (Schedule F)	8				
		1(c)(7), (9), or (17) organization (Schedule G)	9				
	-	ncome (Schedule I)	10				
		lule J)	11				
		tions; attach schedule)	12	0.	E 23		<u> </u>
		ough 12			 	ع مار د ماند	
		Taken Elsewhere (See instruction of the comment of		ns for ilmitations on (deductions.) (L	Jeauciia	ons must be directly
		directors, and trustees (Schedule K).		****		1	
						15	
						1 17	<u> </u>
8 Interest (attach s	chedule)	(see instructions)	• • •	RECE	IVED,	18	
9 Taxes and license	s	(300			70	19	
Depreciation (atta	o ach Eorm	4562)on Schedule A and elsewhere on rel	• • •	P load 1	2021	و د در	
Less depreciation	claimed	on Schedule A and elsewhere on ret	turn	O 21a	2021 S	21b	
2 Depletion						22	
3 Contributions to	deferred	compensation plans		OGDE	N. UT · · · l	23	
4 Employee benefit	program						
		Schedule I).					
		chedule J)					
5 Excess exempt ex	COSTS (S						
5 Excess exempt ex6 Excess readership		chedule)	_				
5 Excess exempt ex6 Excess readership7 Other deductions	(attach s	chedule)					
 5 Excess exempt ex 6 Excess readership 7 Other deductions 8 Total deductions 	(attach s Add line	s 14 through 27				28	
 Excess exempt ex Excess readership Other deductions Total deductions Unrelated busine 	(attach s Add line ss taxab		loss	deduction Subtract line	28 from line 1	<u>28</u> 3 <u>29</u>	

Here with the preparer shown below Signature of officer Date (see instructions)? X Yes Preparer's signature Date PTIN Print/Type preparer's name Check Paid 04/15/2021 P00422601 KRYSTAL K CREACH self-employed Preparer Firm's EIN > 44-0160260 Firm's name ► BKD, LLP **Use Only** Firm's address ▶ 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523

> Form 990-T (2019) 0092866

JSA 9X2741 1 000

Phone no 417-865-8701

Form 990-T (2019)

Part I, line 7, column (B)

Total dividends-received deductions included in column 8

Part I, line 7, column (A)

Form 990-T (2019)	COMMUNIT									45808 Page 4
Schedule F - Interest, Ann	uities, Royalties						ions (se	e instructi	ons)	
Name of controlled organization	2. Employer Identification number		I I		4. Total	5. Part of co		f column 4 th	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)							ļ			
(4)	<u>-</u>			·	L					
Nonexempt Controlled Organiz			T			10 Pa	rt of column	0 that is	11	. Deductions directly
7. Taxable Income	8. Net unrelated in (loss) (see instruct		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		connected with income in column 10			
(1)										
(2)		· · ·	· · · · · · · · · · · · · · · · · · ·							
(3)										
Totals					▶	Enter	columns 5 a here and on , line 8, colu	page 1,	Ente	d columns 6 and 11 er here and on page 1, t i, line 8, column (B)
Schedule G-Investment In					') Orga	nizatior	(see ins	tructions)		
1. Description of income	2 Amount of incom		3. Deductions me directly connected (attach schedule)		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)			
(1)										
(2)										
(3)										
(4)										
	Enter here and on pag Part I, line 9, column							Enter here and on page 1, Part I, line 9, column (B)		
Totals ▶ Schedule I-Exploited Exe	A A adición de			an Advers	iolog le	/> *** (4)	Sin days	* * **********************************	7 3 3	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp dire connec produ- unre	penses ectly ted with ction of elated is income	4. Net incorfrom unrelat or business 2 minus col If a gain, cols 5 three	ne (loss) ted trade (column lumn 3) ompute	5. Gros from ac	s income tivity that unrelated is income	6. Expe	ble 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)	page 1	ere and on I, Part I, , col (B)							Enter here and on page 1, Part II, line 25
Schedule J-Advertising Ir										
Part I Income From Per	iodicals Report	ed on a	Consol	idated Bas	sis					1
1. Name of periodical	2. Gross advertising income		Direct ling costs	4. Adver gain or (los 2 minus co a gain, co cols 5 thre	ss) (col ol 3) If mpute		culation ome	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				The state of the			-· <u>-</u>	ļ		क्षेत्रा है इस्पर्वतान वर्षे
(2)				FT. PER-				-		The section of the se
(3)				कुर्≉ हैं.				_		19 19 19 19 19 19 19 19 19 19 19 19 19 1
(4)				3"	nz" talka ge			-		Franklin radio j
Totals (carry to Part II, line (5)) ▶							_			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 advertising c		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 readershii costs (column 6 minus column 5, bu not more than column 4)
1)				,		
2)						
3)						
4)						
otals from Part I ▶			• •		·	
	Enter here and on page 1, Part I, ine 11, coi (A)	Enter here and on page 1, Part I, line 11, col (B)		1 2	, a, 17	Enter here and on page 1, Part II, line 26
otals, 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	Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
4)		%	
otal. Enter here and on page 1, Part II, line 14			

Form 990-T (2019)

ATTA	CHM	ENT	7

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 UNRELATED BUSINESS INCOME.