

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2017 or other tax year beginning 09/01, 2017, and ending 08/31, 2018

2017

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

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 for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; Name of organization: CLEVELAND CHIROPRACTIC COLLEGE OF LA; Address: 10850 LOWELL AVENUE, OVERLAND PARK, KS 66210; Employer identification number: 95-2988463; Group exemption number: 9,439,696; Organization type: 501(c) corporation.

Form section H: Describe the organization's primary unrelated business activity ATTACHMENT 1; Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No; Section J: The books are in care of MARLA COPE Telephone number 913-234-0600

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 1b Less returns and allowances; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 4b Net gain (loss); 5 Income (loss) from partnerships and S corporations; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents from controlled organizations; 9 Investment income of a section 501(c)(7) (9), or (17) organization; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total Combine lines 3 through 12.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed on Schedule A and elsewhere on return; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction; 34 Unrelated business taxable income.

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For Paperwork Reduction Act Notice, see instructions

Form 990-T (2017)

Handwritten marks: 010, 24

Part 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. ATCH. 2 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

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a
b Other credits (see instructions) 41b
c General business credit Attach Form 3800 (see instructions) 41c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d
e 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 45a
b 2017 estimated tax payments 45b
c Tax deposited with Form 8868. 45c
d Foreign organizations Tax paid or withheld at source (see instructions) 45d
e Backup withholding (see instructions) 45e
f Credit for small employer health insurance premiums (Attach Form 8941) 45f
g Other credits and payments Form 2439 Other Form 4136 Total 45g
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 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file X
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 best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer Gregory M Sullivan Date 12 July 2019 Title Chairman
May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No

Paid Preparer Use Only Pnnt/Type preparer's name GREGORY M SULLIVAN Preparer's signature Date JUN 19 2019 Check if self-employed PTIN P01259107
Firm's name BKD, LLP Firm's EIN 44-0160260
Firm's address 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phone no 816-221-6300

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

|    |   |    |  |   |  |     |    |
|----|---|----|--|---|--|-----|----|
| 1  | Inventory at beginning of year                  | 1  |  | 6 | Inventory at end of year   | 6   |    |
| 2  | Purchases                                       | 2  |  | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.                                 | 7   |    |
| 3  | Cost of labor                                   | 3  |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a | Additional section 263A costs (attach schedule) | 4a |  |   |  |     | X  |
| b  | Other costs (attach schedule)                   | 4b |  |   |  |     |    |
| 5  | Total. Add lines 1 through 4b                   | 5  |  |   |  |     |    |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1 Description of property

|     |  |
|-----|--|
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |

2 Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | Total   |   |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1 Description of debt-financed property  | 2 Gross income from or allocable to debt-financed property                           | 3 Deductions directly connected with or allocable to debt-financed property |  |  |
|--|--|---|--|--|
|  |  | (a) Straight line depreciation (attach schedule)                            | (b) Other deductions (attach schedule)               |  |
| (1)  |  |   |  |  |
| (2)  |  |   |  |  |
| (3)  |  |   |  |  |
| (4)  |  |   |  |  |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5  | 7 Gross income reportable (column 2 x column 6)      | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)  |  | %   |  |  |
| (2)  |  | %   |  |  |
| (3)  |  | %   |  |  |
| (4)  |  | %   |  |  |
|  |  |   | Enter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B)               |
| Totals . . . . . ▶   |  |   |  |  |
| Total dividends-received deductions included in column 8 . . . . . ▶                             |  |   |  |  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations                  |                                    |  |   |
|-----------------------------------|----------------------------------|--|------------------------------------|--|---|
|                                   |                                  | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 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)                               |                                  |  |                                    |  |   |
| (2)                               |                                  |  |                                    |  |   |
| (3)                               |                                  |  |                                    |  |   |
| (4)                               |                                  |  |                                    |  |   |

**Nonexempt Controlled Organizations**

| 7 Taxable income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10                       |
|------------------|--|------------------------------------|---|---|
| (1)              |  |                                    |   |   |
| (2)              |  |                                    |   |   |
| (3)              |  |                                    |   |   |
| (4)              |  |                                    |   |   |
|                  |  |                                    | Add columns 5 and 10<br>Enter here and on page 1,<br>Part I, line 8, column (A)     | Add columns 6 and 11<br>Enter here and on page 1,<br>Part I, line 8, column (B) |

Totals

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1 Description of income | 2 Amount of income | 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)                     |                    |   |   |  |
| (4)                     |                    |   |   |  |
|                         |                    | Enter here and on page 1,<br>Part I, line 9, column (A) | Enter here and on page 1,<br>Part I, line 9, column (B) |  |

Totals

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 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)                                 |  |  |  |  |                                     |  |
| (2)                                 |  |  |  |  |                                     |  |
| (3)                                 |  |  |  |  |                                     |  |
| (4)                                 |  |  |  |  |                                     |  |
|                                     |  | Enter here and on page 1, Part I,<br>line 10, col (A)                      | Enter here and on page 1, Part I,<br>line 10, col (B)  |  |                                     | Enter here and on page 1,<br>Part II, line 26                                  |

Totals

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))

**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)  |  |  |  |                      |                    |   |
| <b>Totals from Part I</b> . . . . . ▶          |  |  |  |                      |                    |   |
|  | 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                                      |
| <b>Totals, Part II (lines 1-5)</b> . . . . . ▶ |  |  |  |                      |                    |   |

**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) ATTACHMENT 3  |         | %                                     |   |
| (3)   |         | %                                     |   |
| (4)   |         | %                                     |   |
| <b>Total</b> Enter here and on page 1, Part II, line 14 . . . . . ▶ |         |                                       |   |

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 INCOME.

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

- 1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).
- 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX  
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP.....
- 3 TAX ON LINE 1 FIGURED USING THE 21% RATE.....
- 4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 122  
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018.....
- 5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 243  
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017.....
- 6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365  
IN THE CORPORATION'S TAX YEAR.....
- 7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365  
IN THE CORPORATION'S TAX YEAR.....
- 8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR.....

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

| <u>NAME AND ADDRESS</u>   | <u>TITLE</u>                 | <u>BUSINESS PERCENT</u> | <u>COMPENSATION</u> |
|---|------------------------------|-------------------------|---------------------|
| ERNST ANRIG DC<br>10850 LOWELL AVENUE<br>OVERLAND PARK, KS 66210        | DIRECTOR/VICE CHAIRMAN       | 0                       | 0.                  |
| TIMOTHY E MENG DC<br>10850 LOWELL AVENUE<br>OVERLAND PARK, KS 66210     | DIRECTOR/CHAIRMAN            | 0                       | 0.                  |
| DANIEL FAHNESTOCK DC<br>10850 LOWELL AVENUE<br>OVERLAND PARK, KS 66210  | DIRECTOR/SECRETARY/TREASURER | 0                       | 0.                  |
| L RUSSEL MATTHIAS DC<br>10850 LOWELL AVENUE<br>OVERLAND PARK, KS 66210  | DIRECTOR                     | 0                       | 0.                  |
| LARRY J MATNEY<br>10850 LOWELL AVENUE<br>OVERLAND PARK, KS 66210        | DIRECTOR                     | 0                       | 0.                  |
| CARL CLEVELAND III DC<br>10850 LOWELL AVENUE<br>OVERLAND PARK, KS 66210 | PRESIDENT                    | 0                       | 0.                  |
| CHARLES A EDDY, DC<br>10850 LOWELL AVENUE<br>OVERLAND PARK, KS 66210    | DIRECTOR                     | 0                       | 0.                  |
| TOTAL COMPENSATION  |                              |                         | <u>0.</u>           |