		990-T	Ex	cempt Organization				rn	2008 OMB NO 1545-0047		
	Form	(and proxy tax under section 6033(e))  For calendar year 2019 or other tax year beginning 09/01, 2019, and ending 08/3						[	0040		
			For cale					20 2 0	2019		
		artment of the Treasury  Mail 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 for 501(c)(3) Organizations Only		
	A	Check box if	Do Do	Name of organization ( Check be		ay be made public if your orga me changed and see instruction			501(c)(3) Organizations Only over identification number		
	^ _	address changed	ļ	Name of organization ( Check be	ux II iia	me changed and see mshdchon	s <i>)</i>		oyees trust, see instructions )		
	B Eve	mpt under section		CLEVELAND CHIROPRAC	ጥፐር	COLLEGE OF LA					
	$\overline{}$	501( C) <b>2</b> 3 )	Print	Number, street, and room or suite no				95-2988463			
$\sum_{i}$			or	Trainbor, stroot, and room or salle no		50A, 600			lated business activity code		
-	15	408A 530(a)	1 y pe	10850 LOWELL AVENUE		nstructions)					
E				City or town, state or province, country	v. and 2	ZIP or foreign postal code					
콧		Sook value of all assets   OVERLAND PARK, KS 66210   OVERLAND PARK, CS 66210   OVERLAND PARK,						5311	20		
(DATE	<b>Fla</b> t e	nd of year	F Gro	up exemption number (See instruct		**					
Ŧ	ł	8,650,689.	G Che	ck organization type   X 501	(c) co	rporation 501(c	) trust	401(a)	trust Other trust		
۲	H Er		•	nization's unrelated trades or busine				the only	(or first) unrelated		
Ž	<b>Z</b> tra	ade or business her	re ► A	rch 1		If only one,	complete Parts I	-V If mor	V If more than one, describe the		
t				end of the previous sentence, cor	mplete	Parts I and II, complete a S	chedule M for eac	ch additio	nal		
4	• tra	ade or business, th	en comple	ete Parts III-V							
- 5	Dı	uring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-subsidiary o	controlled group?		▶ Yes X No		
٦٢	<u>इ</u> ा	"Yes," enter the na	ame and	identifying number of the parent co	rporati	on <b>&gt;</b>			<u> </u>		
-		ie books are in care				Telephon	e number ► 91	3-234	-0600		
	Par	t Unrelated	Trade o	or Business Income		(A) Income	(B) Expen	ses	(C) Net		
	1 a	Gross receipts or	sales						}		
	b	Less returns and allowa	nces	c Balance	1c			_/_	*		
	2	Cost of goods sold (Schedule A, line 7)							- <del> </del>		
	3 Gross profit Subtract line 2 from line 1c										
	4 a			ttach Schedule D)	4a 4b						
. 1	b	•	(Schedule C)								
7707	С						/				
7	5										
n	6						***************************************				
7	7	, , , , , , , , ,			7						
9	8							<del></del>			
	9		e of a section 501(c)(7), (9), or (17) organization (Schedule G)  mpt activity income (Schedule I)								
_	10 11			lule J)	10						
	12			tions, attach schedule)	12/						
		•		ough 12	<del></del>	0.					
_	Par		ns Not	Taken Elsewhere (See insti	ructio	ons for limitations on d	eductions ) (l	Deducti	ons must be directly		
Ç		connected	d with th	ne unrelated business incom	e)		, , ,		,		
S	14	Compensation of	officers,	directors, and trustees (Schedule K)				14			
	15	Salaries and wage	es		L	CCEIVED .		15	-		
	16							16			
	17	Bad debts			l . J	ÜL. 1 4. 2021		17			
	18			see instructions)							
	19	Taxes and license	s	4562)							
	20	Depreciation (atta	ach Form	4562),							
	21			on Schedule A and elsewhere on re				21 b			
	22			./							
	23			compensation plans					<del></del>		
	24		mployee benefit programs								
	25										
	26			chedule J)							
	27			chedule)					<del> </del>		
	28			s 14 through 27					<del> </del>		
	29	,		le income before net operating					+		
	30	/		g loss arising in tax years beginning	_						
	31 For P			e income Subtract line 30 from line lotice, see instructions	29 .	<u> </u>	· · · · · · · · ·	31	Form <b>990-T</b> (2019)		
		apa work Neudol	ACL IV	.cco, occ monucions					Form 330-1 (2019)		

54289

No. 0192 P. 5/7

Form	890-7 (ROID) CLEVELAND CHIROPRACTIC COLLEGE OF LA	95-2988463	Рафя 2
	Total Unrelated Business Taxable Income		70072
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (age	T T	
٧	instructions)	39	
33	Amounts paid for disalkwed fringss	33	
. 34	Charitable contributions (see instructions for Bmiletion rules)		
36	Total unreloted business texable income before pre-2018 NOLs and specific deduction. Subling line	<del></del>	
••	34 from the eum of lines 32 and 33 ,	36.	٥.
36	Deduction for not operating load gricing in tex years beginning before January 1, 2018 (see	1 20 1	
30	Instructions)	25	
37	Tutal of unrelated business taxable income before specific deduction. Subtract line 36 from fine 35,	36	<del></del>
38	Spacific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
38	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	00	27400.
40			٥.
Day	enter the smaller of zero or line 37	39	
		140	
40	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		
41	Truets Texable at Truet Rates. See instructions for lex computetion. Income tax on		
_	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)		
	Proxy tax, See instructions		
	Alternative minimum tax (trusts only)		
	Tax on Nancompliant Facility Income. See instructions		
	Tabil, Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
	Tax and Payments	ringa r	
	Poreign (ax credit (corporations attach Form 1118; quete attach Form 1118) 46a		
	Other credite (egg metruolons),		
	Advition abilition at a later to a later from the property of the transfer of the later to a later	PTN640761	
þ	Credit for prior year minimum tax (attach Form 8801 or 8627)		
B	Tatel credils. Add lines 46a through 48d	480	
47	Subtract line 46e from ino 45	47	
48	Oiner 1949s, Check Hours Porm 4255 Form 8511 Porm 8607 Farm 8688 Qiner (elizen achedule).	48	
48	Total iss, Add lines 47 and 48 (see instructions)	48	0.
	2019 nel 965 lex riobilly paid from Form 885-A or Form 965-B, Part II, column (k), Ing 3,	50	
51 a	Payments: A 2018 overpayment credited to 2019		
b ·	2019 estimated lex payments		
٥	Tex deposited with Form 8888		
đ	Foreign organizations: Tax paid or withheld at source (see instructions)	3 14	
e	Backup withholding (see instructions)		
f	Credit for small employer habith insurance premiums (ellach Form 8841)		
g	Other preditie, adjustments, and payments: Form 2480		
-	Form 4136 Other Total ▶ 51g		
82	Total payments. Add lines 51a through 51g ,	62	
53	Eastmeted tex pensity (and instructions). Check if Form 2220 is attached.	68	·
	Tex due. If line 52 is loss than the total of lines 48, 50, and 53, anter amount owed	84	
55	Overpayment if line 82 is larger than the total of lines 49, 50, and 63, enter amount overpaid		**************************************
	Enter the amount of time 65 you want. Gradited to 2020 eatheried tax		
Part			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma Fincish Form 114, Report of Poreign Bank and Financial Accounts, if "Yes," enter the name of the I	v have to file	BALLAGIE
	FINCEN Form 114. Report of Poreion Bank and Financial Accounts if "Yes" enter the name of the	foreign country	
i	here >		X X
58	During the tex year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	in touat?	X
	if Yeo," see instructions for other forms the organization may have to file.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10時 10年
	Entar the amount of lax exampt interest received or secrued during the lax year 🕨 6		
	Under purplies of partry, I declare that I have experied the relum, including accompanies achedures and attitudents, and to the be	al of my knowledge o	nd bolter, it is
Sign	inva, correct one complish repeter ston of propagation for them top eyon is based on an information of which propagations any knowledge		
Hore	17 × 7-1 (1788/7×74) 44-4 (1788/88/88/88/88/88/88/88/88/88/88/88/88/	the exposit the	
		or property shipments and	
	Projection newspaper name	AMIN	
Pald	MICHABL J ENGLE /// X, / S 6/24/21 self-en	played POO48	2834
Propa	AFOT Silver comits & BKD, LLP	IN 44-0160	
มลe C	Firm's andress > 1201 WALNUT, SUITS 1700, KANSAS CITY, MO 64106-2246 Phones	916-221-6	300
JSA X2741 1.000	, and any project		0-1 (2019)
A2741 1,00 <u>0</u>	4	, unu 20	(-410)

Form 990-T (2019)

Enter here and on page 1,

Part I, line 7, column (B)

Total dividends-received deductions included in column 8.

Enter here and on page 1.

Part I, line 7, column (A)

Schedule F – Interest, Ann				ntrolled Or			·····				
1 Name of controlled organization	2 Employer identification numb	Jei	3 Net unrelated incom (loss) (see instructions		4 Total of specified payments made		ed 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)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specifi ayments made		ıncl	Part of columnuded in the control of	ontrolling		I Deductions directly inected with income in column 10	
(1)									<u>.</u>		
(2)											
(3)											
(4)											
Totals	ncome of a Se	 ction 501(	 c)(7),	(9), or (17		Pa	er here and on t i, line 8, colu on (see ins	mn (A)		ler here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount o	f income		directly cor	Deductions 4 Set-asides tly connected (attach schedule)			5 Total deductions and set-asides (col. 3 plus col. 4)			
(1)											
(2)											
(3)											
(4)	Enter here and							<del></del>		Enter here and on page 1	
Totals	mpt Activity In	come, Oth	ner Th	an Advert	ising Ir	come	(see instru	ictions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expen directl connected productio unrelate business in	y I with on of ed	of colors of the		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)				
(1)								<u> </u>			
2)								Ì			
3)											
4)											
Γotals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,							Enter here and on page 1, Part II, line 25	
Schedule J–Advertising In											
Part I Income From Peri	odicais Report	ted on a C	onsoli	dated Bas	SIS	1				-	
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
1)							<u>-</u> -				
2)							-				
3)						-				1	
4)	-										
-						-				i -	
Totals (carry to Part II, line (5))							<del> </del>			Form <b>990-T</b> (2019	

P. 1

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, bu 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, cot (B)			, ,	Enter here and on page 1, Part II, line 26	
rotals, Part II (lines 1-5) ▶							
Schedule K - Compensatio	n of Officers, D	irectors, and Ti	ustees (see instr	uctions)			
1 Nama			Title	3 Percent of	4 Compensation attributable to		

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATCH 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.

ATTACHMENT 2

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
ERNST ANRIG, DC 10850 LOWELL AVENUE OVERLAND PARK, KS 66210	DIRECTOR/VICE-CHAIR/TREASURER	0	0.
TIMOTHY E MENG, DC 10850 LOWELL AVENUE OVERLAND PARK, KS 66210	DIRECTOR/CHAIR/SECRETARY	0	0.
RAY FOXWORTH, DC 10850 LOWELL AVENUE OVERLAND PARK, KS 66210	DIRECTOR	0	0.
PATRICK HAMMÖND, DC 10850 LOWELL AVENUE OVERLAND PARK, KS 66210	DIRECTOR	0	0.
EUGENE LOCKROW, DC 10850 LOWELL AVENUE OVERLAND PARK, KS 66210	DIRECTOR .	0	0.
RUSSELL MATTHIAS, DC 10850 LOWELL AVENUE OVERLAND PARK, KS 66210	DIRECTOR	0	0.
CARL S CLEVELAND III, DC 10850 LOWELL AVENUE OVERLAND PARK, KS 66210	PRESIDENT/TREASURER	0	0.
LARRY J MATNEY, DC 10850 LOWELL AVENUE OVERLAND PARK, KS 66210	DIRECTOR	0	0.
TOTAL COMPENSATION			0.