	Eorm	.990-T	Ex					iness In der sectio		Tax Retui	rn 200	ОМВ	No 1545-0687
	FUIIII	<i>:</i>	For caler	ه) ۱ ndar year 2017	or other tax	vearbenin	nina	10/01 20	17. and endir	09/30		න	M17
	_ '		1 01 02101									ک	
		tment of the Treasury at Revenue Service	venue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Check box if Name of organization (Check box if name changed and see instructions) D E						c)(3)	Open to P	ublic inspection for Organizations Only		
	A _	Check box if address changed							D Emp	Employer identification number (Employees' trust, see instructions)			
	B E v	empt under section	SAMUEL U. RODGERS HEALTH CENTER, INC.								İ	•	
	_	501(C 103_)									899356		
	\ <u>``</u>	·	or								ss activity codes		
	\vdash	408(e) 220(e) 408A 530(a)	1,700	825 EUC	TITO AVE	ENUE					(See	instructions)	
		529(a)					v. and Z	IP or foreign post	al code		1		
	C Box	ok value of all assets	1	KANSAS	•		•				1		
		end of year	F Gro	up exemption				-			1		
		31,338,238.		eck organizatio	·				501(c)	trust	401(a) trust	Other trust
		escribe the organiz						poration	1 1 1	trust		, 1.001	
		uring the tax year,						oun or a narent	t-subsidiary c	ontrolled aroun?		▶	Yes X No
		"Yes," enter the na							- Subsidial y C	ontrolled group			_ ,
		he books are in care	enf ▶ (CHRISTOPH	ER WALE	KER	porane		Telephon	e number > 81	6-889	-4801	
		t Unrelated						(A) Inc		(B) Exper			(C) Net
		Gross rećeipts or		<u>Ji Businese</u>	3 111001110	•		(,,,				1	<u> </u>
	_	Less returns and allowa				, Balance ▶	1c						
	р 2	Cost of goods so		tule A line 7\			2						
	3	Gross profit Sub	•	-			3						·
	4а	Capital gain net ii					4a						-
	b	Net gain (loss) (Fo					4b						
	c	Capital loss dedu					4c						
	5	•					5	_					
	6	Rent income (Sch											
	7	Unrelated debt-fit			le E	1 I	7						
	8	Interest, annuities, roya				(Street de F)	8						
	9	Investment income of		' - -			9						
	10	Exploited exempt	activi	ncome (Sched	ule I)	١. بـ	10				_		
	11	Advertising incom		1	RECE	1	11						
	12	Other income (Se			chedulo)		12		5,133.	ATCH 1			5,133.
	13	Total. Combine li	nes 3	oegil 12			13		5,133.				5,133.
	Pai	rt II Deductio	ns Not	Taken Else	where (S	See inst					Except	for contri	butions,
		deduction	is must	t be directly	connect	ed with t	he ur	related bu <u>s</u>	iness inco	me)			
	14	Compensation of	officers,	directors, and	trustees (So	chedule K)					14		
SCANNED	15	Salaries and wage	es								15		.
\geq	16	Repairs and main											_
吴	17	Bad debts											
m	18	Interest (attach so											235.
D	19	Taxes and license									- 1		233.
(0	20	Charitable contrib									20		
SE	21	Depreciation (atta									<u>۔۔</u> ۔		
7	22	Less depreciation						-			221		
<u>بسر</u>	23	Depletion											
•	24	Contributions to										_	
2019	25	Employee benefit											
9	26	Excess exempt ex											
	27	Excess readership											
	28	Other deductions									3	I	235.
	29	Total dedyctions Unrelated busine										1	4,898.
	30										1		-, 000.
	31	Net operating los Unrelated busine											4,898.
	32	Specific deduction			•								1,000.
	33	Unrelated busin									- 1		_,,
	34	enter the smaller	of zero cr	r line 32	JUDITACE II	33 11	Jiii 1111	5 52 II IIIIE	oo is yied	C that me	30 3	.	3,898.
	For F	enter the smaller Paperwork Reduct	tion Act N	Notice, see ins	tructions.	<u></u>	• • •			<u> </u>		Fo	rm 990-T (2017)
		^{40 2} 991420 K92			4:14:4	6 PM	V 1	7-7.10	į.	56259			PAGE

PAGE 55

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			
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)			
•	(1) \$ (2) \$ (3) \$.		
	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)\$			
•	(2) Additional 3% tax (not more than \$100,000)	.		
	Income tax on the amount on line 34	35c		760
36	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on			
30		36		
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)	37		
37	Proxy tax See instructions			
38	Alternative minimum tax	38		
39	Tax on Non-Compliant Facility Income See instructions	39		760
40		40		700
	rt IV Tax and Payments			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a			
ŀ	Other credits (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		760
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		760
	· -			
ł	AED			
	Tax deposited with Form 8868			
	- · · · · · · · · · · · · · · · · · · ·			
			•	
1				
ç				
40	Form 4136 Other Total ▶ 45g	46		1,750
46		47		
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	48		_
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	_		990
_ 49 > a n		49		
26	Eine the amount of the 45 year man. Greatest to 2010 ocumetes tax			
Pa	rt V Statements Regarding Certain Activities and Other Information (see instructions			Voc. N
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or			Yes N
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may	iy hav	e 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	gn trust	?	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 penury, decare that I have examined this return including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of m	y knowledge a	ınd belief, i
Sig		v the	IRS discuss	this retur
He	re 7/ '	h the	preparer sh	own belo
	Signature of officer Date Title (see	e instruction	ons) ⁹ X Ye	s N
	Print/Type preparers name Preparer's signature Date Check	ıf	PTIN	
Pai	d MICHAEL J ENGLE ML W JUN 25 2019 self-el	mployed		32834
	parer Firm's name ▶ BKD, LLP Firm's	EIN ▶	44-01602	260
Us	Firm's address > 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phone	no f	316-221-	
_	Transfer of the state of the st		Form 90	0-T (20

Form 990-T (2017)

Total dividends-received deductions included in column 8.

Schedule F - Interest, Anni	antes, Noyantes		pt Controlled O			ations (se	e mstructions	'/		
1 Name of controlled organization	2 Employer identification numb	er 3 Ne	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)				ļ						
(3)										
(4)	 .			l						
Nonexempt Controlled Organiz	zations	· · · · · · · · · · · · · · · · · · ·								
7 Taxable Income	8 Net unrelated in (loss) (see instruc		9 Total of specific payments mad		ind	Part of column cluded in the co anization's gros	ontrolling		Deductions directly nected with income in column 10	
(1)										
(2)	<u></u>									
(3)						_				
(4)										
Totals .*	ncome of a Sec		(1), (9), or (1)	<u>►</u> 7) Orga	Er Pa	dd columns 5 ter here and on art I, line 8, colu	page 1, umn (A)	Ente	d columns 6 and 11 er here and on page 1, 1 I, line 8, column (B)	
1 Description of income	2 Amount of		3 Dedu directly co (attach so	ctions nnected	4 Set-asides (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)			
(1)	 		(attach sc	caaic)				+	p103 001 4)	
(2)			 				•	+		
(3)						·		t		
(4)			 	 -				1		
Totals ▶ Schedule I - Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	er Than Advert	ising In	come	e (see instri	uctions)		Enter here and on page 1 Part I, line 9, column (B)	
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	4 Net inco from unrela or business 2 minus co 1 If a gain, o	me (loss) ited trade (column ilumn 3) compute	5 G from	cross income activity that of unrelated iness income	6 Expense attributable column 5	to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
	<u> </u>						 			
(2)									<u> </u>	
(3)				_			 			
(4)									 	
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	rt I,		1				Enter here and on page 1, Part II, line 26	
Schedule J - Advertising In	Come (see instri	uctions)							-	
Part I Income From Per			nsolidated Ra	sis						
Part Income From Fen	2 Gross	3 Direct	4 Adver	tising	5	Circulation	6 Readersh		7 Excess readership costs (column 6	
1 Name of periodical	advertising income	advertising o	2	mpute	,	income	costs	p	minus column 5, but not more than column 4)	
(1)									_	
(2)									_	
(3)									_	
(4)										
-										
Totals (carry to Part II, line (5))						-	<u> </u>		Form 990-T (2017)	

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)					<u> </u>	
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 - Compensatio		irectors, and Tr	ustees (see instr	uctions)		-
4 No			T-41-	3 Percent of	4 Compensation	on attributable to

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	•
(2) ATTACHMENT 3		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

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56259

43-0899356

ATTACHMENT	1

PART I - LINE 12 - OTHER INCOME

PARKING

5,133.

PART I - LINE 12 - OTHER INCOME

5,133.

43-0899356 ATTACHMENT 2

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE 3,898. 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..... 585. 3 TAX ON LINE 1 FIGURED USING THE 21% RATE..... 819. 4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 92 IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018..... 53,820. 5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 273 IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017..... 223,587. 6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR..... 147. 7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365 8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR..... 760.

. . . .

ATTACHMENT 3

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

NAME AND ADDRESS	TITLE	BUSINESS .	COMPENSATION
DONNA WILSON PETERS 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.
BOB THEIS 825 EUCLID AVENUE KANSAS CITY, MO 64124	ACTING CEO/CFO/COO	0	0.
MANUEL SOLANO 825 EUCLID AVENUE KANSAS CITY, MO 64124	FORMER DIRECTOR	0	0.
BENOIT BLONDEAU 825 EUCLID AVENUE KANSAS CITY, MO 64124	MEMBER/VICE CHAIR	0	0.
CHRISTOPHER WALKER 825 EUCLID AVENUE KANSAS CITY, MO 64124	CHIEF FINANCIAL OFFICER	0	0.
GINA MACE 825 EUCLID AVENUE KANSAS CITY, MO 64124	. MEMBER	0	0.
HILDA FUENTES 825 EUCLID AVENUE KANSAS CITY, MO 64124	CHIEF EXECUTIVE OFFICER	0	0.
JOE VALENCIANO 825 EUCLID AVENUE KANSAS CITY, MO 64124	MEMBER	0	0.
JON TROZZOLO 825 EUCLID AVENUE KANSAS CITY, MO 64124	SECRETARY/MEMBER	0	0.
KATIE CASTRO GALICIA 825 EUCLID AVENUE KANSAS CITY, MO 64124	MEMBER	0	0.

. . .

ATTACHMENT 3 (CONT'D)

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
LEONARDO LOZADA 825 EUCLID AVENUE KANSAS CITY, MO 64124	MEMBER	0	0.
MAMIE HUGHES RODGERS 825 EUCLID AVENUE KANSAS CITY, MO 64124	MEMBER EMERITUS	0	0.
MELINA JOHNSON 825 EUCLID AVENUE KANSAS CITY, MO 64124	TREASURER	. 0	0.
POORNIMA KUMAR 825 EUCLID AVENUE KANSAS CITY, MO 64124	MEMBER	0	0.
SIDNEY KING 825 EUCLID AVENUE KANSAS CITY, MO 64124	CHAIRPERSON	0	0.
THOMAS WRIGHT III 825 EUCLID AVENUE KANSAS CITY, MO 64124	VICE CHAIR/MEMBER	0	0.
XIMENA ILABACA SOMOZA 825 EUCLID AVENUE KANSAS CITY, MO 64124	MEMBER	0	0.
, TOTAL COMPENSATION			0.