

Form 990-T

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

OMB No 1545-0687

For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 09/30, 2019

2018

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

Part I: Name of organization (SAMUEL U. RODGERS HEALTH CENTER, INC.), Employer identification number (43-0899356), and address (825 EUCLID AVENUE, KANSAS CITY, MO 64124).

Part II: Group exemption number (30,756,255) and organization type (501(c) corporation).

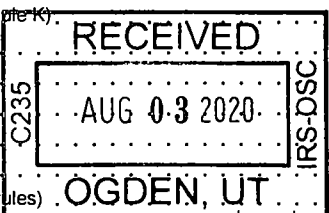
Part III: Enter the number of the organization's unrelated trades or businesses (ATCH 1).

Part IV: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes/No).

Part V: The books are in care of (CHRISTOPHER WALKER) Telephone number (816-889-4801).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 for Unrelated Trade or Business Income.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 14-32 for Deductions Not Taken Elsewhere.



46 Received In NOV 02 2020

SCANNED DEC 08 2020

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910 20

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows 33-38. Total unrelated business taxable income is 0.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows 39-44. Total tax computation is 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows 45a-55. Total payments are 990.

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

Table with 3 columns: Line number, Description, and Yes/No. Rows 56-58.

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 Michael J Engle, Date 7/28/20, Title CEO. Includes box for IRS discussion consent.

Table with 3 columns: Paid Preparer Use Only, Print/Type preparer's name, and other details. Includes name MICHAEL J ENGLE and firm name BKD, LLP.

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	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
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 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, 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, Part I, line 9, column (A)		Enter here and on page 1, 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, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, 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)						
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) ATCH 2		%	
(3)		%	
(4)		%	
Total	Enter here and on page 1, Part II, line 14		

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 2SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
DONNA WILSON PETERS 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR/SECRETARY-END 5/1/19	0	0.
BOB THEIS 825 EUCLID AVENUE KANSAS CITY, MO 64124	CEO - ENDING 10/1/2018/COO	0	0.
BENOIT BLONDEAU 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR/VICE CHAIR-END 6/1/19	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	DIRECTOR	0	0.
JON TROZZOLO 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.
KATIE CASTRO GALICIA 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR/SECRETARY	0	0.
MELINA JOHNSON 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR/TREASURER	0	0.
POORNIMA KUMAR 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.
SIDNEY KING 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR/CHAIRPERSON	0	0.

ATTACHMENT 2 (CONT'D)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>
THOMAS WRIGHT III 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.
XIMENA ILABACA SOMOZA 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.
FAISAL KHAN 825 EUCLID AVENUE KANSAS CITY, MO 64124	CEO - STARTING 10/1/2018	0	0.
LEONARD LOZADA 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR - END 12/1/18	0	0.
MANUEL ABARCA 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.
CEMAL GUNGOR 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR/VICE CHAIR	0	0.
VICTOR HAMMONDS 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.
CHAD MOORE 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.
ELIZABETH BORDENAVE 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.
RITA RODGERS STANLEY 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.

ATTACHMENT 2 (CONT'D)

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>
RHONDA HOLMAN 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.
MICHAEL MCCUNNIFF 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.
BETTY NWABUONWU 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.
LORENA RAMOS 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.
MICHAEL MCCUNNIFF 825 EUCLID AVENUE KANSAS CITY, MO 64124	DIRECTOR	0	0.
TOTAL COMPENSATION			<u>0.</u>