Ę	om 99₀0-T	Ex	empt Organizatio					urn	OMB No 1545-0687
18	. 1.	For caler	ndar year 2017 or other tax year t	eginning_	01/01,20	017, and endi	ng 12/31	, 20 1 7	2017
	partment of the Treasury	]	► Go to www.irs gov/Form					}	Open to Public Inspection for
Int	emal Revenue Service	Do Do	not enter SSN numbers on this fo						Open to Public Inspection for 501(c)(3) Organizations Only
A _	Check box if address changed				ame changed and	see instruction	s)		oyer identification number oyees' trust, see instructions )
_	Exempt under section	D.:	SYNERGY SERVICES,					٠. ا	070674
ŀ	X 501( C )( 3/3)	Print	Number, street, and room or suite	no IfaP	O box, see instruc	tions			970674
L	408(e) 220(e)								lated business activity codes instructions )
-	408A		400 EAST 6TH STRE			<del></del>		_	
Į,	529(a)		City or town, state or province, c		ZIP or foreign pos	stal code			
	Book value of all assets at end of year	<u> </u>	PARKVILLE, MO 641						
	-		up exemption number (See ins			<del></del>			<del></del>
_			ck organization type ► X			501(c		401(a)	trust Other trust
_			rimary unrelated business activ			TTACHM			
i	-		corporation a subsidiary in an		• •	nt-subsidiary o	ontrolled group	o <sup>7</sup>	▶ Yes X No
_			identifying number of the parer	nt corpora	tion ►	<del></del>		216 507	43.00
_	The books are in care				· · · · · ·		e number 🕨 8		
_			or Business Income		(A) Inc	come	(B) Exp	enses	(C) Net
1	la Gross receipts or	sales							
	b Less returns and allows		C Balane		<del></del>				<u> </u>
2			ule A, line 7)		<u> </u>				<del> </del>
3			2 from line 1c				<u> </u>		
4	ta Capital gain net i	ncome (a	ttach Schedule D)	4a					
	b Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b					
	c Capital loss dedu	iction for t	rusts	4c					
5	Income (loss) from	partnership	os and S corporations (attach statem	nent) 5			<u></u>		
E	Rent income (Sch	nedule C)		6					
7	7 Unrelated debt-fi	nanced in	come (Schedule E)	7					
8	Interest, annuities, roya	alties, and ren	nts from controlled organizations (Schedu	ule F) 8					
9	Investment income of	a section 50°	1(c)(7), (9), or (17) organization (Schedu	ıle G) <b>9</b>					
10	Exploited exempt	activity in	ncome (Schedule I)	10	]				
11	Advertising incon	ne (Sched	lule J)	11					
12			tions, attach schedule)						
13			ough 12			0.			
F	art II Deductio	ns Not	Taken Elsewhere (See i	nstructi	ons for limit	ations on c	eductions)	(Except	for contributions,
	deduction	ns must	be directly connected w	ith the u	inrelated bus	siness inco	me)	,	·
14			directors, and trustees (Schedu					14	
15									
16									
17									
. 18	Interest (attach s	chedule) (	CEIVED					18	
. 19	Taxes and license	Samuel	777					19	
19 20	Charitable contri	butions (S	See histructions for limitation ru	les)				20	
<b>j</b> 21	Depreciation (att	achForm	4562). 2018	,		21			
n 22	Less depreciation	i d claimed	on Schedule A and elsewhere	on return		22a			,
Ħ 27	Denletion		DEN, UT.	011.101				23	<del></del>
24	Contributions to	deferred.	compensation plans					24	<del>  -</del>
_	7.5-4		S						
లు <sup>25</sup>	Evenes event e		Schedule I)						
26 27 27	Excess exempt ex								<del> </del>
55 <sub>28</sub>	LAUGSS TEAUEISIII		chedule J)						<del> </del>
			chedule)						<del> </del>
29			s 14 through 28						<del> </del>
30			le income before net opera	•					<del> </del>
31	·		on (limited to the amount on lii						1
32			e income before specific dedu						<u> </u>
33			ally \$1,000, but see line 33 ins						
34			ble income. Subtract line 3			•		· 1	
	enter the smaller	of zero or	line 32	<u></u>	<u> </u>	<u> </u>	<u></u>	<u> 34</u>	0. Form <b>990-T</b> (2017)
_	r Paperwork Reduct								

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PAGE 56.

Page 2

Par	t III	Tax Computation			
35	Organ	zations Taxable as Corporations. See instructions for tax computation Controlled group			
	membe	s (sections 1561 and 1563) check here  See instructions and			
а	Enter y	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)			
ь		ganization's share of (1) Additional 5% tax (not more than \$11,750)\$			
_		sional 3% tax (not more than \$100,000)	:		
С			35c		
36	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on			
	the am	unt on line 34 from Tax rate schedule or Schedule D (Form 1041)	36		
37			37		
38	-		38		
39			39		
40		· · · · · · · · · · · · · · · · · · ·	40		
		Tax and Payments			
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a			
	_	edits (see instructions)			
		business credit Attach Form 3800 (see instructions)			
4	Credit	or prior year minimum tax (attach Form 8801 or 8827)			
			11e		
42			42		
43			43		
44			44		0.
		ts A 2016 overpayment credited to 2017			
		timated tax payments			
		osited with Form 8868			
		organizations Tax paid or withheld at source (see instructions)			
		withholding (see instructions)			
f		or small employer health insurance premiums (Attach Form 8941)			
g		edits and payments Form 2439			
Ū	F	orm 4136 Other Total ▶ 45g			
46		,	46		
47			47		
48			48		
49	Overpa	ment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		
50		<del></del>	50		
Par		Statements Regarding Certain Activities and Other Information (see instructions)		<del></del>	
51		time during the 2017 calendar year, did the organization have an interest in or a signature or or			No
		financial account (bank, securities, or other) in a foreign country? If YES, the organization may			
		Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the fo	areign country		
	here <b></b>			-	X
52	During	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	າ trust?	·	Х
		ee instructions for other forms the organization may have to file			
<u>53</u>	_	e amount of tax-exempt interest received or accrued during the tax year ▶ \$  der penalties of pegury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes	t of my beauted-		Inf. :5 :=
O:	l tr	per penalties of penalty, it deplate that it have examined this return, including accompanying screedies and statements, and to the best percept, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	t or my knowledge	and bei	ier, it is
Sigi		$(C \times I) M / M / M / M / M / M / M / M / M / M $	the IRS discus		
Her		Date Title EXECUTIVE DIRECTOR With	the preparer s	shown_I	_
			nstructions) / X   Y	es	No
Paid	l	100 / C A   DCT 3 0 2018 Check to	─"  -~~	40000	. 1
	arer			48283	
	Only		N ►44-0160		10
		Firm's address ▶ 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phone r		990-T	
			Form \$	/JU-I	(2017)

Form 990-T (2017)

Total dividends-received deductions included in column 8.

Form 990-T (2017)	SYNERGY									70674 Page <b>4</b>	
Schedule F - Interest, Annu	uities, Royalties						i <b>ons</b> (see	instructions	s)	<u> </u>	
,		Exen	npt Co	ntrolled Org	ganızatı	ons					
1 Name of controlled organization	2 Employer identification numb	eı		ated income nstructions)	1	of specified ints made	included	f column 4 that in the controlling on's gross income	ng	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific ayments made		includ	art of column ded in the co zation's gros	ntrolling		Deductions directly nected with income in column 10	
(1)											
(2)											
(3)											
(4)								-140		d	
						Enter	columns 5 a here and on I, line 8, colu	page 1,	Ente	d columns 6 and 11 er here and on page 1, t 1, line 8, column (B)	
Totals					<u></u> ▶						
Schedule G - Investment II	ncome of a Sec	tion 501(	c)(7),	(9), or (17 3 Deduc		nizatioi				5 Total deductions	
1 Description of income	2 Amount of	income		directly cor (attach sch	nected			t-asides schedule)		and set-asides (col 3 plus col 4)	
(1)											
(2)			-			-  -			-		
(3)	<u> </u>		-							<u>.</u>	
(4)	Enter here and Part I, line 9, c					i				Enter here and on page 1, Part I, line 9, column (B)	
Totals ▶											
Schedule I - Exploited Exc	empt Activity In	come, Oth	er Th	an Adverti	ising In	come (	see instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirectliconnected production unrelated business in	y I with on of ed	4 Net inconfrom unrelated or business 2 minus collected if a gain, occols 5 through	ted tradé (column lumn 3) ompute	from a	ss income ctivity that unrelated ss income	6 Expense attributable column s	e to	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 a page 1, P line 10, co	art I,					-		Enter here and on page 1, Part II, line 26	
Totals				1						<u> </u>	
Schedule J - Advertising Ir				:							
Part I Income From Per	riodicais Report	ed on a C	onsoi	idated Bas	SIS	1				1	
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adven gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	E .	rculation come	6 Readers costs	ship	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	1			1		<u> </u>				1	
(2)				1					-	7	
(3)		-		1						7	
(4)	1			1							
							<del></del>				
Totals (carry to Part II, line (5))										Form <b>990-T</b> (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 penodical	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 ▶	<u></u>					
	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) ATTACHMENT 3		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2017)

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.

43-0970674 ATTACHMENT 2

FC	ORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RAT	<u>E</u>
_		
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 365	
	IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	
5	MULTIPLY LINE 3 BY THE NUMBER OF DAYS	
	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	

ATTACHMENT 3

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
TIMOTHY LAYCOCK 400 EAST 6TH STREET PARKVILLE, MO 64152	PAST BOARD CHAIR	0	0.
GREG PRESONELLI 400 EAST 6TH STREET PARKVILLE, MO 64152	BOARD PRESIDENT	0	0.
CORY MILLER 400 EAST 6TH STREET PARKVILLE, MO 64152	AUDIT COMMITTEE CHAIR	0	0.
MICHELLE BROWN 400 EAST 6TH STREET PARKVILLE, MO 64152	BOARD TREASURER	0	0.
TOM ISENBERG 400 EAST 6TH STREET PARKVILLE, MO 64152	PAST BOARD CHAIR	0	0.
TOMMY TAYLOR 400 EAST 6TH STREET PARKVILLE, MO 64152	PAST BOARD CHAIR	0	0.
JENNY MILES 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
JONANN CAVANAUGH 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
VINCENT HAMILTON 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
WAYNE THREATT 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.

## ATTACHMENT 3 (CONT'D)

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
ROBIN WINNER 400 EAST 6TH STREET PARKVILLE, MO 64152	EXECUTIVE DIRECTOR	0	0.
DENNIS MEIER 400 EAST 6TH STREET PARKVILLE, MO 64152	ASSOCIATE EXECUTIVE DIRECTOR	0	0.
CHERYL GIVENS 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
BRANDY SHOPE 400 EAST 6TH STREET PARKVILLE, MO 64152	PERCONNEL CMTE CHAIR	0	0.
ANN WHITTY 400 EAST 6TH STREET PARKVILLE, MO 64152	PROGRAM SVCS CMTE CHAIR	0	0.
DR TERRA FRAZIER 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
ERIKA MOODY 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
DARCY STEWART 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
JASON BENNETT 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
TRACY ELLIS 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.

ATTACHMENT 3 (CONT'D)

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
MICHAEL GABRICK 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
BRIDGET MENDOZA 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
AMANDA RICHARDSON 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
SHANE SMEED 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
PARK ULRICH 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
MARISA WIRUHAYARN 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
BETH SULLIVAN 400 EAST 6TH STREET PARKVILLE, MO 64152	DIRECTOR OF FINANCE (END 5/17)	0	0.
TARYN WATERS 400 EAST 6TH STREET PARKVILLE, MO 64152	DIRECTOR OF FINANCE	0	0.
TOTAL COMPENSATION			0.