ع Form	990-T	E	empt Organi							rn 202	OMB No 1545-0687		
	(and proxy tax under section 6033(e)) (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning $04/01$, 2017, and ending $03/31$, 2017								20 1 8	ん」8 りかま 7			
Donar	ment of the Treasury	(F)									<u> </u>		
	il Revenue Service	▶ Do	_							(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only		
A	Check box if address changed									D Emplo	oyer identification number oyees trust see instructions)		
BExe	mpt under section	ĺ	MAGNOLIA HEI	GHTS HO	USIN	G CORPO	RATI	ON		1			
X	501(C (D)	Print	Number, street, and roor	n or suite no	fa P O	box, see inst	ructions			47-09	950622		
	408(e) 220(e)	Type	ı								ated business activity codes		
	408A 530(a)	1,7,60	1820 WEST 30	TH STRE	ET					(See in	structions)		
	529(a)		City or town, state or pro		y, and i	ZIP or foreign j	postal c	ode					
	k value of all assets and of year		JOPLIN, MO 6	4804									
		F Gro	up exemption number (See instruct	ons)	<u> </u>			· · · · · · · · · · · · · · · · · · ·		,,		
	1,886,785.	G Che	ck organization type	X 501	(c) co	rporation		501(c		401(a)	trust Other trust		
			rimary unrelated busine					ACHM!			. Ful II		
			corporation a subsidiar	-	_					·	▶ X Yes No		
			identifying number of t JATHAN MORDICA						ENT 2 e number ▶ 41	17-347-	7600		
			or Business Incom		CEN	ì							
			or business incom	ie	1	(A)	Incom	e	(B) Expe	nses	(C) Net		
1a	Gross receipts or s			c Balance ▶	4.								
ь 2	Cost of goods sol		ule A, line 7)		1 c	 -	•						
3			2 from line 1c		3	· ·			· · · · · · · · · · · · · · · · · · ·				
3 4a			ttach Schedule D)		4a								
b			Part II, line 17) (attach Fo		4b								
c	• , , ,		rusts	,	4c					 -			
5			os and S corporations (atta		5				, ,				
6					6			-					
7	· ·	-	come (Schedule E)		7								
8			its from controlled organization		8					-			
9			1(c)(7), (9), or (17) organizatio		9								
10	Exploited exempt	activity in	ncome (Schedule I) .		10								
11	Advertising incom	e (Sched	ule J)		11								
12	Other income (Se	e instruc	tions, attach schedule)		12								
13			ough 12		13			0.					
Par			Taken Elsewhere							Except f	or contributions,		
			be directly connec				usine	ss inco	me)				
14	Compensation of	officers,	directors, and trustees (Scheed	<u>ايار</u>	VLU	<u>ايم</u>			14			
15	Salaries and wage	s				. 9949	181			15	<u> </u>		
16	Repairs and main	tenance		FEB	, 1 .	1. 2015	3			16	-		
17	Bad debts						<u> </u>	• • • •		17			
18	Interest (attach so	:nedule) -	See instructions for limit	CC	DE	N. UT.	كن			18			
19 20	Chartable central	S	See instructions for limit		The same of		• • •	• • • •		19			
21				,						20	-		
22			on Schedule A and els							22b	1		
23			· · · · · · · · · · · · · · · ·				•						
24			compensation plans										
25			i								_		
26			Schedule I)										
27			chedule J)										
28			chedule)										
29			s 14 through 28								 		
30			le income before nel										
31			on (limited to the amou										
32	Unrelated busines	s taxable	e income before specif	ic deduction	Subt	ract line 31 f	rom lın	e 30		32	,		
33	Specific deduction	(Genera	ally \$1,000, but see lin	e 33 instruct	ions f	or exceptions	s)			33	À		
34	Unrelated busine	ess taxal	ole income Subtract	line 33 fro	om lir	ne 32 If lii	ne 33	ıs grea	ter than line,	34. V	Sec.		
	enter the smaller of	of zero or	line 32			<u> </u>			<u></u>	A C	0.		

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Par	t III	Tax Computation										
35	Organi	izations Taxable as Corpo	rations Se	e instructions fo	r tax com	putatio	on Controlled gr	roup				
	membe	rs (sections 1561 and 1563) che	eck here 🕨 🛭	See instructio	ns and]			
а	Enter y	our share of the \$50,000, \$25	,000, and \$	9,925,000 taxable	income b	rackets	s (in that order)					
	(1)[\$	(2)) \$							
b	Enter o	rganization's share of (1) Additiona	al 5% tax (not	more than \$11,75	0)	🕸]			
	(2) Add	itional 3% tax (not more than \$10	0,000)			😉						
С	Income	tax on the amount on line 34						▶	35c			
36	Trusts	Taxable at Trust Rates	See ins	structions for	tax comp	utation	Income tax	on				
	the amo	ount on line 34 from L Tax rai	te schedule or	Schedul	e D (Form 1	041).		▶	36	_		
37	Proxy t	ax See instructions						▶	37			
38	Alterna	tive minimum tax							38			
39	Tax on	Non-Compliant Facility Income S	ee instruction	s					39			
40	Total A	idd lines 37, 38 and 39 to line 35	or 36, which	ever applies		<u></u>	<u> </u>		40			
Par	t IV	Tax and Payments										
41 a	Foreign	tax credit (corporations attach Fo	orm 1118, trus	sts attach Form 111	6)	41a]			
b	Other c	redits (see instructions)				41b]			
		I business credit Attach Form 380]			
d	Credit f	or prior year minimum tax (attach	Form 8801 or	8827)		41d] .			
е	Total cr	redits Add lines 41a through 41d					<i>.</i>		41e			
42	Subtrac	t line 41e from line 40							42			
43				Form 8697	_		- '		43			
44	Total ta	x Add lines 42 and 43							44			0.
45 a	Paymer	nts A 2016 overpayment credited	to 2017			45a]]			
b	2017 es	stimated tax payments				45b						
С	Tax dep	osited with Form 8868				45c]]			
d	Foreign	organizations Tax paid or withhe	ld at source (s	ee instructions) .		45d]			
е	Backup	withholding (see instructions)				45e						
f	Credit f	or small employer health insuranc	<u>e premiums (/</u>	Attach Form 8941)		45f			!			
g	Other c	redits and payments	Form 24	139								
	_	orm 4136										
46	Total pa	ayments Add lines 45a through 4	5g	'				٠	46			
47	Estimat	ed tax penalty (see instructions)	Check if Form	2220 is attached.			🕨	. 🔲	47			
48	Tax due	If line 46 is less than the total o	f lines 44 and	l 47, enter amount o	wed			▶	48			_
49	Overpa	yment. If line 46 is larger than the	e total of lines	44 and 47, enter a	mount overp	oaid .		▶	49			
50		amount of line 49 you want Credite		-			Refunde		50			
Par	t V	Statements Regarding	Certain A	ctivities and (Other Inf	orma	ition (see instru	iction	s)		,	,
51	At any	time during the 2017 calend	ar year, did	the organization	have an II	nterest	ın or a sıgnatu	re or	other	authority	Yes	No
		financial account (bank, secu			-		-		-			
	FinCEN	Form 114, Report of Foreign	n Bank and	Financial Accoun	nts If YES	S, ente	er the name of	the	foreign	country		
	here >											X
52	During f	the tax year, did the organization	receive a disti	ribution from, or wa	as it the gra	ntor of	f, or transferor to, a	a forei	gn trust	?		X
	If YES, s	see instructions for other forms the	organization	may have to file								1
<u>53</u>		e amount of tax-exempt interest in						_			<u> </u>	
	l to	nder penalties of penjury I declare that I ie, correct, and complete Declaration of prep						o the b	est of m	y knowledge	and bel	ief, it is
Sigr		11/4 1111	, .	1 2 1.1.		~-		Ma	y the	IRS discuss	this i	retum
Her		Nathan M. Mond	ur_	V2/5/19	_ 📈	<u>Ct(</u>)			preparer sh	own t	below
	Sı	gnature of officer		Date '	ritle	· 1 =		(se	e instructio		s	No
Paid		Print/Type preparer's name		Preparer's signature	- 11	. 0	ate	Chec	k∐ ıf			
	arer	BRIAN D TODD		Bum D	hdd Cf	<u> </u>	2/4/19		mployed			1
	Only	Firm's name ► BKD, LLP	ITC #000/=	0 DOV 1100 ==	DTV05	<u></u>	2 (500) 0500	Firm's		44-0160		
		Firm's address ▶ 910 E ST LO)12 #200/P	O BOX 1190, SI	KINGFIEL	יט, MC	J 658U6-2523	Phone	e_no 4		-870	
			•							Form 99	90-T	(2017)

	MAGNOL	IA HEIG	HTS HOUSING CORPO	DRATION		47-0	950622		
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Schedule A - Cost of G	oods Sold. En	ter metho	d of inventory valuation	>					
1 Inventory at beginning of	year . 1		6 Inventory	at end of year	ar	6			
2 Purchases	2		ì		ld Subtract line				
3 Cost of labor	3		6 from	line 5 Er	iter here and in				
4a Additional section 263A c	costs		Part I, line	2		7			
(attach schedule)	4a		8 Do the	rules of	section 263A (v	ith res	pect to	Yes	No
b Other costs (attach sched	[property	produced	or acquired for	resale)	apply		
5 Total Add lines 1 through	14b · 5		to the org	anization?	<u> </u>				
Schedule C - Rent Incom	e (From Real P	roperty a	nd Personal Property	Leased V	Vith Real Prope	rty)		•	
(see instructions)					•				
Description of property		· •							
(1)									
(2)									
(3)	<u></u>								
(4)	•								
	2 Rent receiv	ved or accru	ed						
for personal property is more than 10% but not percent			rom real and personal property age of rent for personal property r if the rent is based on profit or		ductions directly connected with the income columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income Add totals of c	columns 2(a) and 2(b) Enter			(b) Total deduction Enter here and or				
here and on page 1, Part I, line 6	6, column (A)	▶			Part I, line 6, colur		•		
Schedule E - Unrelated D	ebt-Financed In	ncome (se	ee instructions)		·· 				
4 December of de	hi formand annual		2 Gross income from or	3 (Deductions directly cor debt-financ			le to	
1 Description of de	ot-illanced property		allocable to debt-financed property		nt line depreciation ch schedule)	(b) Other dedu (attach sched			
(1)									
(2)									
(3)	_								
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjus of or allocal debt-financed (attach sche	ole to property	6 Column 4 divided by column 5	7 Gross (colum	income reportable n 2 x column 6)	(colum	llocable ded n 6 x total c 3(a) and 3(l	of colum	
(1)			%						
(2)			%						
(3)			%						
(4)			%						
					e and on page 1, le 7, column (A)		nere and o line 7, coli		

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Total dividends-received deductions included in column 8 .

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Schedule F - Interest, Allin	inics, Noyanic			ntrolled Or			dons (see	- III de la cita	,,,,		
Name of controlled organization	2 Employer identification numb	oer 3 Ne	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		I included in the controlling		olling	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations	- '			•				1		
7 Taxable Income	8 Net unrelated (9 Total of specified payments made			art of columnided in the co	ntrolling		Deductions directly nected with income in column 10	
(1)						3					
(2)										-	
(3)											
(4)							-				
Totals	· · · · · · · · · · · · · · · · · · ·	 	····	:::: :::	▶	Ente Par	d columns 5 ar here and on	page 1, mn (A)	Ente	d columns 6 and 11 er here and on page 1, 1 I, line 8, column (B)	
Schedule G - Investment In	come of a Sec	ction 501(c	:)(7),			nizatio	n (see ins	tructions)			
1 Description of income	2 Amount of income			3 Deductions directly connected (attach schedule)			4 Sel-asides (attach schedule)			5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)											
Totals ▶ Schedule I - Exploited Exe	Enter here and Part I, line 9, c	column (A)	er Th	an Advert	ising In	come	(see instru	ictions)		Enter here and on page 1 Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of a 4 Net income (loss) from unrelated trade or business (column 2 minus column 3) 5 Gross income from activity that attribution of the column activity that s not unrelated		6 Expe attributa colum	ible to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)					
(1)											
(2)											
(3)										<u> </u>	
(4)											
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Paline 10, col	rt I,					Enter here and on page 1, Part II, line 26			
Schedule J - Advertising In	come (see instr	uctions)									
Part I Income From Peri			nsoli	idated Bas	sis						
1 Name of periodical	2 Gross advertising income	3 Directadvertising of	4 Advertigan or (los:		tising 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)											
(2)				1						7	
(3)				1			_	 		7	
(4)	-			1				-	_	7	
			_							-	
Totals (carry to Part II, line (5))										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)						
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)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			

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