•	Form	990-T	Ex	empt Organization		siness Income T der section 6033(e		n	OMB No 1545-0047		
			For caler	ndar year 2019 or other tax year begin		•		1020	<u> </u>		
	Denari	ment of the Treasury			<u> </u>						
2021		I Revenue Service	<b>▶</b> Do	► Go to www.irs.gov/Form990 not enter SSN numbers on this form a				:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only		
<b>5</b> 0	A	Check box if	,			me changed and see instructions	<del></del>		yer identification number		
5	_	address changed						(Emplo	yees' trust see instructions )		
0	B Exe	mpt under section		MAGNOLIA HEIGHTS HO	USIN	G CORPORATION					
Ω	X	501(C <b>10</b> 3)	Print	Number, street, and room or suite no				47-09	17-0950622		
FEB		408(e) 220(e)	or		E Unrela	ated business activity code					
世	П	408A 530(a)	Type	1820 WEST 30TH STREI	ET			(See in:	structions)		
8		529(a)		City or town, state or province, country	y, and a	ZIP or foreign postal code	<u> </u>				
¥		ok value of all assets		JOPLIN, MO 64804							
<b>3</b> ,	at e	end of year	<b>F</b> Gro	up exemption number (See instructi	ions )	<b>&gt;</b>					
TAS MARK DATE		1,749,424.	<b>G</b> Che	ck organization type   X 501	(c) co	rporation 501(c)	trust	401(a)	trust Other trust		
\$	H Er	nter the number of	the orga	nization's unrelated trades or busine	sses	<b>▶</b> 1	Describe	the only	(or first) unrelated		
	tra	ade or business her	e ► A	ГСН_1		If only one, o	complete Parts I	-V If more	than one, describe the		
	fır	st in the blank spa	ice at the	end of the previous sentence, cor	mplete	Parts I and II, complete a Sc	hedule M for each	ch addition	nal		
	tra	ade or business, th	en comple	ete Parts III-V				_			
	I D	uring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-subsidiary co	ontrolled group?		▶ X Yes No		
	lf	"Yes," enter the na	ame and	identifying number of the parent co	rporati	on ▶ ATCH 2					
	J Tr	ne books are in care	e of ▶NA	ATHAN MORDICA, OZARK (	CENT	ER Telephone	e number ► 41	7-347-	-7600		
	Par	t I Unrelated	Trade o	or Business Income		(A) Income	(B) Expen	ses	(C) Net		
	1a Gross receipts or sales										
	b	Less returns and allowa	nces	c Balance ▶	1c						
	2	Cost of goods so	ld (Sched	ule A, line 7)	2		F DE	~ F" +\ /F			
	3			2 from line 1c	3		REC	CEIVE			
	4 a	Capital gain net ii	ncome (a	ttach Schedule D)	4a						
	b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b		FEB	1620	21 9/		
	C	Capital loss dedu	ction for t	rusts	4 c		I <sup>®</sup>		T. S.		
	5			an S corporation (attach statement)	5		OGE	EN.	UT 71		
	6				6			JLIV,	Ψ' / Ι		
	7	Unrelated debt-fi	nanced in	come (Schedule E)	7		···				
	8	Interest, annuities, roya	alties and re	nts from a controlled organization (Schedule F)				_			
	9			1(c)(7), (9), or (17) organization (Schedule G)	9						
	10	•	•	ncome (Schedule I)	10			_/_			
23	,11	•		lule J)	11						
20,	12 13	•		tions, attach schedule)	-	0.	_/				
0				ough 12			aduations \ /	) od votic	no must be directly		
ಣ	Far			ne unrelated business incom		ons for illineariens on de	eductions ) (I	Jeauciic	ons must be directly		
ပ	1.4			directors, and trustees (Schedule K)		/		144	Ī		
DE	15										
Ω		Renairs and main	tenance					. 16			
CANNED	17	Bad debts	tonance					17			
Ź	18			(see instructions)							
Ą	19										
တ္တ	20			4562)							
•	21			on Schedule A and elsewhere on re				21b			
	22										
	23			compensation plans							
	24			3							
	25			Schedule I)							
	26			chedule J)							
	27			chedule)							
	28	,		s 14 through 27							
	29 /	,		le income before net operating							
	39			g loss arising in tax years beginnin							
	31			e income Subtract line 30 from line	-				• •		
	E	anamuant. Badaat	: A - 4 N	I - 4					- 000 T		

T (2019) 8
PAGE 40 NE

	•		• 2	
Form	990+T (2019) MAGNOLIA HEIGHTS HOUSING CORPORATION	47-0950	0622 Pa	age 2
Par	t III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	ınstructions)	. 32		
33	Amounts paid for disallowed fringes	. 33		
34	Charitable contributions (see instructions for limitation rules)	. 34		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line			
	34 from the sum of lines 32 and 33	. 35	_	0.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)	. 36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	. 37		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	. 38		
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
	enter the smaller of zero or line 37	. 39		0.
Par	t IV Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	▶ 40		
41	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	<b>4</b> 1		
42	Proxy tax. See instructions	<b>42</b>		
43	Alternative minimum tax (trusts only)	. 43		
44	Tax on Noncompliant Facility Income See instructions	. 44		
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	. 45		
Par				
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
b	Other credits (see instructions)			
С	General business credit Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 46a through 46d	. 46e		
47	Subtract line 46e from line 45	. 47		
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)			
49	Total tax. Add lines 47 and 48 (see instructions)	. 49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			
51 a	Payments A 2018 overpayment credited to 2019			
b	2019 estimated tax payments	] }		
С	Tax deposited with Form 8868			
d	Foreign organizations Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 51g	_		
52	Total payments. Add lines 51a through 51g	. 52		
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56	Enter the amount of line 55 you want	56		
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	ns)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of	or other auth	ority Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r	nay have to	file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign cou	- 1	
	here <b>&gt;</b>			<u>X</u>
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust? .		Χ
	If "Yes," see instructions for other forms the organization may have to file			
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of pegury, I declare that I have examined this return, including accompanying schedules and statements, and to the true correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my know	wledge and belief	, it is
Sig		May the IRS of	discuss this ret	turn
Her	e V Nortan Mardice VOZ-04-2021 V CFO	oth the prepa	arer shown be	
	l l	see instructions)?		No
Daid	Print/Type preparer's name Preparer's signature Date Che	ck Llf	PTIN	
Paid	PRIAN D 1000   12-01-2021   self		P00422601	
	Firm's name BKD, LLP		-0160260	
J36	Firm's address ▶ 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523 Pho	<sub>ne no</sub> 417-8	365-8701	

47-0950622

Form 990-1 (2019)									P	age 3
Schedule A - Cost of G	oods Sold. Er	ter method	of inventory	y valuation	<b>.</b>	_				
1 Inventory at beginning of y	vear . 1		6	Inventory	at end of yea	ar	6			
2 Purchases	2		7			ld. Subtract line				
3 Cost of labor	3					here and in Part				
4a Additional section 263A co	osts			I, line 2			7			
(attach schedule)	4a		8			section 263A (w	ith re	espect to Yes No		
b Other costs (attach schedu	i I			property	produced	or acquired for	resa	le) apply		
5 Total. Add lines 1 through	4b · 5			to the orga	anization?	<u></u> .			İ	
Schedule C - Rent Income	(From Real P	roperty a	nd Persona	I Property	Leased V	Vith Real Proper	ty)	•	•	
(see instructions)										
1. Description of property										
(1)		_								
(2)		-								
(3)										
(4)										
	2. Rent recei	ved or accrue	ed							
(a) From personal property (if the	percentage of rent	(b) F	rom real and pe	rsonal property	(if the	3(a) Deductions dir	ectiv c	onnected with t	he inco	me
for personal property is more th		percenta	tage of rent for personal property exceeds			in columns 2(a) and 2(b) (attach so				
more than 50%)		50% or	if the rent is ba	ised on profit or	income)					
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income Add totals of c	olumns 2(a) and 2(	b) Enter				(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6	column (A)	. , ▶				Part I, line 6, colum				
Schedule E - Unrelated D			e instruction	ıs)				-		
			2 Gross inc	come from or	3 [	Deductions directly con			e to	
1 Description of del	ot-financed property		allocable to	debt-financed	(a) Straigh	debt-finance		eπy b) Other deduc	tions	
			prop	perty		ch schedule)	(attach schedule)			
(1)										
(2)				-						
(3)										
(4)										
4 Amount of average	5 Average adju		6 Cc	dumn			R	Allocable dedu	ictions	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed		4 div	/ided		income reportable n 2 x column 6)		mn 6 x total of		ns
property (attach schedule)	(attach sch		by col	umn 5	(00101111	in 2 x column o)		3(a) and 3(b	))	
(1)				%		· <del>-</del>				
(2)				%						
(3)				%						
(4)				%						
						e and on page 1,		r here and or		
					Part I, lin	ne 7, column (A)	Part	I, line 7, colu	ımn (B	)
Totals										
Takal didamda dad	ione included in a	olumn 0								

Form **990-T** (2019)

Schedule F - Interest, Ann	unities, recyantie		pt Control				ations (se	e manaca	0113)		
Name of controlled organization	2 Employer identification numb	ei	Net unrelated income 4 oss) (see instructions)		4 Total payme	of specif nts made	5. Part of column 4 that is included in the controlling organization's gross income		olling	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		9 Total o paymer	of specific nts made		ıncl	Part of column uded in the co nization's gros	ntrolling		Deductions directly nected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals	come of a Sec		:)(7), (9),	or (17		Pa	er here and on t I, line 8, colu on (see ins	mn (A)		er here and on page 1, t I, line 8, column (B)	
1 Description of income	2 Amount of	income	dire	3 Deduction Decition Decition Between	nnected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)	Enter here and									Enter here and on page 1	
Totals	Part I, line 9, c		er Thạn A	dvert	ising Ir	come	(see instru	ictions)		Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business in	with or b	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		activity that of unrelated	attributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	rt I,							Enter here and on page 1, Part II, line 25	
Schedule J- Advertising In	come (see instr	uctions)	1							1	
Part I Income From Per			nsolidate	ed Bas	sis						
2 Gross 3		3 Directadvertising of	t ga costs 2 r	4 Advertising gain or (loss) (col		5 Circulation 6 Reader income costs		•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)											
(2)		<u> </u>								-	
(3)								<del> </del>			
(4)											
7.7/		<u> </u>					- <u>-</u> -				
Totals (carry to Part II, line (5))										Form <b>990-T</b> (2019	

JSA

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 ) Part II

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 26
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensation	of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1 Name	2	Title	3 Percent of time devoted to business	on attributable to business		

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					

Form 990-T (2019)

ATTACHMENT	1

## ORGANIZATION'S ONLY UNRELATED TRADE OR 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.

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

OZARK CENTER 43-0821959