EXTE	NSION GRANTED		25	3937	902434 0
Form <b>990-7</b>	(and proxy tax	under section	on 6033(e))		OMB No 1545-0687
•	For calendar year 2018 or other tax year beginn		·		2018
Department of the Treasur Internal Revenue Service	Go to www.irs.gov/Form990T  Do not enter SSN numbers on this form as				Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address change	Name of organization ( Check box	x if name changed and	· · · · · · · · · · · · · · · · · ·	D Em	ployer identification number iployees' trust, see instructions )
B Exempt under section				İ	
X 501( C <b>D</b> 3 )			chons	18-	0728186
	or	a i O box, see ilistiuc	20015		related business activity code
	D(e) Type PO BOX 510				e instructions )
529(a)	City or town, state or province, country,	and ZIP or foreign pos	stal code		
C Book value of all ass	NORTON, KS 67654	- ,		531	110
at end of year	F Group exemption number (See instruction	ons ) ▶			· ·
58,108,513	G Check organization type ► X 501(i	c) corporation	501(c) trus	st 401(	a) trust Other trus
H Enter the number	r of the organization's unrelated trades or busines	ses ▶ 1		Describe the or	nly (or first) unrelated
trade or business	here ▶RENTAL		If only one, com	 iplete Parts I-V If m	ore than one, describe the
first in the blank	space at the end of the previous sentence, com	plete Parts I and II,	complete a Scheo	lule M for each addit	ional
trade or business	, then complete Parts III-V				
1 During the tax ye	ar, was the corporation a subsidiary in an affilia	ated group or a parer	nt-subsidiary contr	olled group?	▶ Yes X N
	e name and identifying number of the parent corp	poration >			
	care of ▶DAN MCCORMICK		Telephone nu	mber ▶ 785-87	7-5111
	ed Trade or Business Income	(A) In	come	(B) Expenses	(C) Net
1a Gross receipts					
<b>b</b> Less returns and a		1c			
-	sold (Schedule A, line 7)	2			
•	Subtract line 2 from line 1c	3		<del></del>	
	et income (attach Schedule D)	4a			
	(Form 4797, Part II, line 17) (attach Form 4797)	4b			
	eduction for trusts	4c			
	n a partnership or an S corporation (attach statement),	6			
	ot-financed income (Schedule E)	7			
	, royalties, and rents from a controlled organization (Schedule F)	8	84,000.	54,607	. 29,393
•	e of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	<del></del>	<del></del>	
	mpt activity income (Schedule I)	10			
	come (Schedule J)	11			
	(See instructions, attach schedule)	12			
13 Total. Combin	e lines 3 through 12	13	84,000.	54,607	. 29,393
Part II Deduc	tions Not Taken Elsewhere (See instru	uctions for limit	ations on dedi	uctions) (Excep	t for contributions,
deduc	ions must be directly connected with th	ne unrelated bus	siness income		
14 Compensatio 15 Salaries and r 16 Repairs and r 17 Bad debts.	n of officers, directors, and trustees (Schedule K).			<i>.</i> <u>  1</u>	4
15 Salaries and v	vages	ED		<u>.</u> <u>1</u>	5
16 Repairs and r	vages	<u>EU</u>		· · · · -	6
17 Bad debts		$ \widetilde{\mathbf{x}}  \cdot  \widetilde{\mathbf{x}}  \cdot  \widetilde{\mathbf{x}} $			7
10 Interest (attac	in schedule) (see instructions	2026 - 17 1			8 1 9 1,136
19 Taxes and lice	nses	• • • • • • • • • • • • • • • • • • • •		1	<del></del>
20 Charitable co	ntributions (See instructions for limitation rolles)	TUT		2	0
21 Depreciation	(attach Form 4562)	1.0.1.	21		2b
•					3
	to deferred compensation plans			l	4
	nefit programs				5
	of expenses (Schedule I)				6
	ship costs (Schedule J)			F'-	7
	ons (attach schedule)				8
	ons. Add lines 14 through 28				1,136
			· · ·	· · · ·	
	siness taxable income before net operating	loss deduction S	ubtract line 29	from line 13 3	28,257
30 Unrelated bu				tructions) 3	<del>   </del>

	990-1 (2018)		Page 2
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	ınstructions), ,	33	28,257.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions),	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	28,257.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	3/7	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36		· · ·
	enter the smaller of zero or line 36	38	27,257.
Par	t IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	5,724.
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	<del></del>	<del></del>
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only).	<del> </del>	<del></del> -
43	Tax on Noncompliant Facility Income. See instructions	<del></del>	<del></del>
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		5,724.
Par	tV Tax and Payments	1_7121	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	5,724.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	<del></del>
48	Total tax. Add lines 46 and 47 (see instructions)	48	5,724.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018	1	
	2018 estimated tax payments		
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g		
51	Total payments Add lines 50a through 50g	5 1	10,000.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	254.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	4,022.
<u>05-5°</u>	Enter the amount of line 54 you want	55	
Par	tVI Statements Regarding Certain Activities and Other Information (see instructions	s) <b>'</b>	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?	X
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of penury, I declare that I have examined this return including accompanying schedules and statements, and to the b true, correct and complete Declaration of preparety (other than taxpayer) is based on all information of which preparer has any knowledge	est of my knowledge	and belief, it is
Sigr	Ma	y the IRS discuss	this return
Her	e John Circle	h the prep <u>arer</u> sh	
		instructions)? X Ye	s No
Dv: ч	Print/Type preparer's name Preparer's signature Date Check	If PTIN	
Paid	SHAWNELL LINOT   Name   06/30/2020   self-e		63908
		EIN ► 44-016	
	Firm's address ► 1551 N WATERFRONT PKWY, STE 300, WICHITA, KS 67206-6601 Phone		
JSA		Form 99	<b>9Q-T</b> (2018)

JSA

Schedule A - Cost of Go	ands Sald F		d of				·				Page 3
		iter me <u>tnot</u>	3 OI Invento					1 2 1			
1 Inventory at beginning of y							ır	6			
2 Purchases						•	ld. Subtract line				
3 Cost of labor	I I						ter here and in	_			
4a Additional section 263A co	1.1									T T	
(attach schedule)	· · · <del></del>						section 263A (w		-	Yes	No
b Other costs (attach schedu	, ·						or acquired for			<b>\</b>	ĺ.,
5 Total. Add lines 1 through			D	to the	orga	anization?		• • • •			Х
Schedule C - Rent Income	e (From Real F	roperty a	na Persoi	nai Prope	rty	Leased V	vith Real Proper	τy)			
(see instructions)							. ,				
Description of property											
(1)											
(2)											
(3)	<del></del>						<del></del>				
(4)	<del></del>						<del>r · </del>				
	2. Rent rece	ived or accru	ed								
for personal property is more than 10% but not percentage of rent f			age of rent fo					directly connected with the income 2(a) and 2(b) (attach schedule)			
(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	i, column (A)	▶					Part I, line 6, colun				
Schedule E - Unrelated D	ebt-Financed	Income (se	ee instructi	ons)							
1 Description of del	bt-financed property		1	income from o			Deductions directly con debt-finance	ed prope	rty		
·			P	roperty		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)											
(2)											
(3)											
(4)											
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	4 Amount of average acquisition debt on or allocable to debt-financed 5 Average adjusted basis of or allocable to debt-financed property		4			ross income reportable (column 2 x column 6)		Aliocable deductions (column 6 x total of columns     3(a) and 3(b))			
(1)					%						
(2)					%						
(3)					%						
(4)					%						
	-			-			e and on page 1, e 7, column (A)		here and o I, line 7, col		
					<b>►</b> I		I.				
Totals					. <b>–</b> (		<b>•</b>				

Schedule F—Interest, Annu	inos, noyanies,		pt Controlled (			doils (see	instructio	110)	<del></del>	
1 Name of controlled organization	2 Employer identification number	"	3 Net unrelated income (loss) (see instructions)  4 Total of payments			I meragea in the co		lling	6 Deductions directly connected with income in column 5	
(1) ATCH 1										
(2)			···	_						
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7 Taxable Income	8 Net unrelated ind (loss) (see instructi		9. Total of spe payments ma		ınci	art of column ided in the co nization's gros	ntrolling		Deductions directly nected with income in column 10	
(1)										
(2)									- <u></u>	
(3)										
(4)										
Totals		tion 504/o			Ente Par	d columns 5 as there and on t 1, line 8, columns 84,000	page 1, nn (A)	Ent	Id columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Schedule G-Investment Ir	icome of a Sec	uon 507(C		17) Orga	nizatio			<del></del> r	E Total daductions	
1 Description of income	2 Amount of	ncome	directly	connected schedule)			t-asides schedule)		5 Total deductions and set-asides (cot 3 plus cot 4)	
(1)										
(2)			<del> </del>							
(3)										
(4)	Enter here and o								Enter here and on page	
Totals ▶ Schedule I – Exploited Exe			es 4 Net in	come (loss)	ncome	(see instru	ctions)		Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly connected production unrelated business inc	with or busine 2 minus of If a gain	elated trade ss (column column 3) , compute hrough 7	from is no	oss income activity that t unrelated ess income	6 Expe attributa colum	ble to	expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)							<u> </u>			
Tatalo	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	irt I,						Enter here and on page 1, Part II, line 26	
Totals	ncome (see instri	ictions)				···· ,-·				
Part I Income From Per			nsolidated F	asis			· .		· · · · · · · · · · · · · · · · · · ·	
Faltt income i font i ei	louicais report	cu on a oc	JIIJOIIdated E	4313	T		I			
1 Name of periodical	2 Gross advertising income	3 Directions of advertising of	gain or costs gain or a gain,	vertising (loss) (col s col 3) If compute through 7	5 Circulation 6 Readership income costs			7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)						<del></del>				
(2)							T-			
(3)										
(4)									_	
<u> </u>										
Totals (carry to Part II, line (5))							<u></u>		Form <b>990-T</b> (2018	

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			

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	•		11	DEDUCTIONS	DIRECTLY	CONNECTED	WITH	INCOME IN	COLUMN (10)	54,607	TOTAL OF	COLUMN 6 &	COLUMN 11	54,607
11	ORGANIZATION	10	PART OF COLUMN	(9) THAT	IS INCLUDED	IN THE	CONTROLLING	ORGANIZATION'S	GROSS INCOME	84,000	TOTAL OF	COLUMN 5 &	COLUMN 10	84,000
	NONEXEMPT CONTROLLED ORGANIZATION				6	TOTAL OF	SPECIFIED	PAYMENTS	MADE	84,000				TOTALS
ATTACHMENT 1	NONEXEMPT				ω	NET	UNRELATED	INCOME	(LOSS)					
							7	TAXABLE	INCOME					
•			9	DEDUCTIONS	DIRECTLY	CONNECTED	WITH	INCOME IN	COLUMN (5)					
Sign	CONTROLLED ORGANIZATION	S	PART OF COLUMN	(4) THAT	IS INCLUDED	IN THE	CONTROLLING	ORGANIZATION'S	GROSS INCOME					
U OKGANI ZAII	PT CONTROLLE				4	TOTAL OF	SPECIFIED	PAYMENTS	MADE					i
IS FROM CONTROLLE	EXEMPT						m	NET UNRELATED	INCOME (LOSS)					
KOIALIIES, AND REN	ı					2	EMPLOYER	I DENTI FICATION	NUMBER	46-3967641				
SCHEDOLE F - INTEREST, ANNUTTES, RUTALIES, AND RENTS FROM CONTROLLED ORGANIZATIONS								NAME OF CONTROLLED	ORGANIZATION	VALLEY HOPE SOLUTIONS, INC				

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
DAVE HILL PO BOX 510 NORTON, KS 67654	DIRECTOR	0	٠ 0.
PATTI YAUSSI PO BOX 510 NORTON, KS 67654	CHAIRMAN	0	•0.
DOUG SEBELIUS PO BOX 510 NORTON, KS 67654	SECRETARY	0	0.
MICHAEL COLIP PO BOX 510 NORTON, KS 67654	TREASURER	0	0.
JEFF WHEELER PO BOX 510 NORTON, KS 67654	DIRECTOR .	0	0.
JOHN MCCLYMONT PO BOX 510 NORTON, KS 67654	DIRECTOR	0	0.
JAMES ARKELL PO BOX 510 NORTON, KS 67654	DIRECTOR	, 0	0.
TOM LOLLEY PO BOX 510 NORTON, KS 67654	DIRECTOR	0	0.
SHAD CHANDLER PO BOX 510 NORTON, KS 67654	DIRECTOR		0.
STEVE KNUTH PO BOX 510 NORTON, KS 67654	VICE-CHAIRMAN	. 0	0.

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

NAME AND ADDRESS	<u>TITLE</u>	BUSINESS PERCENT	COMPENSATION
MERLYNN COLIP, M.D. PO BOX 510 NORTON, KS 67654	EMIRITUS	0	0.
PATRICK KEN GEORGE PO BOX 510 NORTON, KS 67654	CEO	0	0.
JOLENE NICHOLS PO BOX 510 NORTON, KS 67654	VP OF CLINICAL SERVICES	0	0.
PATRICK BRYAN HALL PO BOX 510 NORTON, KS 67654	VP EXECUTIVE	0	0.
CURTIS H. KREBSBACH PO BOX 510 NORTON, KS 67654	TRAINING DIRECTOR	0	. 0.
DAN MCCORMICK PO BOX 510 NORTON, KS 67654	CEO	0	0.,
TOTAL COMPENSATION	,		0.