# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information

Inspection

A F	or the	e 2018	calendar year, or tax year beginning	. , 2	018, a	nd end	ıng			, 20			
_			C Name of organization					D Employer i	dentifica	ation number			
В	heck if a	ppicable	OGE ENERGY CORP. EMPLO	DYEES MEDICAL TRUST				36-40	5446	6			
X	Addre		Doing business as										
	7	change	Number and street (or P O box if mail is	not delivered to street address)	R	oom/su	ite	E Telephone	number				
	Initial	return	PO BOX 321 M/C 710					(405) 5	53-3	3430			
	Final	return/	City or town, state or province, country, a	ind ZIP or foreign postal code									
$\Gamma$	Amen	ded	OKLAHOMA CITY, OK 7310	01-0321				G Gross receipts \$ 13,457,897					
Г	Applic	ation	F Name and address of principal officer	GENA PERRY				H(a) is this a subordina		urn for Yes X No			
			PO BOX 321 M/C 710, OF	KLAHOMA CITY, OK 731	01-0	0321	- (1	H(b) Are all sub		ncluded? Yes No			
ī	Tax-ex	empt st	atus 501(c)(3) X 501(c) (	) <b>(</b> (insert no) 4947(a	)(1) or		52	If No	attach a	list (see instructions)			
J	Websi	te 🕨	N/A					H(c) Group ex	emption r	number <b>&gt;</b>			
ĸ	Form o	of organ	nization   Corporation X Trust	Association Other		L Ye	ar of forma	ition	M State	of legal domicile			
	art I		ımmary					•					
	1	Briefly	y describe the organization's mission of	most significant activities PRO	VIDE	MED	ICAL E	BENEFITS	TO M	IEMBERS			
به			,				• • • • • • • • • • • • • • • • • • • •						
auc	}												
ern	2	Check	k this box lifthe organization di	scontinued its operations or dis	posed	of more	than 25%	6 of its net ass	ets	<u> </u>			
Governance	3		per of voting members of the governing	•					1 1	2.			
			per of independent voting members of t						· —	0.			
Activities &	5		number of individuals employed in cale						5	0.			
Ξ	6		number of volunteers (estimate if necess						6	·			
Act			unrelated business revenue from Part V		4 1 1	111	 7		7a	91,134.			
			nrelated business taxable income from		111	UM	7		7b	90,134.			
	-	IVEL UI	melated business taxable income norm		f 1: +	74.1	<del></del>	Prior Year		Current Year			
	8	Contr	ibutions and grants (Part VIII, line (th)	MOV 2.5 2018				11101 1001	0.	0.			
ıne	Ů		am service revenue (Part VIII, line 2g)				· ·	15,223,	185.	13,357,803.			
Revenue	9		tment income (Part VIII, column (A), line		• • •		∵ ├──		354.	100,094.			
æ	10						• •		0.	0.			
	į.		revenue (Part VIII, column (A), lines 5,				· · ├──	15,228,5		13,457,897.			
	12		revenue - add lines 8 through 11 (rtust					13/220/	0.	0.			
	1		s and similar amounts paid (Part IX, colu					14,972,0	• •	12,966,163.			
	14		fits paid to or for members (Part IX, colu						165.	0.			
Expenses	15		es, other compensation, employee bene	•					0.	0.			
je ii	16a		ssional fundraising fees (Part IX, column		٠		• •		$\stackrel{\circ}{\longrightarrow}$	<del></del>			
Ä	٥ ـ ـ ا		fundraising expenses (Part IX, column (I		0.	_			<del>0.</del>	16,957.			
	1		expenses (Part IX, column (A), lines 11				I	14,980,		12,983,120.			
			expenses Add lines 13-17 (must equal					248,		474,777.			
ب ن		Rever	nue less expenses. Subtract line 18 from	line 12	• • •	···		nning of Currer		End of Year			
ts or							Degii	53,884,		9,754,041.			
sse	20		assets (Part X, line 16)			• • •	• •	33,004,	0.	9,734,041.			
Net Assets Fund Balan	21		liabilities (Part X, line 26)				• •	53,884,2		9,754,041.			
			ssets or fund balances Subtract line 21	from line 20,	<del></del>	• • •		33,004,	23.	9,734,041.			
	irt II		gnature Block							beautodes and haliof it is			
true	aer per e, corre	naities <b>(</b> ect, and	Tperjury, I declare that I have examined thi ggmplete Declaration of preparer (other than	is retum, including accompanying so i officer) is based on all information o	cneause f which	s and si prepare	ratements, er has any k	and to the besi knowledge	. Of my	knowledge and beller, it is			
			ZIA MID						1711	12014			
Sin	ın			- 				Date 1	/17	12011			
Sign Here		1 2	Signature of officer	2010				Date	,	<i>'</i>			
		<b> </b>	ENA PERRY	BENE	FITS	MAM 6	IAGER						
		V 7	Type or print name and title	Dean acade as-a-time		I Date			<del></del>	DTIN			
Paid	-1		Mype preparer's name	Preparer's signature		Date		Check _	' "	PTIN			
	parer	L-c	<del></del>					self-emp	loyed				
	Only	Firms	name 🕨					Firm's EIN	<u> </u>				
			s address >					Phone no		<del></del>			
Ma:	y the	IRS 🗖	Ecuss this return with the preparer	shown above? (see instruction	ons) .				<u></u>	. Yes X No			
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.		•				Form <b>990</b> (2018)			

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For	m 990 (2018) Page <b>2</b>
P	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	PROVIDE MEDICAL BENEFITS TO MEMBERS
	Del the control of th
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	the total expenses, and revenue, if any, for each program service reported
	(Code ) (Expenses \$ 12,966,163 including grants of \$ ) (Revenue \$ 13,457,897 )
70	FUNDS WERE DISBURSED TO COVER AND PAY FOR MEMBERS' CLAIMS FOR
	MEDICAL BENEFITS DURING THE 2018 CALENDAR YEAR.
	ABBIGIE BENEFITO BONZING THE EGTO CHEBROIN TENNY
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	<u></u>
	T
	<u> </u>
4d	Other program services (Describe in Schedule O)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 12,966,163.



Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	$\overline{}$	90 (2018)		F	age 3
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes" complete Schedule A.  2 is the organization engage in direct or indirect political campagn activities on behalf of an in opposition to candidates for public office? If "Yes" complete Schedule P. Anni I.O. Syng and Schedule of Contributors (see instructions)?  3 3 X  4 Section 501(c)(3) organizations. Did the organization engage in object of the section of infect during the sax year? If "Yes" complete Schedule C, Part II.  5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dies, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes" complete Schedule C, Part III.  6 Did the organization maintain any donor advised funds or any sential funds or accounts for which droors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes" complete Schedule D, Part II.  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes" complete Schedule D, Part II.  8 Did the organization organization report an amount in Part X, line 21, for escrow or custodial account hisbibity, serve as a custodian for amounts not listed in Part X, in part X, in part X, in a part	Part	IV Checklist of Required Schedules		Vec	No.
2 Is the organization required to complete Schedule B, Schedule of Contributions (see instructions)?  3 Dd the organizations engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If 'Yes' complete Schedule C, Part I.  4 Section 501(e)(3) organizations. Dd the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes' complete Schedule C, Part II.  5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule B-119 If 'Yes', complete Schedule C, Part III.  6 Dd the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes', complete Schedule D, Part III.  7 Dd the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic lates of in a mount in Part X, line 21, for secrior or custodial account liability, serve as a custodian for amounts not itsed in Part X, or provide credit counseling, debit management, credit repair, of debt negotiation services? If 'Yes,' complete Schedule D, Part III.  9 Dd the organization report an amount for investments of the "Yes,' complete Schedule D, Part VIII.  10 Dd the organization report an amount for investments-other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VIII.  11 If the organization report an amount for investments-other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VIII.  11 Dd the organization report an amount for investments-other securities in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.  12 Dd the organization report an amount for the restination of the part X, line 15 that is 5% or more of the to	_	In the constraint described in contrar E01/a\/2\ or 4047/a\/4\ (ather then a private foundation\2 if "Voc."		165	
is the organization required to complete Schedule B, Schedule of Contributors (see mistructions)?  1 of the organization engage in direct or indirect political campagn activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule D, Part II.  1 section 501(c)(1) organizations. Did the organization engage in lobbing activities on have a section 501(i)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-179! If "Yes," complete Schedule C, Part III.  2 by the organization maintain any donor advised funds or any similar funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III.  3 by the environment, historic land sires, or historic structures? If "Yes," complete Schedule D, Part III.  4 complete Schedule D, Part III.  5 by Did the organization and account in Part X, line 21, for excrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotions on serves of the server of the server of debt negotions on serves? If "Yes," complete Schedule D, Part IV.  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI.  10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quasi-endowments, or grain "If "Yes," complete Schedule D, Part VI.  10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent andownents, or quasi-endowments, or grain "If "Yes," complete Schedule D, Part VI.  10 Did the organization report an amount for threatest in Part X, line 10 th the state of the state o	1	-	<sub>1</sub>		Х
3 Nt de organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offace if "Yes" complete Schedule C, Part II.  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year II "Yes" complete Schedule C, Part III.  5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership diues, assessments, or similar amounts as defined in Revenue Procedure 88-199 II "Yes" complete Schedule C, Part III.  6 Did the organization receive or hold a conservation essement, including easements for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III.  7 Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part III.  9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part III.  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, corprode credit oneshing, debt management, credit repair, or debt negotiation services? II "Yes," complete Schedule D, Part IV.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.  11 If the organization report an amount for investments-order securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  11 D A VIII Will, X, or X as applicable  12 D did the organization report an amount for other lassists in Part X, line 25? If "Yes," complete Schedule D, Part VIII.  13 D did the organization report an amount for other lassifications for the tax year? III as X to D did to organi	2			Х	
candidates for public office? If "Yes," complete Schedule C, Part II.  Section 501((s)) organizations. Did the organization engage in lobbying activities, or have a section 501((s)) election in effect during the tax year? If "Yes," complete Schedule C, Part III.  I sit the organization assert on 501((s)) dis 501((s)) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III.  Od the organization area of adveed funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II.  Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization and collections of works of art, historical treasures, or other similar assetts? If "Yes," complete Schedule D, Part III.  Did the organization organization and the Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 21, for Fart II.  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  Util, VIII, X, or X as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.  Did the organization report an amount for investments-organized in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 19 If "Yes			-		
4 section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II' 'Yes,' complete Schedule C, Part II' 'Ses' complete Sc	•		3		Х
election in effect during the tax year? If "Yes," complete Schedule C, Part II.  Is the reginaration a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.  Od the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II.  Did the organization reserve or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.  Did the organization and the part X, or provide credit counseling, debt management, credit repair, or debt negatition services? If "Yes," complete Schedule D, Part III.  Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV.  The department of any of the following questions is "Yes," then complete Schedule D, Part V.  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.  Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI.  Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI.  Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI.  Did the organization report an amount for other sastes in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.  Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.  Did the organization report an amount for other	4			Ţ	
s is the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or smilar amounts as defined in Revenue Procedure 98-19 / "Yes," complete Schedule D, Part III.  5 Dut the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  7 Dut the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debit management, credit repart, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  10 Did the organization for fund is the part X, or provide credit counseling, debt management, credit repart, or debt negotiation services? If "Yes," complete Schedule D, Part V.  11 If the organization organization organization is answer to any of the following questions is "Yes," (complete Schedule D, Part V.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  13 Did the organization report an amount for investiments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII.  14 Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  2 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  2 Did the organization report an amount for other isabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Sch			4		
assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III.  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instorc land aseas, or historica structures? If "Yes," complete Schedule D, Part III.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV.  Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV.  If the organization in endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  If the organization organization appoint an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  Did the organization report an amount for investments-other securities in Part X, line 10? If If "Yes," complete Schedule D, Part VI.  Did the organization report an amount for other assisting parts, line 15? If Yes, "complete Schedule D, Part VIII.  Did the organization report an amount for other assisting parts, line 15? If Yes," complete Schedule D, Part VIII.  Did the organization report an amount for other assisting parts, line 15? If Yes, "complete Schedule D, Part XII.  Did the organization report an amount for other assisting parts, line 15? If Yes," complete Schedule D, Part XII.  Did the organization report an amount for other assisting parts, line 15? If Yes, "complete Schedule D, Part XII.  Did the organization sep	5				
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Pes," complete Schadule D, Part III.  8 Did the organization framitan collections of works of art, historical treasures, or other semilar assets? If "Pes," complete Schadule D, Part III.  9 Did the organization from amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schadule D, Part V.  10 Did the organization from the following question is served.  11 If the organization individe the following question is served.  12 Did the organization report an amount for liand, buildings, and equipment in Part X, line 10? If "Yes," complete Schadule D, Part VI.  11 VII, VIII, IX, or X as applicable  12 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schadule D, Part VII.  13 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schadule D, Part VIII.  14 Did the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schadule D, Part VIII.  15 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schadule D, Part X.  16 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schadule D, Part X.  12 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets in the organization organization re					
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15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			146		х
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		140		<del></del>
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15		15		Х
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16				
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			16		Х
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	· · · · · · · · · · · · · · · · · · ·			
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	•••		17		Х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III			18		Х
If "Yes," complete Schedule G, Part III	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19		Х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20 a				X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21					
domestic government on Part IX, Column (A), line 17 if Tes, Complete Schedule I, Parts Faho II					
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form **990** (2018) PAGE 3

				age 4
	190 (2018)  Checklist of Required Schedules (continued)	_		aye -
Part	Checklist of Required Schedules (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		Х
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	Ì		ĺ
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
<b>h</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b> </b>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		ĺ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		-
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		ĺ
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ĺ
	If "Yes," complete Schedule L. Part I	25b		ĺ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		<b></b>
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
		26		X
27	disqualified persons? If "Yes," complete Schedule L, Part II	120		
27				ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
20				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ĺ
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<del></del>
D		28b		x
_	Schedule L, Part IV	200		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		X
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		х
2.2	complete Schedule N, Part II	32	<del>  </del>	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	,,	l j	x
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		x	ł
25-	or IV, and Part V, line 1	34 35a	<del>  ^</del>	Х
		35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	356		1
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		1
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		$\vdash$
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	١,	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	2.0	x	1
Daw	19º Note. All Form 990 filers are required to complete Schedule O	38		
Part				_ X
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	<del></del>
<b>.</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		1 62	No
	The transfer reported in Box of Ferri 1000 Erick of infort approache ,	1		1
	Enter the number of Commis 44-26 included in line to Enter-6-11 not applicable	-		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	١.	,	1
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Page 5

Pari	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	1 1	-	Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			l
	Statements, filed for the calendar year ending with or within the year covered by this return.			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	$\frac{\lambda}{x}$	—
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<del>4</del> a		<del></del> 1
	If "Yes," enter the name of the foreign country			ļ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			ليب
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		X
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			! X
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			X
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter			1
	militation 1000 and object of the control of the co			
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			1
	Gross income from other sources (Do not net amounts due or paid to other sources			,
b	against amounts due or received from them )			 
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	igsqcut	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	igsqcut	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			لببدا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			
		Form	₁990	(2018)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See ın	struc	tions
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	_X	L
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			لــــا
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	)	
		-	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11.		11a		Х
11a b		_ •		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16 <u>a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		لــــا
Sect	ion C. Disclosure	,		1
		-		
17	List the states with which a copy of this Form 990 is required to be filed ►OK.  Section 6104 required on experimental makes the Forms 1023 (1024 or 1024 A if applicable), 990, and 990-	(\$20	tion 5	501/6\
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	erest	polic	y, and
20	financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and record WELLS FARGO 1 N JEFFERSON AVE SAINT LOUIS, MO 63103	is ▶		

Form 990 (20							_	MEDICAL			34400	Page /
Part VII	Compensation	of	Officers,	Directo	rs, Tru	stees,	Key	Employees,	Highest	Compensated	Employees	, and
•	· Independent Contractors											
	Check if Schedule	e O (	contains a	response	or note to	any line	e in this	Part VII			<u></u>	. Ш

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

0.		x		Highest compensated employee		16,350.	0.	(
		X				16,350.	0.	(
		A				10,350.	0.	
			$\vdash$		1			
			l					
	_	_						
			_					
		ļ. <u> </u>						
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Form 990 (2018)

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Pai	t VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and l	ligi	hest Compensat	ed Employee	es (c	ontinuea	2
	(A) Name and title	(B)  Average hours per week (list any hours for related	officer and a director/tru					an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		Esti amo ot compe	F) mated unt of her ensation n the
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	nization related izations
		<del>-</del>											
												_	<u></u>
												-	
												·	
С	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A .						<b>*</b> * *	16,350. 0. 16,350.		0. 0.		0.
2	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste					eceived more than	\$100,000 of			
3	Did the organization list any former offic	er, directo	or, or	tru	uste	e,	key (	emp	oloyee, or highes	t compensate	ed		Yes No
	employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the											3	X
	organization and related organizations grandividual	eater than	\$15	0,0	003	11	"Yes	5,"	complete Schedu	le J for suc		4	X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5	X
	tion B. Independent Contractors									W 6400 0	00 -		
	Complete this table for your five highest com compensation from the organization. Report of year												<u></u>
	(A) Name and business add	lress							(B) Description of se	ervices	С	(C) Compensa	ation
	· · · · · · · · · · · · · · · · · · ·												
_								L					
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite	_	thos	se l	isted above) who	received .		•	,



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Pai	rt VII	<del></del>		u line in this Dest \			
		Check if Schedule O contains a resi	oonse or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
rants	1a b	Federated campaigns 1a Membership dues 1t					
Gifts, G lar Ame	c	Fundraising events	:				
itions, ( er Simi	e	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	g	and similar amounts not included above . 1f  Noncash contributions included in lines 1a-1f \$					
	h	Total Add lines 1a-1f	<b>▶</b>	0			
evenue	2a	EMPLOYER CONTRIBUTIONS	Business Code	9,720,591	9,720,591		
vice Re	b	EMPLOYEE CONTRIBUTIONS		3,637,212	3,637,212		
m Sen	d						
Program Service Revenue	f	All other program service revenue		13,357,803			
	9	Total Add lines 2a-2f		13,337,803			
	3	Investment income (including divid		100,094	100,094	91,134	8,960
		and other similar amounts)	Г		100,094	91,134	8,900
	4	Income from investment of tax-exempt bo		0			
	5	Royalties		0			
		(ı) Real	(II) Personal				1
	6a	Gross rents		1	İ		1
	b	Less rental expenses					
		Rental income or (loss)					
	d	Net rental income or (loss)		0			
	_	Gross amount from sales of (i) Securities	<del></del>			· · · · · ·	-
	7a	assets other than inventory					
	b	Less cost or other basis					
	ļ	and sales expenses					
	C	Gain or (loss)		0			<del> </del>
	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				<del> </del>
Jue	8a	Gross income from fundraising		i	1		1
Other Revenu		events (not including \$	1				
2		of contributions reported on line 1c)			Ì		
her		See Part IV, line 18			Ï		
õ	b						<del> </del>
	С	Net income or (loss) from fundraising ever	nts ▶	0			<del> </del>
	9a	Gross income from gaming activities See Part IV, line 19	0				
	ь	Less direct expenses					
	С	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances					
	ь	Less cost of goods sold	1 - 1				
		Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				<del> </del>
	<u> </u>					<del></del>	<del> </del>
	11a						
	b	-	-			<del></del>	<del> </del>
	C		-				
	d	All other revenue	. []				ļ <u> </u>
	e	Total Add lines 11a-11d	▶ [	0			
	12	Total revenue See instructions	<b>►</b> [	13 457 897	13 457 897	91 134	8 960

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations mus				
	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	12,966,163.	12,966,163.		<u></u>
	Compensation of current officers, directors,				
	trustees, and key employees	0.		·	
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
	Fees for services (non-employees)				
	Management	0.			
	Legal	0.		·	
	Accounting	0.			
		0.		· · · · · · · · · · · · · · · · · · ·	
	Lobbying	0.			
	Investment management fees	0.	·- <del>-</del> - · ·		
g	Other (If line 11g amount exceeds 10% of line 25, column	16,480.	16,480.		
12	(A) amount, list line 11g expenses on Schedule O)	0.			· · · · · · · · · · · · · · · · · · ·
	Advertising and promotion	0.		<del></del>	T
	Office expenses	0.1		<u> </u>	
14	<b>*</b> ′	0.			· · · · · · · · · · · · · · · · · · ·
15	Royalties	0.			
	Occupancy	0.			
	Travel				
18	Payments of travel or entertainment expenses	0.			
40	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	0.			
	Interest	0.			·
	Payments to affiliates	0.	·		
	Depreciation, depletion, and amortization	0.			
	Insurance		<del>-</del>	<del></del>	1
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	PY 990-T TAXES PAID	477.	477.		<u> </u>
	' <del></del>		4//.		
	·				
C					-
d	··				
	All other expenses	12 002 100	12 002 100		
	Total functional expenses Add lines 1 through 24e	12,983,120.	12,983,120.		
26	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here	.			
	following SOP 98-2 (ASC 958-720)	0.			

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art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	490,968.	1	874,256
2	Savings and temporary cash investments	0.	2	
3	Pledges and grants receivable, net	0.	3	
4	Accounts receivable, net	0.	4	
5	Loans and other receivables from current and former officers, directors,			
"	trustees, key employees, and highest compensated employees			
		0.	5	
6	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.		
7	Notes and loans receivable, net	0.	7	
2   `		0.		
·	Inventories for sale or use	0.	<del></del> -	
9	Prepaid expenses and deferred charges	<del></del>	9	<u> </u>
10 a	Land, buildings, and equipment cost or			
1	other basis Complete Part VI of Schedule D			
b	Less accumulated depreciation		10c	0 070 50
11	Investments - publicly traded securities		11	8,878,53
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	53,393,257.	15	1,25
16	Total assets. Add lines 1 through 15 (must equal line 34)	53,884,225.	16	9,754,04
17	Accounts payable and accrued expenses	0.	17	
18	Grants payable	0.	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	
1 -	Loans and other payables to current and former officers, directors,	*	-	
	trustees, key employees, highest compensated employees, and	'		
22	disqualified persons Complete Part II of Schedule L	0.	22	
1,,		0.		· · · · · · · · · · · · · · · · · · ·
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X	2		
	of Schedule D	0.	-	
26	Total liabilities. Add lines 17 through 25	0.	26	·
	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	· · · · · · · · · · · · · · · · · · ·	27	
28	Temporarily restricted net assets	·	28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34			
30	Capital stock or trust principal, or current funds	53,884,225.	30	9,754,04
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	
32	Retained earnings, endowment, accumulated income, or other funds	0.	32	
33	Total net assets or fund balances	53,884,225.	33	9,754,04
34	Total liabilities and net assets/fund balances.	53,884,225.	34	9,754,04
<u> </u>	Total habilities and het assets/fullu Dalances,	33,009,223.	34	Form <b>990</b> (20

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## **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information

► Attach to Form 990 or 990-EZ ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

OGE ENERGY CORP. EMPLOYEES MEDICAL TRUST

Employer Identification number 36-4054466

PART VI SECTION A, LINE 9

THE TRUSTEE CAN BE REACHED AT: WELLS FARGO 1 N JEFFERSON AVE, SAINT LOUIS, MO 63103 (1-314-875-1199)

PART VI, SECTION B, LINE 11A

THE FORM 990 IS PREPARED BY THE SPONSOR COMPANY'S INTERNAL TAX DEPARTMENT AND IS REVIEWED BY THE COMPANY'S DIRECTOR OF BENEFITS FOR COMPLETENESS AND ACCURACY.

PART VI, SECTION B, LINE 12C

THE SPONSOR COMPANY MAINTAINS A CONFLICT OF INTEREST POLICY. COMPLIANCE IS MONITORED BY THE DIRECTOR OF BENEFITS AS WELL AS THE VICE PRESIDENT OF INTERNAL AUDIT.

PART VI, SECTION B, LINE 15B

THE OGE ENERGY CORP. EMPLOYEES' MEDICAL BENEFIT TRUST HAS NO COMPENSATED OFFICERS, DIRECTORS, OR EMPLOYEES.

PART XI, LINE 5

THE AMOUNT REPORTED ON THIS LINE REPRESENTS THE NET APPRECIATION IN THE FAIR VALUE OF THE TRUST'S INVESTMENT IN MUTUAL FUNDS EXPERIENCED IN 2015.

PART XII, LINE 1

IN 2017 THE ACCOUNTING METHOD WAS INADVERTENTLY MARKED AS "CASH" BASIS

Schedule O (Form 990 or 990-EZ) 2018

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· Name of the organization OGE ENERGY CORP. EMPLOYEES MEDICAL TRUST Employer Identification number 36-4054466

AND NOT "ACCRUAL" BASIS. OGE ENERGY CORP. EMPLOYEES MEDICAL TRUST HAS MADE THIS CHANGE FOR 2018

# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

► Attach to Form 990	urs gov/Form990 for instructions and the latest information
Ă	/A0

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

EMPLOYEES MEDICAL TRUST

OGE ENERGY CORP. Name of the organization Department of the Treasury

Partl

OMB No 1545-0047 2018

Open to Public Employer identification number Inspection

36-4054466

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II £ 2 (3 **£** 9 9

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled y?
						Yes	٥ N
L BENEFITS TRUST							
PO BOX 321 OKLAHOMA CITY, OK 73101	MED BENEFITS		501 (C) (9)	N/A	N/A		×
(2) OGE ENERGY CORP EIP MBP #19 36-4308002 36-4308002							
PO BOX 321 OKLAHOMA CITY, OK 73101	MED BENEFITS		501(C)(9)	N/A	N/A		×
(3) OKLAHOMA GAS & ELECTRIC CO FOUNDATION 73-6093572							
PO BOX 321 OKLAHOMA CITY, OK 73101	MED BENEFITS		501(C)(9)	PF	N/A		×

For Paperwork Reduction Act Notice, see the Instructions for Form 990

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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year	ted Organizations more related orga	s Taxable anization	e <b>as a Partnersh</b> s treated as a p	iip. Complete if the artnership during the	organization a etax year	nswered "Yes"	on Forn	n 990, Part IV,	line 3	₹.	
Na	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporacea elecatora?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	or Percentage	tage ship
			country)		sections 512 - 514)			Yes No		Yes	o <sub>Z</sub>	
<b>(1)</b>												
(2)												
(3)												
(4)												
		,										
(5)												
(9)												
										-		
(7)												

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) (h) (i) Share of Percentage	(h) Percentage	(i) Section
		(state or foreign country)	entity	(C corp, S corp, or trust)		end-of-year assets	ownership	controlled entity?
								Yes No
(1) OGE ENERGY CORP								
LAHOMA CITY, OK 73101	MED BENEFITS	OK	N/A	C CORP				
(2)								
(3)								
		·						
(4)								
						-	,	
(5)								
(9)								
								_
(7)								
								_
						Schedule R (Form 990) 2018	R (Form 99	0) 2018

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Schedule R (Form 990) 2018 Method of determining Yes amount involved 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Ξ 9 위 19 **1**e <del>\*</del> 1 Reimbursement paid to related organization(s) for expenses. Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 (c) Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b) Transaction type (a-s) Lease of facilities, equipment, or other assets from related organization(s) . . . . . . . . . . . . m Performance of services or membership or fundraising solicitations by related organization(s). Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Other transfer of cash or property from related organization(s). Name of related organization Dividends from related organization(s) Part V \_ ۵ 0 € (2) 9  $\Xi$ 2 3

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# Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d) (d) (e) (f) (d) (e) (f) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate			(k) Percentage	<u>a</u>
			income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	end-or-year assets	allocations	of Schedule K-1 (Form 1065)		-	ō
			- 1	Yes No			Yes No	0	Yes No	0	
(1)									·		
(2)											
(6)									+	<u> </u>	1
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Schedule R (Form 990) 2018

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R See instructions

