Form	990-T	Ex	empt Organi			siness Inc der section			Retur	n	ОМВ	No 1545-0687
ŕ		For cale	ndar year 2018 or other t	•					06/30 2	19	9	) <b>∩1Ω</b>
Departme	ent of the Treasury		► Go to www.irs.gi								<u> </u>	.W 10
	levenue Service	<b>▶</b> Do	not enter SSN numbers							:)(3)	Open to F 501(c)(3)	Public Inspection for Organizations Only
Ā	Check box if		Name of organization (	Check be	ox if na	me changed and see	instructio	ns)	,		yer identifi	cation number
	address changed									(Emplo	yees trust, se	Be instructions )
B Exem	pt under section		TRUMAN MEDIC	AL CENT	ER C	HARITABLE	FOUNDA	OITA	N			
X 50	o1(C <u>)(2</u> 3)	Print	Number, street, and room	m or suite no I	faPO	box, see instruction	s			43-13	194064	
40	08(e)220(e)	or Type									ated busine structions)	ess activity code
40	08A530(a)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2310 HOLMES	STREET,	STE	735				(366 11	suuctions ,	
	29(a)		City or town, state or pr			ZIP or foreign postal	code					
	value of all assets I of year		KANSAS CITY,							9000	99	
	•		up exemption number	<del>` ,   ,   ,                             </del>						1		
	,470,553.		ck organization type				501(	c) trust		401(a)		Other trust
			nization's unrelated trac				<del></del>		<del></del>	•	(or first) u	
			ESTMENT IN PA	•			•					, describe the
	•		end of the previous s	entence, cor	nplete	e Parts I and II, cor	npiete a s	schedu	ile M for eac	n addition	nal	
	e or business, the				atar'			00=1::	llod craw-C	**		Yes X No
			corporation a subsidia				uusidiary	CONTRO	⊪eu group ⁄.		►∟	_ ເອ [ <u></u> ] M0
	books are in care		identifying number of t TIE GRAY	ne parent col	poraci	UI -	Telepho	ne nun	nber <b>▶</b> 81	6-627-	-3439	
			or Business Incom	16		(A) Incom		1	(B) Expens		T	(C) Net
	Fross receipts or s		Dusiness incom			(24) 1110011		<del>                                     </del>	(B) BAPOIII			10/1101
	ess returns and allowa			c Balance	1c			1			<i> </i>	/
			ule A, line 7)	,	2			†				i
	_		2 from line 1c		3							
	· · · · · · · · · · · · · · · · · · ·		ttach Schedule D)		4a			<del>                                     </del>		/		
			Part II, line 17) (attach Fo		4b			†				
			rusts		4c					MICHOTOTA NA		
			an S corporation (attach state		5	· · · · · · · · · · · · · · · · · · ·	71.	A	ach I	VE	r	71.
					6					-	- 33	
			come (Schedule E)		7			13	MAY n	<b>1 20</b> 20	,	
			nts from a controlled organizat		8			M	IMPAT U	· 20/···	121	
9 In	vestment income of a	section 50	I(c)(7), (9), or (17) organization	on (Schedule G)	9				OGDE	N III		
10 E	xploited exempt	activity in	ncome (Schedule I) .		10			<u></u>	000	14, 0		
11 A	dvertising incom	e (Sched	ule J)		11			<u>L</u>				
	•		tions, attach schedule)		12/	<u> </u>						
13 J	otal Combine lir	nes 3 thre	ough 12	<u></u>	13		71.					71.
Part			Taken Elsewhere							Except f	or contri	butions,
			be directly conne								T	
_			directors, and trustees	,								
Be s			<i>./</i> .								-	
			<i>. /</i> .									
			/									
			see instructions)								-	
											+	
-			4562)								<del>                                     </del>	
			on Schedule A and els									
25. D											+	
7			compensation plans									
75) F												
			Schedule I)								1	
			chedule J)								1	
			chedule)								1	
	,		s 14 through 28									
			le income before ne								1	71.
			g loss arising in tax ye									i
			e income Subtract line								1	71.
For Pa	perwork Reduct	ion Act N	lotice, see instructions	i.				<del></del>			Fo	om <b>990-T</b> (2018)
8X2740 1	'61222L'\$\$92	2 3/1	3/2020 10:2	7:51 AM	V 1	8-7.6F	•	5448	35 /	1		PAGE 4

	990-J (2018)			Page 2
Pai	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1 1		
	instructions)	! 33		71.
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		71.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
	of lines 33 and 34			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		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			0.
Par	t IV Tax Computation	<del>-                                    </del>		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39		
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	1		
41	Proxy tax See instructions			
42	Alternative minimum tax (trusts only).			
43	Tax on Noncompliant Facility Income. See instructions			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			
Par	t V Tax and Payments		<u></u>	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	$\neg$		
	Other credits (see instructions)	<u> </u>		
	General business credit Attach Form 3800 (see instructions)	<b>-</b>		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	7 /		
	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule)			
48	Total tax. Add lines 46 and 47 (see instructions)			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			
	Payments A 2017 overpayment credited to 2018			
	2018 estimated tax payments	7 !		
	500	7 <i>!</i>		
	Foreign organizations Tax paid or withheld at source (see instructions) 50d	7 /		
e	and the second s	7 1		
	Credit for small employer health insurance premiums (attach Form 8941) 50f	7		
	Other credits, adjustments, and payments Form 2439	7 /		
Ū	Form 4136 Other Total ▶ 50g			
51	Total payments. Add lines 50a through 50g	51	ĺ	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52		
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		
55	Enter the amount of line 54 you want Credited to 2019 estimated tax	55		
	t VI Statements Regarding Certain Activities and Other Information (see instruction			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization is	nay hav	ve to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreigi	n country	
	here >			Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trus	it? [	Х
	If "Yes," see instructions for other forms the organization may have to file	_		
<u>58</u>	Enter the amount of lax-exempt interest received or accrued during the tax year ▶ \$			
	Under possibles of perjury it declare that I have examined this return, including accompanying schedules and statements, and to the	best of n	ny knowledge a	and belief, It is
Sigr		lav the	IRS discuss	this return
Her	e Prus Kurun Simus 3/2 720 Excurse Streetor	nth the	preparer she	own below
		ee instruct	ions)? X Ye	s No
Date:	Print/Type preparer's name Preparer's signature ' Date Chi	ck [ ]	PTIN	
Paid	MICHAEL J ENGLE /// Set	employed		
			44-0160	
	Firm's address > 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Proc	ne no. 81		
JSA			Form 99	<b>90-T</b> (2018)

Form-990-T (2018)										Page 3
Schedule A - Cost of Go	oods Sold. Er	ter method	of inventor	y valuation	<b>&gt;</b>					
1 Inventory at beginning of y	ear 1		6	Inventory	at end of yea	ar	6			
2 Purchases	2	2			goods so	ld. Subtract line				
3 Cost of labor	3			6 from I	line 5 En	iter here and in				
4a Additional section 263A co	osts			Part I, line	2		7			
(attach schedule)	4a		8	Do the	rules of	section 263A (w	ith re	espect to	Yes	No
<b>b</b> Other costs (attach schedu	· ·				•	or acquired for				1
5 Total Add lines 1 through		•		to the orga	anization?	<u> </u>	<u></u>	<u></u>		X
Schedule C - Rent Income	(From Real P	roperty a	nd Persona	I Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
Description of property			•				_			
(1)						<u></u>				
(2)										
(3)										
(4)										
	2. Rent recei	ved or accrue	ed							
(a) From personal property (if the			rom real and pe			3(a) Deductions di				ome
for personal property is more th more than 50%)				for personal property exceeds in columns 2(a) and 2(b) is based on profit or income)			(b) (attach sc	neoule)		
	_			·	·- ·					
(1)	(1)									
(2)		_						<del></del>		
(3)						_				
(4)										
Total		Total				(b) Total deduction	ns			
(c) Total income. Add totals of co		•				Enter here and on	page 1			
here and on page 1, Part I, line 6						Part I, line 6, colun	nn (B)	<u> </u>		
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instruction	ıs)	2 1	Deductions directly con	nected	with or alloca	hle to	
4 December of deb	.4 6		2. Gross ind		3 1	debt-finance			DIE IO	
1 Description of deb	и-ппапсео ргорену		1			nt line depreciation	(b) Other deductions			
						ch schedule)	(attach schedule)			
(1)	•									
(2)										
(3)			_							
(4)	E Avenue adu	-4d b	<b></b>							
4 Amount of average acquisition debt on or	<ol> <li>Average adjust of or allocations</li> </ol>		6 Co		7 Gross	income reportable		Allocable de		
allocable to debt-financed property (attach schedule)	debt-financed (attach sche			vided umn 5	(colum	n 2 x column 6)	(con	ımn 6 x total 3(a) and 3		nns
	(attach sche	:dule)	<u> </u>	%				· · · · · · · · · · · · · · · · · · ·		
(1)				%					•	
(2)				% %		-				
(3)			-	% %					-	
(4)			1	70	Enter has	e and on page 1,	Ente	r here and	on nace	<u> </u>
						ne 7, column (A)		t I, line 7, co		
Totals				▶						

Total dividends-received deductions included in column 8.

Page 4

Schedule F-Interest, Annu	inies, Royanies	1		ntrolled Or			Laut	113 (566	HISHUCK	)(IS)	
Name of controlled organization	2 Employer identification numb			ated income	4 Total payme	of speci		ıncluded			6 Deductions directly connected with income in column 5
(1)							_				
(2)											
(3)											
(4)					<u></u>						
Nonexempt Controlled Organiz	zations			_							<del> </del>
7 Taxable Income	8 Net unrelated in (loss) (see instruc	1		Total of specific ayments made		inc	luded	of column I in the coi tion's gross	ntrolling		Deductions directly     nected with income in     column 10
(1)											<u></u>
(2)											
(3)											
(4)				_							
Totals	come of a Sec	tion 501(c	:)(7),	(9), or (17	<del></del>	Pá	art I, la		ructions)		ter here and on page 1, int I, line 8, column (B)
1 Description of income	2 Amount of	income		directly cor (attach sch	nected				t-asides schedule)		and set-asides (col 3 plus col 4)
(1)			-								
(2)											
(3)											
Totals	Enter here and Part I, line 9, c	olumn (A)	or Th	an Advort	icina In		2 /20		ations)		Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited Exe	mpt Activity in	come, Oth	erin	an Advert	ising ir	COIIII	e (se	e instru	Ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business in	/ with n of d	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed tradé (column umn 3) ompute	from	n activ	income vity that related income	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								_			<u> </u>
(2)		-			•						
(3)	,										_
(4)									-		
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,					_	I		Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising In		untions)		L				_		-	_L
Part I Income From Per			onsol	idated Bas	sis						
Name of periodical	2 Gross advertising income	3 Directadvertising	4. Advert gain or (los gon costs 2 minus con a gain, cor		tising ss) (col ol 3) If	5 Circulation income			6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-				<del> </del>			
(2)				1		-			<del>-</del>		-
(3)				1							-
(4)	-			-		ļ. —		<del></del>			
וד)											
Totals (carry to Part II, line (5))											5 990-T (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)

z imough / on a	inic-by-inic basi	<i>3</i>		•		
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)			İ			
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)	_	
		•		3 Percent of	4.0	

4 Compensation attributable to time devoted to 1 Name 2 Title unrelated business business (1) (2) ATCH 2 % % (3)

(4) Total. Enter here and on page 1, Part II, line 14,

Form 990-T (2018)

43-1194064

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

KKR & CO. LP

71.

INCOME (LOSS) FROM PARTNERSHIPS

71.

ATTACHMENT 2

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
DOUG ALBERS '2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.
ZULEMA BASSHAM 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.
GREG CARLSON 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.
SARAH BAUM 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.
DOUGLAS Y. CURRAN . 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.
S. MARIE MCCARTHER, ED.D. 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.
DAVID EMBRY 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.
PHIL SANDERS 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.
RYAN FISCHER 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.
DAN GERSON 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.

## ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS		TITLE_	BUSINESS PERCENT	COMPENSATION
BETSY GREEN 2310 HOLMES STREET, STE KANSAS CITY, MO 64108	735	DIRECTOR/SECRETARY	0	0.
STEVE HAWN 2310 HOLMES STREET, STE KANSAS CITY, MO 64108	735	DIRECTOR/CHAIR	0	0.
BARBRA PORTER HILL 2310 HOLMES STREET, STE KANSAS CITY, MO 64108	735	DIRECTOR	0	0.
JAY HOWARD 2310 HOLMES STREET, STE KANSAS CITY, MO 64108	735	DIRECTOR	. 0	0.
DAVID LUBECK 2310 HOLMES STREET, STE KANSAS CITY, MO 64108	735	DIRECTOR	0	0.
LARRY RICCI, D.O. 2310 HOLMES STREET, STE KANSAS CITY, MO 64108	735	DIRECTOR	0	0.
RACHAEL SABATES 2310 HOLMES STREET, STE KANSAS CITY, MO 64108	735	DIRECTOR	0	0.
AKIN CIL, M.D. 2310 HOLMES STREET, STE KANSAS CITY, MO 64108	735	DIRECTOR	0	0.
GREGG GIVENS 2310 HOLMES STREET, STE KANSAS CITY, MO 64108	735	DIRECTOR/TREASURER	0	0.
MICHAEL T. MAYER 2310 HOLMES STREET, STE KANSAS CITY, MO 64108	735	DIRECTOR/VICE CHAIR	0	0.

#### ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
MOLLY NAIL 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.
· KIRK ISENHOUR 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	EXECUTIVE DIRECTOR	0	0.
JULIE HULL 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.
KARLYN WILKINS 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	EXECUTIVE DIRECTOR-END 07/2018	0	0.
TOTAL COMPENSATION	·		0.

# Truman Medical Center Charitable Foundation 990-T NOL CARRYFORWARD STATEMENT

	NOL	NOL UTILIZED IN	NOL UTILIZED IN	NOL
	GENERATED	PRIOR YEARS	<b>CURRENT YEAR</b>	CARRYFORWARD
6/30/2013	21,229	(8,676)	(71)	12,482
6/30/2014	1,205			1,205
6/30/2015	7,923			7,923
6/30/2016	-			-
6/30/2017	792			792
6/30/2018	-			-
6/30/2019	-			-
Total:	46,131	(23,658)	(71)	22,402