

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 1900

OMB No 1545-0087

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

2018

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

H Enter the number of the organization's unrelated trades or businesses 1 Describe the only (or first) unrelated trade or business here INVESTMENT IN PARTNERSHIPS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of KATIE GRAY Telephone number 816-627-3439

Part I Unrelated Trade or Business Income table with columns (A) Income, (B) Expenses, (C) Net. Includes rows for Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

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Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) table with rows 14-32.

For Paperwork Reduction Act Notice, see instructions.

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculations.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-51 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56-58 regarding foreign interests and tax-exempt interest.

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of Michael J Engle, Date 3/23/20, Title Executive Director. Includes a box for IRS discussion consent.

Table with 5 columns: Preparer information (Name, Signature, Date, Firm's name, Firm's address) and PTIN/EIN/Phone.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					X
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8 ▶				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals				

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals				

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
Totals						

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))						

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 ▶			

ATTACHMENT 1

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

KKR & CO. LP	71.
INCOME (LOSS) FROM PARTNERSHIPS	<u>71.</u>

ATTACHMENT 2SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
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

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

ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
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			<u>0.</u>

Truman Medical Center Charitable Foundation
990-T NOL CARRYFORWARD STATEMENT

43-1194064

	<u>NOL GENERATED</u>	<u>NOL UTILIZED IN PRIOR YEARS</u>	<u>NOL UTILIZED IN CURRENT YEAR</u>	<u>NOL CARRYFORWARD</u>
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:	<u>46,131</u>	<u>(23,658)</u>	<u>(71)</u>	<u>22,402</u>