

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 2000

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020

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

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions)

D Employer identification number (Employees trust, see instructions)

B Exempt under section X 501(C) 603 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

TRUMAN MEDICAL CENTER CHARITABLE FOUNDATION

43-1194064

Number, street, and room or suite no. If a P.O. box, see instructions

2310 HOLMES STREET, STE 735

E Unrelated business activity code (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

KANSAS CITY, MO 64108

C Book value of all assets at end of year

F Group exemption number (See instructions)

24,814,973.

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated trade or business here ATCH 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If "Yes," enter the name and identifying number of the parent corporation

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

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 4c Capital loss deduction for trusts, 5 Income (loss) from a partnership or an S corporation, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties and rents from a controlled organization, 9 Investment income of a section 501(c)(7), (9), or (17) organization, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total Combine lines 3 through 12.

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest (attach schedule) (see instructions), 19 Taxes and licenses, 20 Depreciation (attach Form 4562), 21 Less depreciation claimed on Schedule A and elsewhere on return, 22 Depletion, 23 Contributions to deferred compensation plans, 24 Employee benefit programs, 25 Excess exempt expenses (Schedule I), 26 Excess readership costs (Schedule J), 27 Other deductions (attach schedule), 28 Total deductions Add lines 14 through 27, 29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13, 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions), 31 Unrelated business taxable income Subtract line 30 from line 29.

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For Paperwork Reduction Act Notice, see instructions

Form 990-T (2019)

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38

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46-56 for tax and payments.

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

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 57-59 regarding foreign activities 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, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature section for Michael J Engle, Executive Director, dated 4/26/2021. Includes firm information for BKD, LLP.

May the IRS discuss this return with the preparer shown below (see instructions)? Yes [X] No [ ]

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

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

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

(see instructions)

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

**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)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
<b>Total dividends-received deductions</b> 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 25

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)						
<b>Totals from Part I</b> . . . . . ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**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)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

ATTACHMENT 2

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>
DOUG ALBERS 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.
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.

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>
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.
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.
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.



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>
NATASHA ACOSTA, MD 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.
BRETT FERGUSON DDS 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.
PATTY LEWIS BSN 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	0	0.
PATTY LEWIS 2310 HOLMES STREET, STE 735 KANSAS CITY, MO 64108	DIRECTOR	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	-			-
6/30/2020	-			-
Total:	<u>46,131</u>	<u>(23,658)</u>	<u>(71)</u>	<u>22,402</u>