	Forn	, 990-T	E	Exempt Organization Bus			ax Return	<u> </u>	OMB No 1545-0687
	•	_		(and proxy tax unde			1906		2040
			For ca	lendar year 2018 or other tax year beginning JUL 1,				<u>9</u>	2018
		tment of the Treasury al Revenue Service	•	► Go to www irs gov/Form990T for in: - Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
	A [Check box if address changed		Name of organization (Emp	oyer identification number loyees' trust, see actions)			
	B Ex	cempt under section		6	1-0945743				
	X]501(c)(3 ()/		E Unrelated business activity code (See instructions)					
		408(e) 220(e)	Type	2333 ALUMNI PARK PLAZA	, N	0. 200]	
		408A530(a) 529(a)		City or town, state or province, country, and ZIP or LEXINGTON, KY 40517	r foreig	n postal code		531	120
	C Boo	ok value of all assets and of year		F Group exemption number (See instructions)	<u> </u>				
		212,550,2		G Check organization type ► X 501(c) corp	oratio	1 501(c) trust	401(a)	trust	Other trust
			•	ition's unrelated trades or businesses.	1		the only (or first) un		
				UNRELATED BUSINESS ACT			, complete Parts I-V.		·
				ace at the end of the previous sentence, complete Par	rts I an	d II, complete a Schedule	M for each additions	al trade	or
		siness, then complete I				d			₩
				poration a subsidiary in an affiliated group or a paren	it-subs	idiary controlled group?	▶ L	Ye	es X No
			_	tifying number of the parent corporation KATERINA MOLINA		Talanh	one number > 8	59_	257-7910 /
				de or Business Income		(A) Income	(B) Expenses		(C) Net
		Gross receipts or sale				()			
		Less returns and allow		c Balance	1c				
	-	Cost of goods sold (S			2				
		Gross profit Subtract		· · · · · · · · · · · · · · · · · · ·	3				
		Capital gain net incom			4a				
	b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b				
		Capital loss deduction			4c				
	5	Income (loss) from a	partners	ship or an S corporation (attach statement)	5		\$1.00 January 19	125	
	6	Rent income (Schedul	e C)		6				
		Unrelated debt-finance	ed incon	ne (Schedule E)	7				
8	87970 7070 11	Interest, annuities, roy	aļties, ai	nd rents from a controlled organization (Schedule F)	8				
ź	39	Investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
e	30	Exploited exempt activ		· · · · · · · · · · · · · · · · · · ·	10				
6	1 11	Advertising income (S		· ·	11		File Cabinet Contracts	5 8 2 4 5	
	12،	Other income (See ins		· · · · · · · · · · · · · · · · · · ·	12			Tris.	
=		Total. Combine lines	3 through	gh 12 ot Taken Elsewhere (See instructions fo	13/	0.			
0				itions, deductions must be directly connected			ıncome)		
SCANNED	14			rectors, and trustees (Schedule K)		 	· ·	14	
Ž	15	Salaries and wages	0013, 011	rodicins, and musicos (somedate it)				15	
S	16	Repairs and maintena	ance					16	
Š	17	Bad debts						-17-	1
	18	Interest (attach sched	dule) (se	ee instructions)		F	ECEIVED	18	
	19	Taxes and licenses						T S	
	20	Charitable contribution	ns (See	e instructions for lymitation rules)		22	JUL 2 0 2 020	200	
	21	Depreciation (attach I	orm 45	562)		. 9 <u>8</u> 6	JOL 2 6 2020	RS	
	22	Less depreciation cla	ımed on	n Schedule A and elsewhere on return		22a		-22b	
	23	Depletion					GDEN, U	23_	<u>.</u>
	24	Contributions to defe		ppensation plans				24	
	25	Employee benefit pro		`				25	
	26	Excess exempt expen						26	
	27	Excess readership co						27	
	28	Other deductrons (att		·				28	
	29	Total deductions Ad			l.a - 00) from the 40		29	0.
	30			ncome before net operating loss deduction. Subtract				30	
	31		_	oss arising in tax years beginning on or after January	y 1, ZU	TO (SEE INSTRUCTIONS)		31 32	<u>。 </u>
•	32 823701			ncome Subtract line 31 from line 30 work Reduction Act Notice, see instructions				32	Form 990-T (2018)
	JE3/U	OI-00-10 LID TU	· apcil						10(11,000 1 (2010)

Form 990-1	<i></i>	61-09	45743	Page 2
Part I	Total Unrelated Business Taxable Income			
332	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	MT 1	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	١.		
	lines 33 and 34	1	1 36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	7	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	/-	111	•
	efiler the smaller of zero or line 36		38	0.
Part /			- 1 -	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	•	► 3 1 9	0.
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) .		40	
41	Proxy tax. See instructions	•	► 41 -	
42	Alternative minimum tax (trusts only)		42	· · · ·
43	Tax on Noncompliant Facility Income. See instructions		43	0.
Part X	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments		1 44 1	<u> </u>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		The	
			-	
	Other credits (see instructions) General business credit, Attach Form 3800 45c		$\dashv \vdash \vdash$	
C	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47		ttach schedule		
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018			
	2018 estimated tax payments 50b		-1	
	Tax deposited with Form 8868 50c	,"	711	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		711	
	Backup withholding (see instructions) 50e		\Box	
	Credit for small employer health insurance premiums (attach Form 8941) 50f		\Box \Box	
	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 50a			
51	Total payments. Add lines 50a through 50g		<u>\$1</u>	
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		inded 🕨	<u> </u>	
Part V				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here >			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	-	X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year S Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	set of my know	viedae end belie	I it is true
Sign	Under penalties of perjury, I declare that I have examined this feturn, including accompanying schedules and statements, and to the discovered and complete Declaration of preparer (other than taxpayor) is based on all information of which preparer has any knowledge	- Cor my Know	go mid Dalla	., 10 0 00,
Here	7/19/2 PRESIDENT	•	· -	cuss this return with
	Signature of officer Date Title		instructions)?	
		heck	if PTIN	44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		elf- employe		
Paid	ALLEGON C. CARMED MALANDA (MITTI) //9/201	on omploye		242412
Prepa	rer BELLA DORGON ALLEN FORD DILC	Firm's EIN		3858252
Use O	250 W. MAIN STR, STE 1400	J LIN 4		
		Phone no.	(859)	255-2341
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KENTUCKY MEDICAL SERVICES FOUNDATION,

Page 3

Form 990-T (2018) INC.

1 Inventory at beginning of year 2 Purchases 2 Total of Social of Social Operations (Social Social S	Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v	aluation ► N/A					-
3 Cost of labor 4 Additional section 263A costs (attach schedule) 4 Debrooks (attach schedule) 5 Total Additional section 263A (with respect to property produced or acquired for resale) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1 Description of growing of the personal property and property of the personal property (if the personal p		1				ar		6		
4 Additional section 263A costs (attach schedule) 4 B 5 Other uses of section 263A (with respect to property produced or acquired for resale) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)	2 Purchases	2		7	Cost of goods sold S	ubtract l	ine 6			
(attach schedule) b Other costs (attach schedule) 5 Total Add thes I through 40 5 Total Add these I through 40 1 Description of property (c) 2 Rent received or account (d) 2 Rent received or account (e) 2 Rent received or account (a) From personal property if the personal property (if the personal property (if the personal property if the personal property is more than 10 the income in columns 2(a) and 2(b) (letter) schedule of rent in based on profit or income) (f) Total income Add totals of columns 2(a) and 2(b). Enter there is based on profit or income) 1 Description of debt-financed property 1 Description of debt-financed property 1 Description of debt-financed property (attach schedule) 5 Average acquisation (debt-financed property (attach schedule) 5 Average acquisation (debt-financed property (attach schedule) 5 Average acquisation (debt-financed property (attach schedule) 6 Column 4 divided of column 2 and 2	3 Cost of labor	3			from line 5. Enter here	and in f	Part I,			
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(2)	4 Amount of average acquisition debt on or allocable to debt-financed	of or a debt-fina	allocable to nced property	6			reportable (column	(0	column 6 x total of co	
(2)	(1)			1	%					
(3)				1				1		
(4) Senter here and on page 1, Part I, line 7, column (A) Totals O O O O O										
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Totals D. O. O.			-	•						
	Totals				_		n.			0.
		ncluded in column	ı 8							

Form 990-T (2018) INC.								61-09	4574	3 Page	
Schedule F - Interest,	Annuities, Roy	/alties, ar					ition	S (see ins	struction		
			Exempt	Controlled O	rganızatı	ions					
1 Name of controlled organiza	l ide			unrelated income 4 To pay		stal of specified ments made	5 Part of column 4 that is included in the controlling organization's gross incom		rolling	connected with income	
(1)									- +		
(2)			 								
(3)								•	<u> </u>		
(4)											
Nonexempt Controlled Organ	izations					-				· · · · · · · · · · · · · · · · · · ·	
7 Taxable Income	8 Net unrelated in (see instruc	ncome (loss) tions)	9 Total	of specified payr made	nents	10 Part of colur in the controlli gross		nization s		ductions directly connected in income in column 10	
(1)											
(2)											
(3)	,	,		·							
(4)					-						
						Add colum Enter here and tine 8, c		e 1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)	
· otals								0.		0.	
Schedule G - Investme	ent Income of	a Section	501(c)(7	7) (9) or (17) Ord	nanization		0.		<u> </u>	
	tructions)	a Section	1 30 1(0)(1	7, (3), 01 (17, 01	gamzadon					
	cription of income			2 Amount of	income	3. Deduction directly conner (attach sched	cted	4 Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)						,				(00) 0 pino 00, 1,	
(2)									•		
(3)											
(4)				``,					-		
				Enter here and o Part I, line 9, col	lumn (A)					Enter here and on page 1 Part I, line 9, column (B)	
Totals			>		0.	madern of the world make and the contract of t				0.	
Schedule I - Exploited	-	ity Incom	e, Other	Than Adv	ertisin	ig Income					
(see instr	uctions)	1						r			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with pi of ur	xpenses connected roduction related ss income	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity the is not unrelate business inco	hat ed	6 Exp attribut colur	able to	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)	page line 10	ere and on 1, Part I, I, col (B)							Enter here and on page 1, Part II, line 26	
otals -	. 0		0.	400.00					in in the second	0.	
Schedule J - Advertisi	ng Income (se	e instructio	ns)								
Part III Income From	Periodicals Re	eported o	n a Cons	solidated	Basis	-					
	- 1					1		I			
1 Name of periodical	2 Gros advertisii income	ng ad	3 Direct vertising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5 Circulati e income	ion	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)		_			HIL PER				_		
(2)								_			
(2)											
(4)					130	S					
				And bear the billion		ince and the second			1	-t a diameter kill App 2 ft Approach 2 a	
Intals (carry to Part II, line (5))	•	0.1	0						1	` n.	

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61-0945743 Page 5

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	•	0.	0.				0.
		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 - Compens	▶	0.	0.				0.

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
290,254.	16,024.	274,230.	274,230.
14,453.	0.	14,453.	14,453.
116,141.	0.	116,141.	116,141.
VER AVAILABLE THIS	YEAR	404,824.	404,824.
	290,254. 14,453. 116,141.	LOSS PREVIOUSLY APPLIED 290,254. 16,024. 14,453. 0.	PREVIOUSLY LOSS REMAINING 290,254. 16,024. 274,230. 14,453. 116,141. 0. 116,141.