efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492068002130

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 , and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Auxiliary to Truman Medical Center

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
2301 HOLMES

City or town, state or country, and ZIP + 4
KANSAS CITY, MO 64108

D Employer identification number
43-6099279

E Telephone number
(816) 404-3739

F Group Exemption Number ▶

● ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☑ Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)— ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 415,940

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	36,524
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	305
	4	Investment income		4	3,947
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $____ _____of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a	340,220	
	b	Less cost of goods sold	7b	208,686	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	131,534
	8	Other revenue (describe ▶)		8	34,944
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	207,254
Expenses	10	Grants and similar amounts paid (attach schedule)		10	152,779
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	67,216
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	3,604
	16	Other expenses (describe ▶)		16	16,355
	17	**Total expenses** (add lines 10 through 16) ▶		17	239,954
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-32,700
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	451,233
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	418,533

Part II Balance Sheets—If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	406,672	22	361,533
23	Land and buildings	0	23	0
24	Other assets (describe ▶)	48,759	24	62,844
25	**Total assets**	455,431	25	424,377
26	**Total liabilities** (describe ▶)	4,198	26	5,844
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	451,233	27	418,533

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
The mission of the Truman Medical Center Hospital Hill Auxiliary is to secure financial and volunteer aid for patients and staff, and to support the Center's mission in the community

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 DONATIONS TO TRUMAN MEDICAL CENTER INC HOSPITAL HILL, WHICH IS A NOT-FOR-PROFIT SAFETY NET HOSPITAL, PURCHASES EQUIPMENT TO ASSIST IN PATIENTS AND CHILDREN CARE WITH LIFE NECESSITIES (Grants $ 152,779) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	231,219
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (attach schedule) . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	231,219

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No
35	*If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N*	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*Section 501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? *If "Yes," complete Schedule L, Part I.*	40b		No
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No

41 List the states with which a copy of this return is filed ▶ MO

42a The books are in care of ▶ BETTY SCHWARTZ Telephone no ▶ (816) 734-8926

Located at ▶ 2301 HOLMES KANSAS CITY, MO ZIP + 4 ▶ 64108

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
Total number of other independent contractors receiving over $100,000 ▶		

Please Sign Here

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 officer) is based on all information of which preparer has any knowledge

****** — Signature of officer — 2010-03-01 — Date

AL M JOHNSON OFFICER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD LLP 120 West 12th Street Suite 1200 Kansas City, MO 641051936			EIN ▶ Phone no ▶ (816) 221-6300

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492068002130

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Auxiliary to Truman Medical Center

Employer identification number
43-6099279

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☑ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
TRUMAN MEDICAL CENTER INC HOSPITAL HILL	440661018	03	Yes		Yes		Yes		152779
Total									152,779

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9, of, Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part II **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 43-6099279
Name: Auxiliary to Truman Medical Center

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARGARET CULLIVAN 2301 HOLMES KANSAS CITY,MO 64108	DIRECTOR 1.0	0	0	0
ERNESTINE DAVIS 2301 HOLMES KANSAS CITY,MO 64108	DIRECTOR 1.0	0	0	0
BETTY SCHWARTZ 2301 HOLMES KANSAS CITY,MO 64108	DIRECTOR 1.0	0	0	0
MELBA MCFADDEN 2301 HOLMES KANSAS CITY,MO 64108	DIRECTOR 1.0	0	0	0
DORTHA MAE OLSEN 2301 HOLMES KANSAS CITY,MO 64108	DIRECTOR 1.0	0	0	0
CRIS DESSERT 2301 HOLMES KANSAS CITY,MO 64108	DIRECTOR 1.0	0	0	0
EVELYN STEVENSON 2301 HOLMES KANSAS CITY,MO 64108	DIRECTOR 1.0	0	0	0
BETTY DETERDING 2301 HOLMES KANSAS CITY,MO 64108	DIRECTOR 1.0	0	0	0
THOMAS BROWN 2301 HOLMES KANSAS CITY,MO 64108	DIRECTOR 1.0	0	0	0
JERRE WIGGANS 2301 HOLMES KANSAS CITY,MO 64108	DIRECTOR 1.0	0	0	0
MARIE KRUEGER 2301 HOLMES KANSAS CITY,MO 64108	DIRECTOR 1.0	0	0	0
MARY ANN COX 2301 HOLMES KANSAS CITY,MO 64108	DIRECTOR 1.0	0	0	0
HILDA GIBBS 2301 HOLMES KANSAS CITY,MO 64108	DIRECTOR 1.0	0	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492068002130

TY 2008 General Explanation Attachment

Name: Auxiliary to Truman Medical Center

EIN: 43-6099279

Identifier	Return Reference	Explanation
MISSION, GOALS, AND VISION STATEMENTS	FORM 990-EZ, PART III	OUR MISSION THE MISSION OF THE AUXILIARY TO TRUMAN MEDICAL CENTER HOSPITAL HILL IS TO SECU RE FINANCIAL AND VOLUNTEER AID FOR THE PATIENTS AND STAFF, AND TO SUPPORT THE CENTER'S MIS SION IN THE COMMUNITY OUR GOALS 1 WE WILL CONTINUE TO SUPPORT THE PROJECTS THAT HAVE BEE N SUCCESSFUL IN THE PAST 2 WE WILL ACTIVELY RECRUIT NEW MEMBERS FROM GROUPS AND INDIVIDU ALS IN THE COMMUNITY THAT WE SERVE 3 WE WILL TRAIN AND EDUCATE OUR MEMBERSHIP TO ASSUME LEADERSHIP ROLES 4 WE WILL ENCOURAGE GROUPS WITHIN OUR COMMUNITY TO SUPPORT PROJECTS THA T WILL ENHANCE THE SUPPORT OF OUR GOALS 5 WE WILL CONDUCT OUR AFFAIRS IN A BUSINESS LIKE AND PROFESSIONAL MANNER OUR VISION WE WILL STRIVE TO BE AN OUTSTANDING EDUCATIONAL AND C OMMUNITY SERVICE ORGANIZATION WHICH IS SENSITIVE TO THE NEEDS OF THE PUBLIC THAT WE SERVE WE WANT TO BE THE SOURCE OF SUPPORT FOR THE FACILITIES ON HOSPITAL HILL AS THEY ADAPT TO THE CHANGES IN THE HEALTHCARE ENVIRONMENT IN WHICH WE EXIST

Identifier	Return Reference	Explanation
PROJECTS SPONSORED BY THE AUXILIARY	FORM 990-EZ, PART III	PROJECTS SPONSORED BY THE AUXILIARY BABY PHOTOS EACH BABY BORN AT TRUMAN MEDICAL CENTER IS PHOTOGRAPHED FAMILIES HAVE THE OPTION TO PURCHASE THESE PHOTOS ARRANGEMENTS MAY ALSO BE MADE TO HAVE THE BABY'S PHOTO TAKEN WITH OTHER FAMILY MEMBERS GIFTS FOR BABIES THIS SERV ICE PROVIDES T-SHIRTS AND DIAPER BAGS FOR THE PARENT AND CHILD TO TAKE HOME FOOD SERVICES THE AUXILIARY AND THE CHARITABLE FOUNDATION SHARE IN THE REVENUES FROM MCDONALDS LOCATED ON THE GROUND LEVEL VENDING MACHINES SOFT DRINKS AND SNACKS ARE AVAILABLE FROM VENDING MA CHINES LOCATED IN VARIOUS BUILDINGS ON THE HOSPITAL CAMPUS GIFT SHOP THE GIFT SHOP IS LOC ATED IN THE MAIN LOBBY IT IS OPEN DAILY AND IS STAFFED PRIMARILY BY VOLUNTEERS PERSONAL COMFORT FUNDS VOLUNTEER AND SOCIAL SERVICE DEPARTMENTS PERSONAL NEEDS OF TMC PATIENTS ARE MET THROUGH THE AUXILIARY OPERATING BUDGET AND FROM SPECIAL GIFTS TO THESE FUNDS IT PROVI DES TOILETRIES, BUS TOKENS FOR NEONATAL PATIENTS AND MOMS WHOSE BABIES REMAIN AT TMC, NUTR ITIONAL SUPPLEMENT TO ONCOLOP, PATIENTS AND THERAPEUTIC DEVICES FOR DISCHARGED PATIENTS C LOTHING IS ALSO PROVIDED FOR NEEDY PATIENTS WHEN DISCHARGED SEWING COMMITTEE VOLUNTEER SE WERS MAKE THOUSANDS OF BABY LAYETTES, PATIENT ROBES AND SCUFFLES, AS WELL AS BAGS FOR HEAR T MONITORS KNITTERS MAKE INFANT CAPS, AND TOE COVERS TO PROTECT TOES LEFT EXPOSED BY THE CASTS AUXILIARY CONTRIBUTIONS FROM THE VARIOUS PROJECT PROCEEDS, THE AUXILIARY CONTRIBUTE S ANNUALLY TO FUND EQUIPMENT AND HOSPITAL NEEDS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492068002130

TY 2008 Grants and Similar Amounts Paid Schedule

Name: Auxiliary to Truman Medical Center

EIN: 43-6099279

Item No.	1
Class of Activity	
Donee's Name	TRUMAN MEDICAL CENTER
Donee's Address	2301 HOLMES KANSAS CITY, MO 64108
Amount (FMV)	137,946
Purpose of Payment to Affiliate	GENERAL
Relationship	RELATED ORGANIZATION
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	TRUMAN MEDICAL CENTER
Donee's Address	2301 HOLMES KANSAS CITY, MO 64108
Amount (FMV)	14,833
Purpose of Payment to Affiliate	GENERAL
Relationship	RELATED ORGANIZATION
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492068002130

TY 2008 Other Assets Schedule

Name: Auxiliary to Truman Medical Center

EIN: 43-6099279

Description	Beginning of Year Amount	End of Year Amount
NOTE RECEIVABLE	0	10,265
Accounts Receivable	21,504	24,021
Inventories for Sale or Use	27,255	28,558

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492068002130

TY 2008 Other Expenses Schedule

Name: Auxiliary to Truman Medical Center

EIN: 43-6099279

Description	Amount
DELEGATES & WORKSHOPS	1,312
BANK FEES	2,508
DUES	45
INSURANCE	407
MISCELLANEOUS	4,869
Supplies	7,214

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492068002130

TY 2008 Other Liabilities Schedule

Name: Auxiliary to Truman Medical Center

EIN: 43-6099279

Description	Beginning of Year Amount	End of Year Amount
GIFT CERTIFICATES	31	75
Accounts Payable	4,167	5,769

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492068002130

TY 2008 Other Revenues Schedule

Name: Auxiliary to Truman Medical Center

EIN: 43-6099279

Description	Amount
WAYS AND MEANS	12,059
VENDING MACHINES	22,885