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Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

OMB No 1545-0052

**2008**

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2008, or tax year beginning **10/01**, 2008, and ending **09/30**, 2009  
G Check all that apply ☐ Initial return ☐ Final return ☐ Amended return ☐ Address change ☐ Name changeUse the IRS  
label.  
Otherwise,  
print  
or type.  
See Specific  
Instructions.

Name of foundation

**WYANDOTTE HEALTH FOUNDATION**

Number and street (or P O box number if mail is not delivered to street address)

**755 MINNESOTA AVENUE**

City or town, state, and ZIP code

**KANSAS CITY, KS 66117**

A Employer identification number

**48-0547722**

B Telephone number (see page 10 of the instructions)

**(913) 371-4032**C If exemption application is pending, check here ☐D 1 Foreign organizations, check here ☐2 Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐H Check type of organization ☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationI Fair market value of all assets at end of year (from Part II, col (c), line 16) **\$ 39,026,608.**  
J Accounting method ☐ Cash ☒ Accrual  
☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis)**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule) . . . . .	606,119.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B. . . . .				
3 Interest on savings and temporary cash investments . . . . .	458.	458.		STMT 1
4 Dividends and interest from securities . . . . .	1,080,260.	1,080,260.		STMT 2
5a Gross rents . . . . .	23,989.	23,989.		
b Net rental income or (loss) . . . . .				
6a Net gain or (loss) from sale of assets not on line 10 . . . . .	-5,018,611.			
b Gross sales price for all assets on line 6a . . . . .	24,205,235.			
7 Capital gain net income (from Part IV, line 2) . . . . .				
8 Net short-term capital gain . . . . .				
9 Income modifications . . . . .				
10a Gross sales less returns and allowances . . . . .				
b Less Cost of goods sold . . . . .				
c Gross profit or (loss) (attach schedule) . . . . .				
11 Other income (attach schedule) . . . . .	90,918.			STMT 3
12 Total. Add lines 1 through 11 . . . . .	-3,216,867.	1,104,707.		
13 Compensation of officers, directors, trustees, etc. . . . .	272,798.	133,671.		139,127.
14 Other employee salaries and wages . . . . .	41,088.	12,326.		28,762.
15 Pension plans, employee benefits . . . . .	143,552.	67,469.		76,083.
16a Legal fees (attach schedule) . . . . .	43,685.	43,685.		
b Accounting fees (attach schedule) . . . . .	14,093.	7,046.		7,047.
c Other professional fees (attach schedule) . . . . .	21,968.			21,968.
17 Interest . . . . .				
18 Taxes (attach schedule) (see page 14 of the instructions) * . . . .	6,659.			
19 Depreciation (attach schedule) and depletion . . . . .	40,878.			
20 Occupancy . . . . .	53,381.	8,541.		44,840.
21 Travel, conferences, and meetings . . . . .	2,055.			2,055.
22 Printing and publications . . . . .	1,606.			1,606.
23 Other expenses (attach schedule) STMT. 5 . . . . .	271,056.	226,958.		44,098.
24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	912,819.	499,696.		365,586.
25 Contributions, gifts, grants paid . . . . .	1,437,248.			1,710,288.
26 Total expenses and disbursements. Add lines 24 and 25 . . . . .	2,350,067.	499,696.		2,075,874.
27 Subtract line 26 from line 12. . . . .				
a Excess of revenue over expenses and disbursements . . . . .	-5,566,934.			
b Net investment income (if negative, enter -0-) . . . . .		605,011.		
c Adjusted net income (if negative, enter -0-) . . . . .			-0-	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. \*\* STMT 4

Form **990-PF** (2008)JSA  
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**Part I Balance Sheets**

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	59,481.	43,980.	43,980.
	2 Savings and temporary cash investments . . . . .			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10 a Investments - U S and state government obligations (attach schedule) **	3,827,309.	2,799,063.	2,879,520.
	b Investments - corporate stock (attach schedule) STMT 7 .	31,334,279.	25,738,911.	26,080,318.
	c Investments - corporate bonds (attach schedule) STMT 8 .	3,272,568.	4,294,624.	4,551,226.
	<b>Liabilities</b>	11 Investments - land, buildings, and equipment basis Less: accumulated depreciation (attach schedule) ▶		
12 Investments - mortgage loans . . . . .				
13 Investments - other (attach schedule) STMT 9 .		4,339,821.	4,178,034.	4,626,886.
14 Land, buildings, and equipment basis Less: accumulated depreciation (attach schedule) ▶		1,020,155.	627,111.	627,111.
15 Other assets (describe ▶ STMT 10)		244,688.	215,891.	217,567.
16 <b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .		43,731,651.	37,897,614.	39,026,608.
17 Accounts payable and accrued expenses . . . . .		112,527.	106,188.	
18 Grants payable . . . . .		1,705,351.	1,432,312.	
19 Deferred revenue . . . . .				
20 Loans from officers, directors, trustees, and other disqualified persons .				
<b>Net Assets or Fund Balances</b>	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ STMT 11)	51,096.	63,371.	
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	1,868,974.	1,601,871.	
	24 <b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
<b>Net Assets or Fund Balances</b>	25 Unrestricted . . . . .	41,862,677.	36,295,743.	
	26 Temporarily restricted . . . . .			
	26 Permanently restricted . . . . .			
	27 <b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds . . . . .			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .			
	29 Retained earnings, accumulated income, endowment, or other funds . .			
30 <b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	41,862,677.	36,295,743.		
31 <b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	43,731,651.	37,897,614.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	41,862,677.
2 Enter amount from Part I, line 27a . . . . .	2	-5,566,934.
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3 . . . . .	4	36,295,743.
5 Decreases not included in line 2 (itemize) ▶	5	
6 <b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6	36,295,743.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> SEE PART IV SCHEDULE					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) . . . . .	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	-5,018,611.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8, . . . . .	}	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? . . . . ☐ Yes ☒ No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

**1** Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2007	2,562,972.	45,258,425.	0.056630
2006	2,302,065.	47,792,019.	0.048168
2005	2,528,775.	45,343,372.	0.055769
2004	2,480,640.	44,556,970.	0.055673
2003			

<b>2</b> Total of line 1, column (d) . . . . .	<b>2</b>	0.216240
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . .	<b>3</b>	0.054060
<b>4</b> Enter the net value of noncharitable-use assets for 2008 from Part X, line 5 . . . . .	<b>4</b>	33,542,063.
<b>5</b> Multiply line 4 by line 3 . . . . .	<b>5</b>	1,813,284.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) . . . . .	<b>6</b>	6,050.
<b>7</b> Add lines 5 and 6 . . . . .	<b>7</b>	1,819,334.
<b>8</b> Enter qualifying distributions from Part XII, line 4 . . . . . If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18	<b>8</b>	2,075,874.

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 . . . . .			
Date of ruling letter _____ (attach copy of ruling letter if necessary - see instructions) . . . . .			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		1	6,050.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b) . . . . .			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .		2	
3 Add lines 1 and 2 . . . . .		3	6,050.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .		4	NONE
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .		5	6,050.
6 Credits/Payments			
a 2008 estimated tax payments and 2007 overpayment credited to 2008 . . . . .	6a	10,977.	
b Exempt foreign organizations-tax withheld at source . . . . .	6b	NONE	
c Tax paid with application for extension of time to file (Form 8868) . . . . .	6c	NONE	
d Backup withholding erroneously withheld . . . . .	6d		
7 Total credits and payments. Add lines 6a through 6d . . . . .	7	10,977.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . . .	10	4,927.	
11 Enter the amount of line 10 to be Credited to 2009 estimated tax <input checked="" type="checkbox"/> 3,026. Refunded <input type="checkbox"/> . . . . .	11	1,901.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		
c Did the foundation file Form 1120-POL for this year? . . . . .		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input checked="" type="checkbox"/> \$ NONE (2) On foundation managers <input checked="" type="checkbox"/> \$ NONE		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ NONE		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .		X
If "Yes," attach a detailed description of the activities		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .		X
If "Yes," attach the statement required by General Instruction T		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .	X	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input checked="" type="checkbox"/> KS		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation . . . . .	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV . . . . .		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .		X

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**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(3)? If "Yes," attach schedule (see page 20 of the instructions) . . . . .	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . .	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .	13	X	
Website address ▶ <u>N/A</u>				
14	The books are in care of ▶ <u>GEORGE HOWELL</u> Telephone no ▶ <u>913-371-4032</u>			
Located at ▶ <u>755 MINNESOTA AVENUE KANSAS CITY, KS</u> ZIP + 4 ▶ <u>66117-0242</u>				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here . . . . .	N/A	▶ <input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the year . . . . .		15		

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? . . . . .	1b	X
Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2008? . . . . .	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," list the years ▶ _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 20 of the instructions) . . . . .	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15- or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008) . . . . .	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008? . . . . .	4b	X

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? ☐ Yes ☒ No **5b** N/A

Organizations relying on a current notice regarding disaster assistance check here. ☐

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No **N/A**

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **6b** X

If you answered "Yes" to 6b, also file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(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 and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		272,798.	109,841.	NONE

**2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ☐ NONE

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**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)****3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 15		200,130.

Total number of others receiving over \$50,000 for professional services . . . . . **NONE****Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>NONE</u>	
2	
All other program-related investments See page 24 of the instructions	
3 <u>NONE</u>	
Total. Add lines 1 through 3 . . . . .	

Form 990-PF (2008)



**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	33,919,014.
b	Average of monthly cash balances	1b	133,842.
c	Fair market value of all other assets (see page 24 of the instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	34,052,856.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	34,052,856.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	510,793.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	33,542,063.
6	Minimum investment return. Enter 5% of line 5	6	1,677,103.

**Part XI** Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6	1	1,677,103.
2a	Tax on investment income for 2008 from Part VI, line 5	2a	6,050.
b	Income tax for 2008 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	6,050.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,671,053.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,671,053.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,671,053.

**Part XII** Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,075,874.
b	Program-related investments - total from Part IX-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,075,874.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	6,050.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,069,824.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
<b>1</b> Distributable amount for 2008 from Part XI, line 7 . . . . .				1,671,053.
<b>2</b> Undistributed income, if any, as of the end of 2007				
<b>a</b> Enter amount for 2007 only . . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2008				
<b>a</b> From 2003 . . . . .				
<b>b</b> From 2004 . . . . . 323,577.				
<b>c</b> From 2005 . . . . . 347,206.				
<b>d</b> From 2006 . . . . . 28,755.				
<b>e</b> From 2007 . . . . . 317,317.				
<b>f</b> Total of lines 3a through e . . . . .	1,016,855.			
<b>4</b> Qualifying distributions for 2008 from Part XII, line 4 ▶ \$ 2,075,874.				
<b>a</b> Applied to 2007, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required - see page 26 of the instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required - see page 26 of the instructions) . . . . .				
<b>d</b> Applied to 2008 distributable amount . . . . .				1,671,053.
<b>e</b> Remaining amount distributed out of corpus . . . . .	404,821.			
<b>5</b> Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,421,676.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions . . . . .				
<b>e</b> Undistributed income for 2007 Subtract line 4a from line 2a. Taxable amount - see page 27 of the instructions . . . . .				
<b>f</b> Undistributed income for 2008 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2009 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .				
<b>9</b> Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a . . . . .	1,421,676.			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2004 . . . . . 323,577.				
<b>b</b> Excess from 2005 . . . . . 347,206.				
<b>c</b> Excess from 2006 . . . . . 28,755.				
<b>d</b> Excess from 2007 . . . . . 317,317.				
<b>e</b> Excess from 2008 . . . . . 404,821.				

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9) **NOT APPLICABLE**

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling . . . . .

**b** Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(j)(5)

**2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year

Prior 3 years

(e) Total

(a) 2008

(b) 2007

(c) 2006

(d) 2005

**b** 85% of line 2a . . . . .

**c** Qualifying distributions from Part XII, line 4 for each year listed . . . . .

**d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

**e** Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .

**3** Complete 3a, b or c for the alternative test relied upon

**a** "Assets" alternative test - enter

(1) Value of all assets . . . . .

(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .

**b** "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .

**c** "Support" alternative test - enter

(1) Total support other than gross investment income (interest dividends rents payments on securities loans (section 512(a)(5)) or royalties) . . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii) . . . . .

(3) Largest amount of support from an exempt organization . . . . .

(4) Gross investment income . . . . .

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 27 of the instructions.)**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

N/A

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number of the person to whom applications should be addressed

SEE STATEMENT 16

**b** The form in which applications should be submitted and information and materials they should include

SEE STATEMENT 17

**c** Any submission deadlines

PROPOSALS MUST BE E-MAILED OR POSTMARKED BY JUNE 30TH

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE STATEMENT 18

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>  SEE STATEMENT 19				
<b>Total</b> . . . . .			▶ <b>3a</b>	<b>1,710,288.</b>
<b>b Approved for future payment</b>  SEE STATEMENT 24				
<b>Total</b> . . . . .			▶ <b>3b</b>	<b>1,437,248.</b>





**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

**2008**

Name of the organization

WYANDOTTE HEALTH FOUNDATION

Employer identification number

48-0547722

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **WYANDOTTE HEALTH FOUNDATION**

Employer identification number

**48-0547722****Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>ROSEBUD KEYS FOR ELEANOR REBECK TRUST</u> <u>UMB TRUST DEPARTMENT</u> <u>KANSAS CITY, MO 64141</u>	\$ <u>120,166.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>ELMER WILLIAMS TRUST</u> <u>THE COMMERCE TRUST COMPANY</u> <u>KANSAS CITY, MO</u>	\$ <u>484,591.</u>	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
INTEREST INCOME	458.	458.
TOTAL	458.	458.

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
DIVIDEND INCOME	1,080,260.	1,080,260.
TOTAL	1,080,260.	1,080,260.

## FORM 990PF, PART I - OTHER INCOME

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS
-----	-----
MISCELLANEOUS INCOME	90,918.
	-----
TOTALS	90,918.
	=====

## FORM 990PF, PART I - TAXES

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS
-----	-----
FEDERAL EXCISE TAX	6,659.
	-----
TOTALS	6,659.
	=====

FORM 990PF, PART I - OTHER EXPENSES

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
-----	-----	-----	-----
LIABILITY INSURANCE	20,421.	3,267.	17,154.
OFFICE EXPENSE	32,076.	5,132.	26,944.
INVESTMENT EXPENSE	218,559.	218,559.	
	-----	-----	-----
TOTALS	271,056.	226,958.	44,098.
	=====	=====	=====

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
TREASURY AND FED SECURITIES	3,827,309.	2,799,063.	2,879,520.
US OBLIGATIONS TOTAL	3,827,309.	2,799,063.	2,879,520.

## FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
COMMON STOCKS			
MORTGAGE AND ASSET BACKED SEC	25,326,295.	20,762,011.	21,100,688.
MONEY MARKET MUTUAL FUNDS	4,878,405.	3,424,627.	3,415,310.
CLOSED END MUTUAL FUNDS	1,099,823.	1,522,080.	1,522,080.
PREFERRED STOCK	29,756.	30,193.	42,240.
TOTALS	31,334,279.	25,738,911.	26,080,318.

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
FIXED INCOME CORPORATE BONDS	3,272,568.	4,294,624.	4,551,226.
TOTALS	3,272,568.	4,294,624.	4,551,226.



## FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
MULTIPLE STRATEGY INVEST	4,008,000.	4,008,000.	4,451,094.
INTERNATIONAL GOVERNMENT BONDS	331,821.	170,034.	175,792.
TOTALS	4,339,821.	4,178,034.	4,626,886.

## FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
-----	-----	-----	---
INTEREST/DIVIDENDS RECEIVABLE	112,603.	104,470.	104,470.
MISCELLANEOUS ASSETS	1,603.	19,733.	19,733.
FEDERAL EXCISE TAX REFUND REC	49,858.		
DEPOSIT	29,528.	29,993.	29,993.
DEFERRED COMPENSATION ASSET	51,096.	61,695.	63,371.
	-----	-----	-----
TOTALS	244,688.	215,891.	217,567.
	=====	=====	=====

FORM 990PF, PART II - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED COMPENSATION	51,096.	63,371.
	-----	-----
TOTALS	51,096.	63,371.
	=====	=====

## FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WILLIAM EPPERHEIMER 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	PRESIDENT 40.	143,640.	55,409.	NONE
GEORGE HOWELL 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	VICE PRESIDENT 40.	129,158.	54,432.	NONE
WILLIAM C TEMPEL 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	TREASURER 1.	NONE	NONE	NONE
PATRICIA GAUNCE 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR 1.	NONE	NONE	NONE
O L PLUCKER 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR	NONE	NONE	NONE
TRUDIE HALL 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	SECRETARY 1.	NONE	NONE	NONE

## FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
RAMON MURGUIA 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR 1.	NONE	NONE	NONE
JOHN J JURCYK JR 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR 1.	NONE	NONE	NONE
GREG MUSIL 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR 1.	NONE	NONE	NONE
CHARLES W THURSTON JR 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	CHAIRMAN 1.	NONE	NONE	NONE
RAYMOND L DANIELS 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	1ST VICE CHAIRMAN 1.	NONE	NONE	NONE
DR FRANCES FOSTER 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR 1.	NONE	NONE	NONE
W JACKSON LETTS	2ND VICE CHAIRMAN 1.	NONE	NONE	NONE

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
755 MINNESOTA AVENUE KANSAS CITY, KS 66117				
LEON C LOGAN 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR 1.	NONE	NONE	NONE
	GRAND TOTALS	272,798.	109,841.	NONE

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS  
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
MORGAN STANLEY SMITH BARNEY 4520 MAIN STREET KANSAS CITY, MO 64111	INVESTMENT MGMT	200,130.
		-----
	TOTAL COMPENSATION	200,130. =====

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS  
=====

GREATER KANSAS CITY COMMUNITY FNDT  
1055 BROADWAY, SUTE 130  
KANSAS CITY, MO 64105  
816-627-3403



990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS  
=====

THE ONLINE APPLICATION WILL BE AVAILABLE SIX WEEKS PRIOR TO THE  
DEADLINE. COMPLETE AND SUBMIT THE ONLINE GRANT APPLICATION.

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

TO BE CONSIDERED AS A POTENTIAL WHF GRANTEE, YOUR ORGANIZATION MUST:

1. BE A 501 (C) (3) ORGANIZATION
  2. BE LOCATED WITHIN WYANDOTTE COUNTY OR JOHNSON COUNTY KANSAS, OR JACKSON COUNTY IN MISSOURI
  3. DEMONSTRATE THAT ALL FUNDING WILL BE USED PRIMARILY TO SERVE WYANDOTTE COUNTY RESIDENTS
  4. HAVE PREVIOUSLY RECEIVED A GRANT FROM WYANDOTTE HEALTH FOUNDATION
- IN GENERAL, THE WYANDOTTE HEALTH FOUNDATION WILL NOT AWARD GRANTS TO THE FOLLOWING:
1. DIRECT SUPPORT TO INDIVIDUALS FOR PROJECTS OR SCHOLARSHIPS
  2. BUDGET DEFICITS OR DEBT REDUCTION
  3. ACTIVITIES THAT EXCLUSIVELY BENEFIT THE MEMBERS OF SECTARIAN OR RELIGIOUS ORGANIZATIONS
  4. DIRECTLY INFLUENCE LEGISLATION OR SUPPORT CANDIDATES FOR OFFICE
  5. ANNUAL FUND DRIVES OR EVENTS
  6. BUILDING/CAPITAL CAMPAIGNS
  7. MEDICAL RESEARCH

THERE IS NO MINIMUM OR MAXIMUM SIZE FOR GRANTS. GENERALLY, MULTI-YEAR GRANTS WILL NOT BE CONSIDERED

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ASSOCIATED YOUTH SERVICES  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

COMMUNITY HEALTH PROGRAM

26,113.

BETHEL NEIGHBORHOOD CENTER  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

HEALTHY LIFESTYLES FOR ADULTS & YOUTH

34,817.

BLACK HEALTH CARE COALITION INC  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

IMPROVING DIABETES ASSESSMENT, MANAGEMENT &  
SUPPORT

34,817.

CABOT WESTSIDE HEALTH CENTER  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

WYANDOTTE INDIGENT CARE PROGRAM

60,929.

CANCER ACTION, INC.  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

PATIENT SERVICES PROGRAM

21,760.

CATHOLIC CHARITIES, ARCHDIOCESE OF KCKS  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

HEALTH INTERVENTION FOR AT-RISK

117,507.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

CHILDREN'S MERCY HOSPITALS & CLINICS  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117  
CHILDREN'S MERCY WEST/CORDELL MEEKS, JR CLINIC  
126,211.

COMMUNITY HEALTH COUNCIL  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117  
HEALTH ACCESS AND ADVOCACY  
21,759.

CARITAS CLINIC, INC  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117  
PRIMARY HEALTH CARE FOR UNINSURED POOR  
174,084.

EL CENTRO, INC  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117  
HEALTH WITHOUT BARRIERS  
30,465.

FAMILY CONSERVANCY  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117  
FAMILY FOCUS PROGRAM  
15,668.

GOOD SAMARITAN PROJECT, INC.  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117  
STD/HIV COMMUNITY MOBILIZATION & RISK REDUCTION  
EDUCATION  
21,760.

WYANDOTTE HEALTH FOUNDATION

48-0547722

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

KANSAS CITY FREE HEALTH CLINIC  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

ACCESS FOR ALL

32,009.

EXEMPT

KU ENDOWMENT ASSOCIATION  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

SILVER CITY HEALTH CENTER PRIMARY AND CHRONIC  
CARE SERVICES

117,507.

EXEMPT

PUBLIC HEALTH DEPARTMENT OF UG OF WYCO/KCK  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

SONOGRAM/RADIOLOGY

240,497.

EXEMPT

RIVERVIEW COMMUNITY SERVICES, INC.  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

PARISH NURSE ACCESS TO HEALTH SERVICES

60,929.

EXEMPT

SOUTHWEST BOULEVARD FAMILY HEALTH CARE  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

FAMILY HEALTH CARE

169,732.

EXEMPT

SHOPE HEALTH SERVICES  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

COMPREHENSIVE MEDICAL & DENTAL SERVICES FOR WY.  
CO.

169,732.

EXEMPT

WYANDOTTE HEALTH FOUNDATION

48-0547722

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

TURNER HOUSE CLINIC FOR CHILDREN  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

ACCESS TO HEALTHCARE

143,619.

WY/JO CARE - SPECIALTY REFERRAL  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

SPECIALTY REFERRAL

21,760.

COMMUNITIES IN SCHOOLS  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

CHILDREN'S EMERGENCY DENTAL

26,113.

KHI - HEALTH CARE FOUNDATION  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

INDICATORS OF POPULATION HEALTH

10,000.

KHI - THE UNDERINSURED IN KANSAS  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

UNDERINSURED IN KANSAS PROJECT

10,000.

MARC-METRO HEALTH ACCESS PROJECT  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

METRO HEALTH ACCESS PROJECT

12,500.

COMMUNITY HEALTH COUNCIL  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

FOHC ANALYSIS

10,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS

AND

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

TOTAL CONTRIBUTIONS PAID

1,710,288.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

CANCER ACTION, INC.  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

PATIENT SERVICES PROGRAM

15,000.

CARITAS CLINICS, INC.  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

HEALTH CARE FOR THE UNINSURED POOR

174,000.

CATHOLIC CHARITIES OF NORTHEAST KANSAS  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

HEALTH INTERVENTION

100,000.

CHILDREN'S MERCY HOSPITALS  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

CHILDREN'S MERCY WEST-PRIMARY CARE

100,000.

COMMUNITY HEALTH COUNCIL  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

COMMUNITY HEALTH AND ADVOCACY

21,800.

COMMUNITY IN SCHOOLS OF KCK/WYCO  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

CHILDREN'S EMERGENCY DENTAL

26,100.

KANSAS CITY FREE HEALTH CLINIC  
C/O WYANDOTTE HEALTH FOUNDATION  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

GENERAL MEDICINE PROGRAM

45,000.



WYANDOTTE HEALTH FOUNDATION

48-0547722

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

CU ENDOWMENT ASSOCIATION

C/O WYANDOTTE HEALTH FOUNDATION

755 MINNESOTA AVENUE

KANSAS CITY, KS 66117

EXEMPT

SILVER CITY HEALTH CENTER

117,500.

PUBLIC HEALTH DEPARTMENT OF UG OF WYCO/KCK

C/O WYANDOTTE HEALTH FOUNDATION

755 MINNESOTA AVENUE

KANSAS CITY, KS 66117

EXEMPT

SONOGRAM/RADIOLOGY

197,500.

RIVERVIEW COMMUNITY SERVICES, INC.

C/O WYANDOTTE HEALTH FOUNDATION

755 MINNESOTA AVENUE

KANSAS CITY, KS 66117

EXEMPT

PARISH NURSE-PHARMACUTICALS

60,900.

SOUTHWEST BOULEVARD FAMILY HEALTH CARE

C/O WYANDOTTE HEALTH FOUNDATION

755 MINNESOTA AVENUE

KANSAS CITY, KS 66117

EXEMPT

FAMILY HEALTH CARE

169,700.

SWOPE HEALTH SERVICES

C/O WYANDOTTE HEALTH FOUNDATION

755 MINNESOTA AVENUE

KANSAS CITY, KS 66117

EXEMPT

COMPREHENSIVE MEDICAL & DENTAL FOR WY. CO.

169,700.

TURNER HOUSE CLINIC FOR CHILDREN

C/O WYANDOTTE HEALTH FOUNDATION

755 MINNESOTA AVENUE

KANSAS CITY, KS 66117

EXEMPT

HEALTH CARE FOR CHILDREN

143,600.

MEDICAL SOCIETY OF JO. & WY CNTY FNDT

C/O WYANDOTTE HEALTH FOUNDATION

755 MINNESOTA AVENUE

KANSAS CITY, KS 66117

EXEMPT

WYANDOTTE AND JOHNSON COUNTIES HEALTH CARE

30,000.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COMMUNITY HEALTH COUNCIL C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	FQHC ANALYSIS	10,000.
MARC-METRO HEALTH ACCESS PROJECT C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	METRO HEALTH ACCESS PROJECT	12,500.
CABOT WESTSIDE HEALTH CENTER C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	WYANDOTTE INDIGENT CARE PROGRAM	50,000.
UNUSED GRANT - CANCEL			-6,052.
		TOTAL CONTRIBUTIONS APPROVED	1,437,248.

**SCHEDULE D**  
**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

# Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

**2008**

Name of estate or trust

WYANDOTTE HEALTH FOUNDATION

Employer identification number

48-0547722

Note: Form 5227 filers need to complete **only** Parts I and II

## Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .

**1b**

2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .

**2**

3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .

**3**

4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2007 Capital Loss Carryover Worksheet . . . . .

**4**

5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back . . . . . ►

**5**

## Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .

**6b**

-5,018,611.

7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .

**7**

8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .

**8**

9 Capital gain distributions . . . . .

**9**

10 Gain from Form 4797, Part I . . . . .

**10**

11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2007 Capital Loss Carryover Worksheet . . . . .

**11**

12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back . . . . . ►

**12**

-5,018,611.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2008

**Part III Summary of Parts I and II****Caution: Read the instructions before completing this part.**

	(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
<b>13</b> Net short-term gain or (loss) . . . . .	<b>13</b>		
<b>14</b> Net long-term gain or (loss):			
<b>a</b> Total for year . . . . .	<b>14a</b>		-5,018,611.
<b>b</b> Unrecaptured section 1250 gain (see line 18 of the wrksh.) . . . . .	<b>14b</b>		
<b>c</b> 28% rate gain . . . . .	<b>14c</b>		
<b>15</b> Total net gain or (loss). Combine lines 13 and 14a . . . . .	<b>15</b>		-5,018,611.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**Part IV Capital Loss Limitation**

<b>16</b> Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:	<b>16</b>	( 3,000.)
<b>a</b> The loss on line 15, column (3) or <b>b</b> \$3,000		

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

**Form 990-T trusts.** Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

<b>17</b> Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<b>17</b>		
<b>18</b> Enter the smaller of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>		
<b>19</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>19</b>		
<b>20</b> Add lines 18 and 19 . . . . .	<b>20</b>		
<b>21</b> If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . . .	<b>21</b>		
<b>22</b> Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>		
<b>23</b> Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>		
<b>24</b> Enter the smaller of the amount on line 17 or \$2,200 . . . . .	<b>24</b>		
<b>25</b> Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 and 26, go to line 27 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23. . . . .	<b>25</b>		
<b>26</b> Subtract line 25 from line 24. . . . .	<b>26</b>		
<b>27</b> Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 27 thru 30, go to line 31. <input type="checkbox"/> <b>No.</b> Enter the smaller of line 17 or line 22 . . . . .	<b>27</b>		
<b>28</b> Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>28</b>		
<b>29</b> Subtract line 28 from line 27 . . . . .	<b>29</b>		
<b>30</b> Multiply line 29 by 15% ( 15) . . . . .	<b>30</b>		
<b>31</b> Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) . . . . .	<b>31</b>		
<b>32</b> Add lines 30 and 31 . . . . .	<b>32</b>		
<b>33</b> Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) . . . . .	<b>33</b>		
<b>34</b> Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T) . . . . .	<b>34</b>		

Schedule D (Form 1041) 2008



Company Name: WYANDOTTE HEALTH FOUNDATION  
EIN: 48-0547722  
FYE: 09/30/2009

FORM 990-PF, PART I, LINE 19 AND PART II, LINE 14 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	35,000.	NONE	NONE	35,000.
Land Improvements				
Buildings	822,882.	30,353.	264,896.	557,986.
Leasehold Improvements				
Equipment	80,811.	2,021.	62,731.	18,080.
Furniture & Fixtures	81,462.	8,504.	65,417.	16,045.
Property, Plant & Equipment	<u>1,020,155.</u>	<u>40,878.</u>	<u>393,044.</u>	<u>627,111.</u>
Construction in Progress		NONE	NONE	
Total Fixed Assets, line 14	<u>1,020,155.</u>		<u>393,044.</u>	<u>627,111.</u>
Total Depreciation Expense, line 19		<u>40,878.</u>		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.