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**1** Briefly describe the organization's mission

SEE SCHEDULE O

Form **990** (2009)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes
3	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	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	2	
		1b	0	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1c	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	0	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	
4a 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)? . . . . .			4a	No
b 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				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	13	
b	Enter the number of voting members that are independent . . . . .	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶KS
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ TIERNEY L GRASSER 20333 W 151ST STREET OLATHE, KS 66061 (913) 791-4461

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

☒ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)



1b	Total . . . . .	96,904	2,018,052	1,148,654
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b	7,700			
	c	Fundraising events . . . . .	1c	82,040			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	103,345			
	g	Noncash contributions included in lines 1a-1f \$ 23,945					
	h	Total. Add lines 1a-1f . . . . .		193,085			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		0			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		41,313		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties . . . . .		0			
6a		Gross Rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .		-432,026			-432,026
8a		Gross income from fundraising events (not including \$ 82,040 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	151,676			
b		Less direct expenses . . . . .	b	98,806			
c		Net income or (loss) from fundraising events . .		52,870			52,870
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . .		0			
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . .		0				
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		0				
12	Total revenue. See Instructions . . . . .		-144,758	0	0	-337,843	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	317,250	317,250		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	4,707	4,707		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	118,358			118,358
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	55,688			55,688
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	216			216
9	Other employee benefits . . . . .	1,437			1,437
10	Payroll taxes . . . . .	615			615
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	120		120	
c	Accounting . . . . .	5,301		5,301	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	4,179		4,179	
g	Other . . . . .	145			145
12	Advertising and promotion . . . . .	0			
13	Office expenses . . . . .	5,191			5,191
14	Information technology . . . . .	3,838			3,838
15	Royalties . . . . .	0			
16	Occupancy . . . . .	13,550			13,550
17	Travel . . . . .	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	1,051			1,051
23	Insurance . . . . .	2,278			2,278
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	FUNDRAISING EXPENSES	1,161			1,161
b	DUES AND LICENSES	585			585
c	MISCELLANEOUS EXPENSE	1,640			1,640
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	537,310	321,957	9,600	205,753
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			253,389	2	274,513
	3	Pledges and grants receivable, net . . . . .			7,375	3	22,900
	4	Accounts receivable, net . . . . .				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			3,976	9	5,660
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D . . . . .	10a	25,784			
	b	Less accumulated depreciation . . . . .	10b	25,259	1,576	10c	525
	11	Investments—publicly traded securities . . . . .			1,253,863	11	1,426,207
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			12,396	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			1,532,575	16	1,729,805
Liabilities	17	Accounts payable and accrued expenses . . . . .			51,064	17	48,092
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			0	25	182,086
	26	Total liabilities. Add lines 17 through 25 . . . . .			51,064	26	230,178
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			1,341,386	27	1,343,229
	28	Temporarily restricted net assets . . . . .			34,784	28	38,111
	29	Permanently restricted net assets . . . . .			105,341	29	118,287
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			1,481,511	33	1,499,627
	34	Total liabilities and net assets/fund balances . . . . .			1,532,575	34	1,729,805

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization Olathe Medical Center Chantable Foundation	Employer identification number 48-1136010
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **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).**
- 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 33 1/3% 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 33 1/3% 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).**
- 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?  

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(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	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	332,018	2,437,804	4,581,501	917,193	193,085	8,461,601
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 lines 1 through 3	332,018	2,437,804	4,581,501	917,193	193,085	8,461,601
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,366,196
6 Public Support. Subtract line 5 from line 4						2,095,405

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	332,018	56,227	4,581,501	917,193	193,085	8,461,601
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,193	56,227	45,118	44,937	41,313	224,788
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						8,686,389
12 Gross receipts from related activities, etc (See instructions )					12	1,024,710

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

☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	24 123 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	22 730 %
16a 33 1/3% support test—2009. 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	<input type="checkbox"/>	
b 33 1/3% support test—2008. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2009. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2008. 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	<input type="checkbox"/>	
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>	

Part IIISupport 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 June 30, 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						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. 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% support tests—2008. 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 IV

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

Explanation
OLATHE MEDICAL CENTER CHARITABLE FOUNDATION (OMCCF) MEETS THE FACTS AND CIRCUMSTANCES TEST IN REGULATIONS SECTION 1.170A-9(f)(3) SINCE OMCCF NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM THE GENERAL PUBLIC. OMCCF MET THE REQUIREMENTS OF PARAGRAPHS (I) AND (II) IN THE REGULATIONS IN ORDER TO ESTABLISH, UNDER ALL THE FACTS AND CIRCUMSTANCES, THAT IT NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM GOVERNMENTAL UNITS OR FROM CONTRIBUTIONS FROM THE GENERAL PUBLIC, AND IT IS IN THE NATURE OF A PUBLICLY SUPPORTED ORGANIZATION, TAKING INTO ACCOUNT THE FACTORS DESCRIBED IN THE REGULATIONS. (I) TEN PERCENT-OF-SUPPORT LIMITATION. THE PERCENTAGE OF SUPPORT NORMALLY RECEIVED BY AN ORGANIZATION FROM CONTRIBUTIONS MADE BY THE GENERAL PUBLIC MUST BE SUBSTANTIAL. FOR PURPOSES OF THIS PARAGRAPH, AN ORGANIZATION WILL NOT BE TREATED AS NORMALLY RECEIVING A SUBSTANTIAL AMOUNT OF GOVERNMENTAL OR PUBLIC SUPPORT UNLESS THE TOTAL AMOUNT OF GOVERNMENTAL OR PUBLIC SUPPORT NORMALLY RECEIVED EQUALS AT LEAST 10 PERCENT OF THE TOTAL SUPPORT NORMALLY RECEIVED. OMCCF'S PUBLIC SUPPORT PERCENTAGE FOR 2009 IS 24.12%. (II) ATTRACTION OF PUBLIC SUPPORT. AN ORGANIZATION MUST BE ORGANIZED AND OPERATED AS TO ATTRACT NEW PUBLIC OR GOVERNMENTAL SUPPORT ON A CONTINUOUS BASIS. AN ORGANIZATION WILL BE CONSIDERED TO MEET THIS REQUIREMENT IF IT MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC, COMMUNITY, OR MEMBERSHIP GROUP INVOLVED, OR IF IT CARRIES ON ACTIVITIES DESIGNED TO ATTRACT SUPPORT FROM GOVERNMENTAL UNITS OR OTHER ORGANIZATIONS DESCRIBED IN SECTION 1.170(b)(1)(A)(i) THROUGH (iv). IN DETERMINING WHETHER AN ORGANIZATION MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC OR COMMUNITY, CONSIDERATION WILL BE GIVEN TO WHETHER THE SCOPE OF ITS FUNDRAISING ACTIVITIES IS REASONABLE IN LIGHT OF ITS CHARITABLE ACTIVITIES. OMCCF IS CONTINUOUSLY SOLICITING FUNDS ON AN ANNUAL BASIS. (III) PERCENTAGE OF FINANCIAL SUPPORT. THE PERCENTAGE OF FINANCIAL SUPPORT RECEIVED BY AN ORGANIZATION FROM PUBLIC OR GOVERNMENTAL SOURCES WILL BE TAKEN INTO CONSIDERATION IN DETERMINING WHETHER AN ORGANIZATION IS PUBLICLY SUPPORTED. THE HIGHER THE PERCENTAGE OF SUPPORT ABOVE THE 10 PERCENT REQUIREMENT OF PUBLIC OR GOVERNMENTAL SUPPORT, THE LESSER THE BURDEN OF ESTABLISHING THE PUBLICLY SUPPORTED NATURE OF THE ORGANIZATION, WHILE THE LOWER THE PERCENTAGE, THE GREATER THE BURDEN. OMCCF'S PERCENTAGE OF SUPPORT IS BELOW THE 33 1/3 PERCENT-OF-SUPPORT TEST DUE TO A FEW LARGE CONTRIBUTIONS ALONG WITH ITS MANY SMALLER CONTRIBUTIONS. (IV) SOURCES OF SUPPORT. THE FACT THAT AN ORGANIZATION MEETS THE REQUIREMENT OF PARAGRAPH (i) THROUGH SUPPORT FROM GOVERNMENTAL UNITS OR FROM A REPRESENTATIVE NUMBER OF PERSON, RATHER THAN RECEIVING ALMOST ALL OF ITS SUPPORT FROM THE MEMBERS OF A SINGLE FAMILY WILL BE TAKEN INTO CONSIDERATION IN DETERMINING WHETHER AN ORGANIZATION IS PUBLICLY SUPPORTED. OVER THE LAST FIVE YEARS, THE MAJORITY OF OMCCF'S CONTRIBUTIONS HAVE COME FROM REPRESENTATIVE NUMBER OF PERSONS OR ENTITIES. (V) REPRESENTATIVE GOVERNING BODY. THE FACT THAT AN ORGANIZATION HAS A GOVERNING BODY WHICH REPRESENTS THE BROAD INTERESTS OF THE PUBLIC, RATHER THAN THE PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER OF DONORS WILL BE TAKEN INTO ACCOUNT IN DETERMINING WHETHER AN ORGANIZATION IS PUBLICLY SUPPORTED. AN ORGANIZATION WILL BE TREATED AS MEETING THIS REQUIREMENT IF IT HAS A GOVERNING BODY COMPRISED OF PUBLIC OFFICIALS ACTING IN THEIR CAPACITIES AS SUCH, OF INDIVIDUALS SELECTED BY PUBLIC OFFICIALS ACTING IN THEIR CAPACITIES AS SUCH, OF PERSONS HAVING SPECIAL KNOWLEDGE OR EXPERTISE IN THE PARTICULAR FIELD OR DISCIPLINE IN WHICH THE ORGANIZATION IS OPERATING IN, OF COMMUNITY LEADERS, SUCH AS ELECTED OR APPOINTED OFFICIALS, CLERGYMEN, EDUCATORS, CIVIC LEADERS, OR OTHER SUCH PERSONS REPRESENTING A BROAD CROSS-SECTION OF THE VIEWS AND INTERESTS OF THE COMMUNITY, OR, IN THE CASE OF A MEMBERSHIP ORGANIZATION, OF INDIVIDUALS ELECTED PURSUANT TO THE ORGANIZATION'S GOVERNING INSTRUMENT OR BYLAWS BY A BROADLY BASED MEMBERSHIP. OMCCF'S GOVERNING BODY REPRESENTS THE BROAD INTERESTS OF THE PUBLIC RATHER THAN THE PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER OF INDIVIDUALS DUE TO ITS MEMBERS' DIVERSE BACKGROUNDS. (VI) AVAILABILITY OF PUBLIC FACILITIES OR SERVICES, PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES. THE FACT THAT AN ORGANIZATION IS OF THE TYPE WHICH GENERALLY PROVIDES FACILITIES OR SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON A CONTINUING BASIS WILL BE CONSIDERED EVIDENCE THAT SUCH ORGANIZATION IS PUBLICLY SUPPORTED. OMCCF PROVIDES FUNDS TO RELATED ORGANIZATIONS WHICH PROVIDE AVAILABILITY OF PUBLIC FACILITIES OR SERVICES AND PARTICIPATION IN PROGRAMS.

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

**Name of the organization**  
Olathe Medical Center Charitable Foundation

**Employer identification number**  
48-1136010

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	1,256,178	1,763,434		
b	Contributions . . . . .	0	0		
c	Investment earnings or losses . . . . .	188,513	-496,376		
d	Grants or scholarships . . . . .	4,707	0		
e	Other expenditures for facilities and programs . . . . .	0	0		
f	Administrative expenses . . . . .	13,777	10,880		
g	End of year balance . . . . .	1,426,207	1,256,178		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 89 140 % %

b

Permanent endowment ▶ 0 % %

c

Term endowment ▶ 10 860 % %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

No

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		1,778	1,600	178
d Equipment . . . . .		24,006	23,659	347
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				525



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-144,758
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	537,310
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-682,068
4	Net unrealized gains (losses) on investments	4	680,704
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,207
9	Total adjustments (net) Add lines 4 - 8	9	683,911
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,843

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	318,536,593
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	680,704
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	318,004,826
e	Add lines 2a through 2d . . . . .	2e	318,685,530
3	Subtract line 2e from line 1 . . . . .	3	-148,937
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	4,179
c	Add lines 4a and 4b . . . . .	4c	4,179
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	-144,758

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	259,350,690
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	258,817,559
e	Add lines 2a through 2d . . . . .	2e	258,817,559
3	Subtract line 2e from line 1 . . . . .	3	533,131
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	4,179
c	Add lines 4a and 4b . . . . .	4c	4,179
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	537,310

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ENDOWMENT FUNDS ARE USED FOR SCHOLARSHIPS AND AWARDS FOR HEALTHCARE CAREERS
LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48	SCHEDULE D, PART X, LINE 2	OLATHE MEDICAL CENTER CHARITABLE FOUNDATION (OMCCF), IS A NOT-FOR-PROFIT ORGANIZATION WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVEUNE CODE AND IS EXEMPT FROM TAXES ON THE BUSINESS INCOME. OMCCF IS NO LONGER SUBJECT TO U S FEDERAL, STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2006
OTHER - RECONCILIATION OF REVENUE PER AUDITED F/S AND TAX RETURN	SCHEDULE D, PART XI, LINE 8	NET ASSETS RELEASED FROM RESTRICTIONS \$3,207
OTHER - REVENUE INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12	SCHEDULE D, PART XII, LINE 2D	RELATED ORGANIZATIONS' REVENUE \$317,902,813 SPECIAL EVENT EXPENSES 98,806 NET ASSETS RELEASED FROM RESTRICTIONS 3,207 ----- TOTAL \$318,004,826
OTHER - REVENUE INCLUDED ON FORM 990, PART VII, LINE 12 BUT NOT ON LINE 1	SCHEDULE D, PART XII, LINE 4B	INVESTMENT MANAGEMENT FEES \$4,179
OTHER - EXPENSE INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25	SCHEDULE D, PART XIII, LINE 2D	RELATED ORGANIZATIONS' EXPENSES \$258,718,753 SPECIAL EVENT EXPENSES 98,806 ----- TOTAL \$258,817,559
OTHER - EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25 BUT NOT ON LINE 1	SCHEDULE D, PART XIII, LINE 4B	INVESTMENT MANAGEMENT FEES \$4,179

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Olathe Medical Center Charitable Foundation

Employer identification number  
48-1136010

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
			<u>YULETIDE GALA</u> (event type)	<u>GOLF CLASSIC</u> (event type)	<u>1</u> (total number)		
	1	Gross receipts . . . .	132,325	84,066	17,325	233,716	
	2	Less Charitable contributions . . . .	42,275	22,440	17,325	82,040	
	3	Gross income (line 1 minus line 2) . . . .	90,050	61,626		151,676	
Direct Expenses	4	Cash prizes . . . .					
	5	Non-cash prizes . . . .		106		106	
	6	Rent/facility costs . . . .	41,567	29,095		70,662	
	7	Food and beverages . . . .		1,496		1,496	
	8	Entertainment . . . .	500			500	
	9	Other direct expenses . . . .	19,969	2,817	3,256	26,042	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					98,806
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶					52,870

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
<b>16</b>	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Olathe Medical Center Charitable Foundation

Employer identification number  
48-1136010

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLATHE MEDICAL CENTER INC20333 W 151ST ST OLATHE,KS 66061	480577664	501(C)(3)	312,990				OPERATIONAL

2

Enter total number of section 501(c)(3) and government organizations . . . . .

1

3

Enter total number of other organizations . . . . .

0



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Olathe Medical Center Charitable Foundation

Employer identification number

48-1136010

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
FRANK H DEVOCELLE	(i)	0	0	0	0	0	0	0
	(ii)	550,985	107,000	47,572	834,691	35,794	1,576,042	107,000
RODNEY D CORN	(i)	0	0	0	0	0	0	0
	(ii)	239,650	0	54,159	88,003	21,215	403,027	28,842
TIERNEY L GRASSER	(i)	0	0	0	0	0	0	0
	(ii)	289,304	0	50,746	103,650	29,834	473,534	24,579
SHERRY L RAKES	(i)	0	0	0	0	0	0	0
	(ii)	124,677	0	521,658	0	6,862	653,197	476,969
EMMA J GARTEN	(i)	90,551	0	6,353	5,779	15,675	118,358	0
	(ii)	30,184	0	2,117	1,926	5,225	39,452	0

**Part III**   **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
COMPENSATION FROM A RELATED ORGANIZATION	FORM 990, PART VII, SCHEDULE J, PART I, LINE 3 AND PART II	THE COMPENSATION BEING REPORTED FOR FRANK H DEVOCELLE, RODNEY D CORN, SHERRY L RAKES, TIERNEY L GRASSER AND EMMA J GARTEN BY A RELATED ORGANIZATION IS FROM OLATHE MEDICAL CENTER, INC. OLATHE MEDICAL CENTER, INC. USES A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT BOARD MEMBERS TO ESTABLISH COMPENSATION AND BENEFITS FOR ALL OFFICERS AND TRUSTEES OF OLATHE MEDICAL CENTER, INC. AND ITS AFFILIATED CORPORATIONS. THE COMPENSATION COMMITTEE APPROVES AND ESTABLISHES ALL COMPENSATION AND BENEFITS FOR OFFICERS AND TRUSTEES OF OLATHE MEDICAL CENTER, INC. AND ITS AFFILIATED COMPANIES. THEY UTILIZED AN INDEPENDENT COMPENSATION CONSULTANT, A WRITTEN CONTRACT AND COMPENSATION SURVEYS TO ESTABLISH FAIR MARKET VALUE SALARIES AND BENEFITS FOR OLATHE MEDICAL CENTER, INC. AND ITS AFFILIATES OFFICERS AND TRUSTEES. THE COMPENSATION BEING REPORTED FOR EMMA J GARTEN IS PAID BY OLATHE MEDICAL CENTER, INC. (OMCI). MS. GARTEN SPENDS SEVENTY-FIVE PERCENT OF HER TIME PERFORMING SERVICES FOR OLATHE MEDICAL CENTER CHARITABLE FOUNDATION (OMCCF) AND THE REMAINING TWENTY-FIVE PERCENT OF HER TIME AT HEALTH ACCESS, INC. (HAI). OMCCF AND HAI REIMBURSE OMCI FOR MS. GARTEN'S COMPENSATION.
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PROVIDED BY OMCI	SCHEDULE J, PART I, LINE 4B & PART II	A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IS PROVIDED TO FRANK H DEVOCELLE WHICH IS FUNDED OVER A SHORT TIME PERIOD BASED UPON THE IMPLEMENTATION DATE OF THE SERP IN 2005. MR. DEVOCELLE'S CAREER SERVICE AT OLATHE MEDICAL CENTER, INC. AND ITS AFFILIATED ENTITIES IS CURRENTLY AT 37 YEARS, MOST OF WHICH DID NOT INCLUDE FUNDING FOR THE SERP BENEFIT. A MAJORITY OF THE DEFERRED COMPENSATION IS DUE TO FUNDING OF THE SERP BENEFIT FOR PRIOR YEARS OF SERVICE. A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IS PROVIDED TO SHERRY L RAKES WHICH IS FUNDED OVER A SHORT TIME PERIOD BASED UPON THE IMPLEMENTATION DATE OF THE SERP IN 2005. MS. RAKES' CAREER SERVICE AT OLATHE MEDICAL CENTER, INC. AND ITS AFFILIATED ENTITIES WAS 24 YEARS, MOST OF WHICH DID NOT INCLUDE FUNDING FOR THE SERP BENEFIT. A MAJORITY OF THE DEFERRED COMPENSATION IS DUE TO FUNDING OF THE SERP BENEFIT FOR PRIOR YEARS OF SERVICE. MS. RAKES RETIRED ON JUNE 15TH, 2009 AND REACHED THE AGE OF 65, THEREFORE THE SERP ACCUMULATION AMOUNT WAS PAID OUT DURING THE YEAR AND WAS INCLUDED IN MS. RAKES' 2009 W-2. OFFICER SERP: FRANK H DEVOCELLE \$633,226 (AT LEAST 90% ATTRIBUTABLE TO UNDER FUNDING IN PRIOR YEARS); TIERNEY L GRASSER \$17,501; RODNEY D CORN \$23,445; SHERRY L RAKES \$449,015 (100% PAID OUT IN 2009).
COMPENSATION REPORTED IN PRIOR YEAR FORM 990	SCHEDULE J, PART II, COLUMN F	COMPENSATION IS REPORTED ON THE FORM 990 IN THE YEAR THAT THE COMPENSATION IS EARNED BY OR AWARDED TO AN INDIVIDUAL, EVEN IF THE COMPENSATION IS NOT PAID TO THE INDIVIDUAL, IS NOT FULLY VESTED, OR IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. IF COMPENSATION IS EARNED OR AWARDED IN ONE YEAR BUT PAID IN A LATER YEAR, THEN THE COMPENSATION IS GENERALLY REPORTED A SECOND TIME ON THE FORM 990 IN THE YEAR THE COMPENSATION IS PAID TO THE INDIVIDUAL. AS A RESULT OF THE NEW REPORTING REQUIREMENT, AN ORGANIZATION COULD BE REQUIRED TO REPORT THE SAME COMPENSATION AMOUNTS ON THE FORM 990 FOR TWO CONSECUTIVE YEARS. RODNEY D CORN AND TIERNEY L GRASSER WERE PAID A PORTION OF THE DEFERRED COMPENSATION FROM THE CAPITAL SPENDING ACCOUNTS IN 2009. SHERRY L RAKES WAS PAID ALL OF HER DEFERRED COMPENSATION FROM THE CAPITAL SPENDING ACCOUNTS IN 2009 DUE TO HER RETIREMENT. THESE AMOUNTS HAVE BEEN PREVIOUSLY REPORTED IN PRIOR YEARS.
RETIREMENT AND OTHER DEFERRED COMPENSATION	SCHEDULE J, PART II, COLUMN C	IN 2009, THE BONUS AND INCENTIVE COMPENSATION WAS ACCRUED, BUT NOT PAID UNTIL 2010. THEREFORE, COLUMN (C) REFLECTS, THE ACCRUED INCENTIVE AMOUNTS FOR 2009, SERP PAYMENTS (SEE ABOVE FOR FURTHER EXPLANATION) AND OTHER DEFERRED COMPENSATION ACCRUED INCENTIVE SERP OTHER: FRANK H DEVOCELLE \$185,698; \$633,226; \$15,767; RODNEY D CORN 55,392; 23,445; 9,166; TIERNEY L GRASSER 67,168; 17,501; 18,981; EMMA J GARTEN 6,105 - 1,600.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Olathe Medical Center Chantable Foundation	Employer identification number 48-1136010
--	--

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	THE OLATHE MEDICAL CENTER CHARITABLE FOUNDATION IS A 501(C)(3) NOT-FOR-PROFIT ORGANIZATION ESTABLISHED TO SECURE CONTRIBUTIONS IN SUPPORT OF OLATHE MEDICAL CENTER, INC THE OLATHE MEDICAL CENTER CHARITABLE FOUNDATION IS COMMITTED TO ENHANCE PROGRAMS THAT PROMOTE, ENCOURAGE AND ASSIST THE IMPROVEMENT AND EXPANSION OF QUALITY HEALTH CARE AT OLATHE MEDICAL CENTER, INC AND THROUGHOUT ITS SERVICE AREA TO PROVIDE A STRONG FOUNDATION FOR SUPPORT OF QUALITY HEALTH CARE THE OLATHE MEDICAL CENTER CHARITABLE FOUNDATION SIGNIFICANTLY SUPPORTS THE CLINICAL SERVICES OF OLATHE MEDICAL CENTER, INC , WHILE COLLABORATING WITH ITS LEADERSHIP, STAFF AND PHYSICIANS TO CREATE LOCAL COMMUNITY OPPORTUNITIES TO SUPPORT HEALTH CARE PROGRAMS AND SERVICES AND IT'S RELATED NON-FOR-PROFIT SUBSIDIARIES
BUSINESS RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	FRANK H DEVOCELLE, TIERNEY L GRASSER, SHERRY L RAKES, RODNEY D CORN, EMMA J GARTEN AND DENNIS C MEYER HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER THEY SERVE AS OFFICERS OR DIRECTORS FOR OLATHE HEALTH DEVELOPMENT CORPORATION, HEALTH ACCESS, INC OR OLATHE MEDICAL CENTER DOCTOR'S BUILDING CONDOMINIUM OWNERS ASSOCIATION, WHICH ARE RELATED FOR PROFIT COMPANIES
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 6	OLATHE MEDICAL CENTER, INC , A NOT-FOR-PROFIT, 501(C)(3) ORGANIZATION, IS THE SOLE MEMBER OF OLATHE MEDICAL CENTER CHARITABLE FOUNDATION
MEMBERS OR STOCKHOLDERS MAY ELECT GOVERNING BODY	FORM 990, PART VI, SECTION A, LINE 7A	OLATHE MEDICAL CENTER, INC BEING THE SOLE MEMBER OF OLATHE MEDICAL CENTER CHARITABLE FOUNDATION HAS THE RIGHT TO ELECT ALL THE BOARD OF TRUSTEES
GOVERNING BODY DECISIONS SUBJECT TO APPROVAL OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 7B	OLATHE MEDICAL CENTER, INC IS THE SOLE MEMBER, AND HAS THE RIGHTS TO APPROVE OLATHE MEDICAL CENTER CHARITABLE FOUNDATION'S BYLAWS AND ARTICLES OF INCORPORATION AND ALSO APPROVE OLATHE MEDICAL CENTER CHARITABLE FOUNDATION'S BOARD MEMBERS
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11A	THE TAX RETURN FORM 990, IS REVIEWED BY THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF THE PARENT, OLATHE MEDICAL CENTER, INC , PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE EVERY BOARD MEMBER HAS THE ABILITY TO REQUEST THE TAX RETURN TO REVIEW OR RECEIVE COPIES OF IT IF THEY CHOOSE
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	The purpose of the Organization's Conflict of Interest Policy is to protect the organization's interest w hen it is contemplating a decision or entering into a transaction or arrangement that might benefit the private interest of any person in a position of authority over the organization, or might result in a possible excess benefit transaction Corporate officers and members of the Board of Trustees/Directors review the Conflict of Interest Policy and complete a Disclosure of Information Form annually A summary of the annual disclosures of information is provided to the full Board for review at least one time per year In addition, executives, trustees/directors, key employees, and the medical staff are required to submit a disclosure of information/interest statement w henever necessary, to disclose potential conflicts related to decisions that arise during the course of business When a financial, relationship, or competitive interest is in question as to w hether it is an interest that must be disclosed and/or w hether the interest is a potential conflict of interest, the interested party shall leave the meeting after providing any material facts or discussion as requested by the remaining board or committee members The remaining disinterested board or committee members decide if a conflict exists by majority vote The Conflict of Interest Policy calls for the interested person to disclose the existence of a financial, relationship, or competitive interest in connection w ith any pending transaction or arrangement The individual is given the opportunity to disclose all material facts to the directors and members of committee considering the proposed transaction or arrangement that gave rise to the disclosure When a transaction involves an interested party, the follow procedures are followed 1 The interested party leaves the meeting after providing any material facts or discussion regarding the matter that gives rise to the interest unless requested to stay by the remaining board or committee members 2 If appropriate, the Board may appoint a non-interested person or committee to investigate alternatives to the proposed transaction, 3 The interested trustee/director may not vote in the matter that gives rise to the interest 4 In order to approve the transaction, the Board must first find, by a majority vote of the trustees/directors then in office, w ithout counting the vote of the interested trustee/director, a That the proposed transaction is in the Organization's best interests and for its ow n benefit, and b That, after reasonable investigation, the Board has determined that the Organization cannot obtain a more advantageous transaction w ith reasonable efforts under the circumstances
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINES 15A & B	The compensation committee of the Olathe Medical Center, Inc board, w hich is comprised of independent members of the board of Olathe Medical Center, Inc and its affiliates including Olathe Medical Services, Inc 's board members, review s and approves the CEO and other officers and key employees of the corporation's compensation in accordance w ith their compensation policy The compensation committee review s third party salary surveys and also utilizes w ritten contracts for the ceo and the vp/physician services to determine the fair market value of the current compensation, salary ranges and benefits Compensation for such officers is approved by the commttee and information of their findings is available to all board members at their request

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST







Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HEALTH ACCESS INC 20333 W 151ST ST OLATHE, KS66061 74-2855334	HEALTH INSURANCE	KS	NA	C CORPORATION	0	0	0 %
OMC DOCTOR'S BLDG CONDO OWNER ASSOC INC 20333 W 151ST ST OLATHE, KS66061 48-1244766	REAL ESTATE	KS	NA	C CORPORATION	0	0	0 %
OLATHE HEALTH DEVELOPMENT CORPORATION 20333 W 151ST ST OLATHE, KS66061 36-3445097	MEDICAL SERVICES	KS	NA	C CORPORATION	0	0	0 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

Yes

Yes

Yes

Yes

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Additional Data

Software ID:  
Software Version:  
EIN: 48-1136010  
Name: Olathe Medical Center Charitable Foundation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS C MEYER TRUSTEE/CHAIRPERSON	1 0	X		X				0	0	0
RUTH ANN HACKLER TRUSTEE/VICE-CHAIRPERSON	1 0	X		X				0	0	0
JANE M NORTON TRUSTEE/SECRETARY/TREASURER	1 0	X		X				0	0	0
NELL M BOWEN TRUSTEE	1 0	X						0	0	0
MAX L DEMETZ TRUSTEE	1 0	X						0	0	0
SAM PERKINS TRUSTEE	1 0	X						0	0	0
C TOM HALL TRUSTEE	1 0	X						0	0	0
JUSTINE JOHNSON TRUSTEE	1 0	X						0	0	0
FREDERICK R KENNEDY MD TRUSTEE	1 0	X						0	0	0
TOM E KNAPPENBERGER DVM TRUSTEE	1 0	X						0	0	0
J MICHAEL HASKIN TRUSTEE	1 0	X						0	0	0
R ERIC HUGHES TRUSTEE	1 0	X						0	0	0
RON WIMMER EDD TRUSTEE	1 0	X						0	0	0
FRANK H DEVOCELLE PRESIDENT/CEO	2 0			X				0	705,557	870,485
RODNEY D CORN SENIOR VP/OPERATIONS	1 0			X				0	293,809	109,218
TIERNEY L GRASSER SENIOR VP/FINANCE	1 0			X				0	340,050	133,484
SHERRY L RAKES SENIOR VP/NURSING	1 0			X				0	646,335	6,862
EMMA J GARTEN VICE PRESIDENT	30 0			X				96,904	32,301	28,605