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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

**2009**

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

For calendar year 2009, or tax year beginning

10/01, 2009, and ending

09/30, 2010

G Check all that apply

☐ Initial return☐ Initial return of a former public charity☐ 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 foundation

I Fair market value of all assets at end

J Accounting method ☐ Cash ☒ Accrual

of year (from Part II, col (c), line

☐ Other (specify) \_\_\_\_\_

16) ▶ \$ 39,743,345.

(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)	32,481			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B.				
3	Interest on savings and temporary cash investments	13	13		ATCH 1
4	Dividends and interest from securities	950,014	950,014		ATCH 2
5a	Gross rents	24,429	24,429		
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	947,510			
b	Gross sales price for all assets on line 6a 29,983,038				
7	Capital gain net income (from Part IV, line 2)		947,510		
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)	51,603			ATCH 3
12	Total. Add lines 1 through 11	2,006,050	1,921,966		
13	Compensation of officers, directors, trustees, etc.	273,460	133,995		139,465
14	Other employee salaries and wages	42,217	12,665		29,552
15	Pension plans, employee benefits	138,878	65,273		73,605
16a	Legal fees (attach schedule)	3,906	3,906		
b	Accounting fees (attach schedule)	15,171	7,586		7,586
c	Other professional fees (attach schedule)	21,000			21,000
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions)	14,478			
19	Depreciation (attach schedule) and depletion	44,676			
20	Occupancy	56,540	9,046		47,493
21	Travel, conferences, and meetings	9,501			9,501
22	Printing and publications	8,323			8,323
23	Other expenses (attach schedule) ATCH 4	286,130	241,679		44,451
24	Total operating and administrative expenses.	914,280	474,150		380,976
25	Contributions, gifts, grants paid	1,854,922			1,844,572
26	Total expenses and disbursements. Add lines 24 and 25	2,769,202	474,150		2,225,548
27	Subtract line 26 from line 12	-763,152			
a	Excess of revenue over expenses and disbursements		1,447,816		
b	Net investment income (if negative, enter -0-)			-0-	
c	Adjusted net income (if negative, enter -0-)				

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

JSA

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**Part II 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

Assets

Liabilities

Net Assets or Fund Balances

1	Cash - non-interest-bearing . . . . .	43,980.	7,537.	7,537.
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 16 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) **	2,799,063.	2,564,088.	2,702,051.
b	Investments - corporate stock (attach schedule) <u>ATCH 6</u>	25,738,911.	22,848,467.	24,587,259.
c	Investments - corporate bonds (attach schedule) <u>ATCH 7</u>	4,294,624.	3,828,427.	4,166,401.
11	Investments - land, buildings, and equipment: basis . . . . .			
	Less: accumulated depreciation (attach schedule) ▶ . . . . .			
12	Investments - mortgage loans . . . . .			
13	Investments - other (attach schedule) <u>ATCH 8</u>	4,178,034.	7,127,459.	7,481,600.
14	Land, buildings, and equipment: basis . . . . .	1,024,169.		
	Less: accumulated depreciation (attach schedule) ▶ . . . . .	437,720.	586,449.	586,449.
15	Other assets (describe ▶ <u>ATCH 9</u> ) . . . . .	215,891.	212,048.	212,048.
16	<b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	37,897,614.	37,174,475.	39,743,345.
17	Accounts payable and accrued expenses . . . . .	106,188.	118,949.	
18	Grants payable . . . . .	1,432,312.	1,442,662.	
19	Deferred revenue . . . . .			
20	Loans from officers, directors, trustees, and other disqualified persons . . . . .			
21	Mortgages and other notes payable (attach schedule) . . . . .			
22	Other liabilities (describe ▶ <u>ATCH 10</u> ) . . . . .	63,371.	78,598.	
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	1,601,871.	1,640,209.	
	<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>			
24	Unrestricted . . . . .	36,295,743.	35,534,266.	
25	Temporarily restricted . . . . .			
26	Permanently restricted . . . . .			
	<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) . . . . .	36,295,743.	35,534,266.	
31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	37,897,614.	37,174,475.	

**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	36,295,743.
2	Enter amount from Part I, line 27a . . . . .	2	-763,152.
3	Other increases not included in line 2 (itemize) ▶ <u>ATTACHMENT 11</u> . . . . .	3	1,675.
4	Add lines 1, 2, and 3 . . . . .	4	35,534,266.
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	35,534,266.

\*\* ATCH 5

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**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) . . . . .			<b>2</b>	947,510.	
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>If gain, also enter in Part I, line 7</p> <p>If (loss), enter -0- in Part I, line 7</p> </div> <div style="font-size: 2em;">}</div> </div>					
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).			<b>3</b>		
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)</p> <p>If (loss), enter -0- in Part I, line 8.</p> </div> <div style="font-size: 2em;">}</div> </div>					

**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))
2008	2,069,824.	33,542,063.	0.061708
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
<b>2</b> Total of line 1, column (d) . . . . .			<b>2</b> 0.277948
<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> 0.055590
<b>4</b> Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 . . . . .			<b>4</b> 38,812,173.
<b>5</b> Multiply line 4 by line 3 . . . . .			<b>5</b> 2,157,569.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) . . . . .			<b>6</b> 14,478.
<b>7</b> Add lines 5 and 6 . . . . .			<b>7</b> 2,172,047.
<b>8</b> Enter qualifying distributions from Part XII, line 4 . . . . .			<b>8</b> 2,225,548.

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.

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

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 . . . . .		1	14,478.
Date of ruling or determination 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 . . . . .			
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	14,478.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .		5	14,478.
6 Credits/Payments.			
a 2009 estimated tax payments and 2008 overpayment credited to 2009 . . . . .	6 a	3,026.	
b Exempt foreign organizations-tax withheld at source . . . . .	6 b	0.	
c Tax paid with application for extension of time to file (Form 8868) . . . . .	6 c	0.	
d Backup withholding erroneously withheld . . . . .	6 d		
7 Total credits and payments. Add lines 6a through 6d . . . . .	7	3,026.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	8	66.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .	9	11,518.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . . .	10		
11 Enter the amount of line 10 to be Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> . . . . .	11		

**Part VII-A Statements Regarding Activities**

		Yes	No
1 a 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? . . . . .	1 a		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)? . . . . .	1 b		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? . . . . .	1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0. . . . .			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0. . . . .			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .	2		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 . . . . .	3		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4 a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	4 b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .	5		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? . . . . .	6	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 . . . . .	7	X	
8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input 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 . . . . .	8 b	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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV . . . . .	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	10		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)(13)? 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 ☐ N/A

14 The books are in care of ☐ GEORGE HOWELL Telephone no. ☐ 913-371-4032  
 Located at ☐ 755 MINNESOTA AVENUE KANSAS CITY, KS ZIP + 4 ☐ 66117-0242

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ☐ 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)? . . . . . <input type="checkbox"/>	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 2009? . . . . .	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 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <input type="checkbox"/>		
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	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <input type="checkbox"/>		
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 2009 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 2009) . . . . .	3b	
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 2009? . . . . .	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)?

5b

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

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?

6b

If "Yes" to 6b, 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?

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
ATTACHMENT 12		273,460.	30,500.	0.

**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 ☐

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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
ATTACHMENT 13		220,932.
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 N/A	
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 NONE	
2	
All other program-related investments See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3	

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**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	39,303,221.
b	Average of monthly cash balances	1b	100,000.
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	39,403,221.
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	0.
3	Subtract line 2 from line 1d	3	39,403,221.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	591,048.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	38,812,173.
6	Minimum investment return. Enter 5% of line 5	6	1,940,609.

**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	1,940,609.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	14,478.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	14,478.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,926,131.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,926,131.
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	1,926,131.

**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	2,225,548.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,225,548.
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	14,478.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,211,070.

**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 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7 . . . . .				1,926,131.
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only . . . . .				
b Total for prior years 20 07 20 06 20 05 . . . . .				
3 Excess distributions carryover, if any, to 2009:				
a From 2004 . . . . .	323,577.			
b From 2005 . . . . .	347,206.			
c From 2006 . . . . .	28,755.			
d From 2007 . . . . .	317,317.			
e From 2008 . . . . .	404,821.			
f Total of lines 3a through e . . . . .	1,421,676.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 2,225,548.				
a Applied to 2008, but not more than line 2a . . . . .				
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions) . . . . .				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions) . . . . .				
d Applied to 2009 distributable amount . . . . .				1,926,131.
e Remaining amount distributed out of corpus . . . . .	299,417.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a) ) . . . . .				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 . . . . .	1,721,093.			
b Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
c 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 . . . . .				
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions . . . . .				
e Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions . . . . .				
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010. . . . .				
7 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) . . . . .				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .	323,577.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a . . . . .	1,397,516.			
10 Analysis of line 9:				
a Excess from 2005 . . . . .	347,206.			
b Excess from 2006 . . . . .	28,755.			
c Excess from 2007 . . . . .	317,317.			
d Excess from 2008 . . . . .	404,821.			
e Excess from 2009 . . . . .	299,417.			

Form 990-PF (2009)

4942(j)(3) or	4942(j)(5)
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**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	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
<b>a Paid during the year</b>  ATTACHMENT 17				
<b>Total.</b> . . . . . ▶ <b>3a</b>				1,844,572.
<b>b Approved for future payment</b>  ATTACHMENT 18				
<b>Total.</b> . . . . . ▶ <b>3b</b>				1,854,922.

Form 990-PF (2009)

Enter gross amounts unless otherwise indicated.

(See worksheet in line 13 instructions on page 28 to verify calculations )

<b>Line No.</b>	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions )
▼	

NOT APPLICABLE



**Schedule of Contributors**

OMB No 1545-0047

**2009**

▶ Attach to Form 990, 990-EZ, or 990-PF.

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 an organization 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 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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
1	ELMER WILLIAMS TRUST THE COMMERCE TRUST COMPANY KANSAS CITY, MO	\$ 32,184.	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)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)



ATTACHMENT 1FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
INTEREST INCOME	13.	13.
TOTAL	<u>13.</u>	<u>13.</u>

ATTACHMENT 2FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
INTEREST AND DIVIDENDS	950,014.	950,014.
TOTAL	<u>950,014.</u>	<u>950,014.</u>

ATTACHMENT 3FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS
MISCELLANEOUS INCOME	51,603.
TOTALS	<u>51,603.</u>

ATTACHMENT 4FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
LIABILITY INSURANCE	17,164.	7,174.	9,990.
OFFICE EXPENSE	27,672.		27,672.
INVESTMENT EXPENSE	234,505.	234,505.	
OTHER EXPENSES	6,789.		6,789.
TOTALS	<u>286,130.</u>	<u>241,679.</u>	<u>44,451.</u>

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

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ATTACHMENT 5</u>	
		<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
TREASURY AND FED SECURITIES	2,799,063.	2,564,088.	2,702,051.
US OBLIGATIONS TOTAL	<u>2,799,063.</u>	<u>2,564,088.</u>	<u>2,702,051.</u>

FORM 990PF, PART II - CORPORATE STOCKATTACHMENT 6

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
COMMON STOCKS	20,762,011.	17,629,102.	19,257,251.
MORTGAGE AND ASSET BACKED SEC	3,424,627.	3,396,686.	3,507,329.
MONEY MARKET MUTUAL FUNDS	1,522,080.	1,822,679.	1,822,679.
PREFERRED STOCK	30,193.		
TOTALS	<u>25,738,911.</u>	<u>22,848,467.</u>	<u>24,587,259.</u>

FORM 990PF, PART II - CORPORATE BONDS

<u>DESCRIPTION</u>	<u>ATTACHMENT 7</u>	
	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
FIXED INCOME CORPORATE BONDS	4,294,624.	3,828,427.
TOTALS	<u>4,294,624.</u>	<u>3,828,427.</u>
		<u>4,166,401.</u>

FORM 990PF, PART II - OTHER INVESTMENTSATTACHMENT 8

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
MULTIPLE STRATEGY INVEST INTERNATIONAL BONDS	4,008,000. 170,034.	6,958,000. 169,459.	7,310,973. 170,627.
TOTALS	<u>4,178,034.</u>	<u>7,127,459.</u>	<u>7,481,600.</u>



FORM 990PF, PART II - OTHER ASSETSATTACHMENT 9

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
INTEREST/DIVIDENDS RECEIVABLE	104,470.	97,860.	97,860.
MISCELLANEOUS ASSETS	19,733.	5,597.	5,597.
DEFERRED COMP ASSET	61,695.	78,598.	78,598.
DEPOSIT	29,993.	29,993.	29,993.
TOTALS	<u>215,891.</u>	<u>212,048.</u>	<u>212,048.</u>

FORM 990PF, PART II - OTHER LIABILITIESATTACHMENT 10

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED COMPENSATION	63,371.	78,598.
TOTALS	<u>63,371.</u>	<u>78,598.</u>

ATTACHMENT 11FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

SUBSEQUENT ADJUSTMENT

1,675.

TOTAL

1,675.

WYANDOTTE HEALTH FOUNDATION

48-0547722

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

ATTACHMENT 12

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 40.00	140,750.	14,000.	
GEORGE HOWELL 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	VICE PRESIDENT 40.00	132,710.	16,500.	
WILLIAM C TEMPEL 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	FIRST VICE CHAIRMAN 1.00	0.	0.	0.
PATRICIA GAUNCE 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR 1.00	0.	0.	0.
O L PLUCKER 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR 1.00	0.	0.	0.
TRUDIE HALL 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	SECOND VICE CHAIRPERSON 1.00	0.	0.	0.

# WYANDOTTE HEALTH FOUNDATION

48-0547722

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

ATTACHMENT 12 (CONT'D)

CONTRIBUTIONS  
TO EMPLOYEE  
BENEFIT PLANS

EXPENSE ACCT  
AND OTHER  
ALLOWANCES

COMPENSATION

TITLE AND AVERAGE HOURS PER  
WEEK DEVOTED TO POSITION

NAME AND ADDRESS

RAMON MURGUIA  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

DIRECTOR  
1.00

0.

0.

JOHN J JURCYK JR  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

DIRECTOR  
1.00

0.

0.

CHARLES W THURSTON JR  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

DIRECTOR  
1.00

0.

0.

RAYMOND L DANIELS  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

CHAIRMAN  
1.00

0.

0.

DR FRANCES FOSTER  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

DIRECTOR  
1.00

0.

0.

W JACKSON LETTS  
755 MINNESOTA AVENUE  
KANSAS CITY, KS 66117

DIRECTOR  
1.00

0.

0.

ATTACHMENT 12

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WYANDOTTE HEALTH FOUNDATION

48-0547722

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

ATTACHMENT 12 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LEON C LOGAN 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	TREASURER 1.00	0.	0.	0.
JAMES WHITE 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	SECRETARY 1.00	0.	0.	0.
CLARENCE SMALL 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR 1.00	0.	0.	0.
GRAND TOTALS		273,460.	30,500.	0.

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALSATTACHMENT 13

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
MORGAN STANLEY SMITH BARNEY 4520 MAIN STREET KANSAS CITY, MO 64111	INVESTMENT MGMT	220,932.
TOTAL COMPENSATION		<u>220,932.</u>

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

ATTACHMENT 17

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ASSOCIATED YOUTH SERVICES C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	COMMUNITY HEALTH PROGRAM	15,000
BETHEL NEIGHBORHOOD CENTER C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	HEALTHY LIFESTYLES FOR ADULTS & YOUTH	20,000.
BLACK HEALTH CARE COALITION INC C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	IMPROVING DIABETES ASSESSMENT, MANAGEMENT & SUPPORT	
CABOT WESTSIDE HEALTH CENTER C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	WYANDOTTE INDIGENT CARE PROGRAM	50,000
CANCER ACTION, INC C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	PATIENT SERVICES PROGRAM	40,000.
CATHOLIC CHARITIES, ARCHDIOCESE OF KCKS C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	HEALTH INTERVENTION FOR AT-RISK	185,000.

ATTACHMENT 17

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

ATTACHMENT 17 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CHILDREN'S MERCY HOSPITALS & CLINICS C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	CHILDREN'S MERCY WEST/CORDELL MECKS, JR CLINIC	100,000
COMMUNITY HEALTH COUNCIL C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	HEALTH ACCESS AND ADVOCACY	15,000
CARITAS CLINIC, INC C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	PRIMARY HEALTH CARE FOR UNINSURED POOR	174,000.
GRANDVIEW PARK PRESBYTERIAN CHURCH C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	BUILDING HEALTHY FAMILIES	7,000.
FAMILY CONSERVANCY C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	FAMILY FOCUS PROGRAM	15,000
MEDICAL SOCIETY JO & WY COUNTIES C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	INDIGENT CARE	30,000.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 17 (CONT'D)

RECIPIENT NAME AND ADDRESS		RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
KANSAS CITY FREE HEALTH CLINIC C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117		EXEMPT	ACCESS FOR ALL	55,050
KU ENDOWMENT ASSOCIATION C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117		EXEMPT	SILVER CITY HEALTH CENTER PRIMARY AND CHRONIC CARE SERVICES	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	286,022
RIVERVIEW COMMUNITY SERVICES, INC. C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117		EXEMPT	PARISH NURSE ACCESS TO HEALTH SERVICES	150,900.
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 SERVICES FOR WY. CO	169,700.

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

ATTACHMENT 17 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
TURNER HOUSE CLINIC FOR CHILDREN C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	ACCESS TO HEALTHCARE	143,600.
COMMUNITIES IN SCHOOLS C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	CHILDREN'S EMERGENCY DENTAL	26,100
ROSEDALE DEVELOPMENT ASSOCIATION C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	HEALTHY KIDS INITIATIVE	5,000.
MARC-METRO HEALTH ACCESS PROJECT C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	METRO HEALTH ACCESS PROJECT	50,000
HARTWIG LEGACY FOUNDATION C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117		HEALTHY KIDS INITIATIVE	20,000.
TOTAL CONTRIBUTIONS PAID			<u>1,844,572</u>

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

ATTACHMENT 18

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CABOT WESTSIDE HEALTH CENTER C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	INDIGENT CARE PROGRAM	60,000
CARITAS CLINICS, INC C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	HEALTH CARE FOR THE UNINSURED POOR	184,000.
CATHOLIC CHARITIES OF NORTHEAST KANSAS C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	HEALTH INTERVENTION	85,000.
CHILDREN'S MERCY HOSPITALS C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	CHILDREN'S MERCY WEST-PRIMARY CARE	110,000.
CANCER ACTION, INC C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	PATIENT SERVICES PROGRAM	25,000
COMMUNITY IN SCHOOLS OF KCK/WYCO C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	CHILDREN'S EMERGENCY DENTAL	26,100

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

ATTACHMENT 18 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
KANSAS CITY FREE HEALTH CLINIC C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	GENERAL MEDICINE PROGRAM	45,000
PUBLIC HEALTH DEPARTMENT OF UG OF WYCO/KCK C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	SONOGRAM/RADIOLOGY	268,522.
RIVERVIEW COMMUNITY SERVICES, INC C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	PARISH NURSE-PHARMACUTICALS	90,000.
SOUTHWEST BOULEVARD FAMILY HEALTH CARE C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	FAMILY HEALTH CARE	180,000.
TURNER HOUSE CLINIC FOR CHILDREN C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	HEALTH CARE FOR CHILDREN	153,600
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 990PE, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

ATTACHMENT 18 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ASSOCIATED YOUTH SERVICES C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	COMMUNITY HEALTH PROGRAM	15,000
MARC-METRO HEALTH ACCESS PROJECT C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	METRO HEALTH ACCESS PROJECT	50,000
BETHEL NEIGHBORHOOD CENTER C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	WYANDOTTE INDIGENT CARE PROGRAM	20,000.
THE FAMILY CONSERVANCY C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	PRENATAL EDUCATION & SUPPORT	15,000.
SWOPE HEALTH SERVICES C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	COMPREHENSIVE MEDICAL & DENTAL FOR WY CO.	180,000.
GRANDVIEW PARK PRESBYTERIAN CHURCH C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	BUILDING HEALTHY FAMILIES	7,000.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 18 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HARTWIG LEGACY FOUNDATION C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	HEALTHY KIDS INITIATIVE	20,000
KANSAS UNIVERSITY ENDOWMENT ASSOC C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	SILVER CITY HEALTH CENTER & JAYDOC FREE CLINIC	142,500
MERCY & TRUTH MEDICAL MISSIONS, INC C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	SAFETY NET PRIMARY CARE	50,000
U OF K MEDICAL CENTER RESEARCH INST C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	PROJECT EAGLE HEALTH CLINIC	100,000
ROSEDALE DEVELOPMENT ASSOC C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	HEALTHY KIDS INITIATIVE	5,000.
GRANT RETURNS C/O WYANDOTTE HEALTH FOUNDATION 755 MINNESOTA AVENUE KANSAS CITY, KS 66117			-6,800.
TOTAL CONTRIBUTIONS APPROVED			<u>1,854,922</u>

**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 instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

**2009**

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)
<b>1a</b>					

**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 2008 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)
<b>6a</b>					

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

**6b**

947,510.

**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 2008 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**

947,510.

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

Schedule D (Form 1041) 2009

<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
<b>Caution: Read the instructions before completing this part.</b>				
<b>13</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>13</b>		
<b>14</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>14a</b>		947,510.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) . . . . .	<b>14b</b>		
c	28% rate gain . . . . .	<b>14c</b>		
<b>15</b>	<b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶	<b>15</b>		947,510.

**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.

<b>Part IV Capital Loss Limitation</b>	
<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 <b>smaller of</b> a The loss on line 15, column (3) or <b>b</b> \$3,000 . . . . . <b>16</b> ( )

**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.

<b>Part V Tax Computation Using Maximum Capital Gains Rates</b>	
<b>Form 1041 filers.</b> Complete this part <b>only</b> 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.	
<b>Caution:</b> 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	
<b>Form 990-T trusts.</b> Complete this part <b>only</b> 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 <b>smaller</b> 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 <b>smaller</b> of the amount on line 17 or \$2,300 . . . . .	<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 <b>smaller</b> 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 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<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 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>33</b>		
<b>34</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .	<b>34</b>		

Schedule D (Form 1041) 2009

Company Name: WYANDOTTE HEALTH FOUNDATION  
 EIN: 48-0547722  
 FYE: 09/30/2010

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	825,159.	31,112.	264,896.	529,151.
Leasehold Improvements				
Equipment	82,549.	5,419.	62,731.	14,399.
Furniture & Fixtures	81,461.	8,145.	65,417.	7,899.
Property, Plant & Equipment	<u>1,024,169.</u>	<u>44,676.</u>	<u>393,044.</u>	<u>586,449.</u>
Construction in Progress		NONE	NONE	
<b>Total Fixed Assets, line 14</b>	<u><u>1,024,169.</u></u>		<u><u>393,044.</u></u>	<u><u>586,449.</u></u>
<b>Total Depreciation Expense, line 19</b>		<u><u>44,676.</u></u>		

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