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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

OMB No 1545-0052

2010

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

For calendar year 2010, or tax year beginning 10/01, 2010, and ending 09/30, 2011

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Name of foundation **WYANDOTTE HEALTH FOUNDATION** A Employer identification number **48-0547722**

Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions)

755 MINNESOTA AVENUE (913) 371-4032

City or town, state, and ZIP code

KANSAS CITY, KS 66117

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 of year (from Part II, col (c), line 16) ▶ \$ **37,762,755.** J Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) _____ (Part I, column (d) must be on cash basis)

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 ☐

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)	42,199			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	24	24		ATCH 1
4 Dividends and interest from securities	940,344	940,344		ATCH 2
5a Gross rents	23,547	23,547		
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	2,377,206			
b Gross sales price for all assets on line 6a 30,195,811				
7 Capital gain net income (from Part IV, line 2)		2,377,206		
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)	2			ATCH 3
12 Total. Add lines 1 through 11	3,383,322	3,341,121		
13 Compensation of officers, directors, trustees, etc.	282,684	138,515		144,169
14 Other employee salaries and wages	42,320	12,696		29,624
15 Pension plans, employee benefits	118,216	44,611		73,605
16a Legal fees (attach schedule)	4,303	4,303		
b Accounting fees (attach schedule)	15,008	7,504		7,504
c Other professional fees (attach schedule)	21,000			21,000
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions)	28,832			
19 Depreciation (attach schedule) and depletion	41,029			
20 Occupancy	58,641	9,383		49,258
21 Travel, conferences, and meetings	3,663			3,663
22 Printing and publications	4,613			4,613
23 Other expenses (attach schedule) ATCH 6	300,405	259,803		40,602
24 Total operating and administrative expenses. Add lines 13 through 23	920,714	476,815		374,038
25 Contributions, gifts, grants paid	1,740,000			1,962,662
26 Total expenses and disbursements. Add lines 24 and 25	2,660,714	476,815		2,336,700
27 Subtract line 26 from line 12	722,608			
a Excess of revenue over expenses and disbursements				
b Net investment income (if negative, enter -0-)		2,864,306		
c Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see page 30 of the instructions. * ATCH 4 JSA ** ATCH 5 Form 990-PF (2010)

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			
1 Cash - non-interest-bearing	7,537.	20,112.	20,112.
2 Savings and temporary cash investments			
3 Accounts receivable ▶			
Less: allowance for doubtful accounts ▶			
4 Pledges receivable ▶			
Less: allowance for doubtful accounts ▶			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
7 Other notes and loans receivable (attach schedule) ▶			
Less: allowance for doubtful accounts ▶			
8 Inventories for sale or use			
9 Prepaid expenses and deferred charges			
10 a Investments - U S and state government obligations (attach schedule). **	2,564,088.	2,359,902.	2,506,966.
b Investments - corporate stock (attach schedule) ATCH 8	22,848,467.	22,677,687.	21,786,200.
c Investments - corporate bonds (attach schedule) ATCH 9	3,828,427.	3,820,025.	4,034,061.
11 Investments - land, buildings, and equipment basis ▶			
Less: accumulated depreciation (attach schedule) ▶			
12 Investments - mortgage loans			
13 Investments - other (attach schedule) ATCH 10	7,127,459.	8,074,829.	8,664,054.
14 Land, buildings, and equipment basis ▶ 1,025,681.			
Less: accumulated depreciation (attach schedule) ▶ 478,748.	586,449.	546,933.	546,933.
15 Other assets (describe ▶ ATCH 11)	212,048.	204,429.	204,429.
16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	37,174,475.	37,703,917.	37,762,755.
Liabilities			
17 Accounts payable and accrued expenses	118,948.	138,861.	
18 Grants payable	1,442,662.	1,220,000.	
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 ▶ ATCH 12)	78,598.	88,181.	
23 Total liabilities (add lines 17 through 22)	1,640,208.	1,447,042.	
Net Assets or Fund Balances			
Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
24 Unrestricted	35,534,267.	36,256,875.	
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <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 Total net assets or fund balances (see page 17 of the instructions)	35,534,267.	36,256,875.	
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	37,174,475.	37,703,917.	

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	35,534,267.
2 Enter amount from Part I, line 27a	2	722,608.
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	36,256,875.
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	36,256,875.

**ATCH 7

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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.)
1a SEE PART IV SCHEDULE					
b					
c					
d					
e					
(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)		
a					
b					
c					
d					
e					
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			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	2,377,206.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8.			3		

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))
2009	2,225,548.	38,812,173.	0.057341
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
2 Total of line 1, column (d)			2 0.279616
3 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			3 0.055923
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			4 41,086,504.
5 Multiply line 4 by line 3			5 2,297,681.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 28,643.
7 Add lines 5 and 6			7 2,326,324.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.			8 2,336,700.

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 Date of ruling or determination letter _____ (attach copy of ruling letter if necessary - see instructions)		1	28,643.
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	28,643.
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	28,643.
6 Credits/Payments			
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6 a	28,826.	
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	28,826.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	226.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	43.	
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 2011 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?		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)? 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.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input 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? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
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	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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(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	15		
and enter the amount of tax-exempt interest received or accrued during the year				
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country _____				

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 22 of the instructions)?	1b	X
Organizations relying on a current notice regarding disaster assistance check here		
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 2010?	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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 22 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 _____		
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 2010 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 2010)	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 2010?	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** ☐ Yes ☒ No

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** ☐ Yes ☒ No**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 13		281,666.	74,863.	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 14		236,993.
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 24 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	40,953,286.
b	Average of monthly cash balances	1b	100,000.
c	Fair market value of all other assets (see page 25 of the instructions)	1c	658,901.
d	Total (add lines 1a, b, and c)	1d	41,712,187.
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	41,712,187.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	625,683.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	41,086,504.
6	Minimum investment return. Enter 5% of line 5	6	2,054,325.

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	2,054,325.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	28,643.
b	Income tax for 2010 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	28,643.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,025,682.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,025,682.
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	2,025,682.

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	2,336,700.
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	2,336,700.
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	28,643.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,308,057.

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 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				2,025,682.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only				
b Total for prior years 20 08, 20 07, 20 06				
3 Excess distributions carryover, if any, to 2010:				
a From 2005	347,206.			
b From 2006	28,755.			
c From 2007	317,317.			
d From 2008	404,821.			
e From 2009	299,417.			
f Total of lines 3a through e	1,397,516.			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 2,336,700.				
a Applied to 2009, 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 2010 distributable amount				2,025,682.
e Remaining amount distributed out of corpus	311,018.			
5 Excess distributions carryover applied to 2010 (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	1,708,534.			
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 2009 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				
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 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	347,206.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	1,361,328.			
10 Analysis of line 9				
a Excess from 2006	28,755.			
b Excess from 2007	317,317.			
c Excess from 2008	404,821.			
d Excess from 2009	299,417.			
e Excess from 2010	311,018.			

Form 990-PF (2010)

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling

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

4942(j)(3) or

4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)**1 Information Regarding Foundation Managers:**

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

N/A

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

N/A

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

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

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

ATTACHMENT 15

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

ATTACHMENT 16

c Any submission deadlines:

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

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

ATTACHMENT 17

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

Recipient Name and address (home or business)	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
a Paid during the year ATTACHMENT 18				
Total			3a	1,962,662.
b Approved for future payment ATTACHMENT 19				
Total			3b	1,740,000.

Form 990-PF (2010)

Enter gross amounts unless otherwise indicated

Schedule of Contributors

OMB No 1545-0047

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

2010

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 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).

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	KATHRYN A POWERS ESTATE C/O PAYNE & JONES, 11000 KING OVERLAND PARK, KS 66225	\$ 42,049.	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 1

FORM 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	24.	24.
TOTAL	<u>24.</u>	<u>24.</u>

ATTACHMENT 2

FORM 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	940,344.	940,344.
TOTAL	<u>940,344.</u>	<u>940,344.</u>

ATTACHMENT 3FORM 990PF, PART I - OTHER INCOME

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
MISCELLANEOUS INCOME	2.
TOTALS	<u>2.</u>

ATTACHMENT 4

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
KC COMMUNITY FOUNDATION	21,000.	21,000.
TOTALS	<u>21,000.</u>	<u>21,000.</u>

ATTACHMENT 5FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
FEDERAL EXCISE TAX	28,832.
TOTALS	<u>28,832.</u>

ATTACHMENT 6

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
INSURANCE	15,225.	8,502.	6,723.
OFFICE EXPENSE	31,840.		31,840.
INVESTMENT EXPENSE	251,301.	251,301.	
OTHER	2,039.		2,039.
TOTALS	300,405.	259,803.	40,602.

WYANDOTTE HEALTH FOUNDATION

48-0547722

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

DESCRIPTION	BEGINNING BOOK VALUE	ATTACHMENT 7	
		ENDING BOOK VALUE	ENDING FMV
TREASURY AND FED SECURITIES	2,564,088.	2,294,902.	2,436,945.
MUNICIPAL BONDS		65,000.	70,021.
US OBLIGATIONS TOTAL	2,564,088.	2,359,902.	2,506,966.

ATTACHMENT 8FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
COMMON STOCKS	17,629,102.	17,259,145.	16,281,043.
MORTGAGE AND ASSET BACKED SEC	3,396,686.	4,009,196.	4,095,839.
MONEY MARKET MUTUAL FUNDS	1,822,679.	1,383,137.	1,383,137.
PREFERRED STOCK		26,209.	26,181.
TOTALS	<u>22,848,467.</u>	<u>22,677,687.</u>	<u>21,786,200.</u>

FORM 990PF, PART II - CORPORATE BONDS

ATTACHMENT 9

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
FIXED INCOME CORPORATE BONDS	3,828,427.	3,820,025.	4,034,061.
TOTALS	<u>3,828,427.</u>	<u>3,820,025.</u>	<u>4,034,061.</u>

ATTACHMENT 10FORM 990PF, PART II - OTHER INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
MULTIPLE STRATEGY INVEST	6,958,000.	6,958,000.	7,639,397.
INTERNATIONAL BONDS	169,459.	116,829.	118,216.
MUTUAL FUNDS		1,000,000.	906,441.
TOTALS	<u>7,127,459.</u>	<u>8,074,829.</u>	<u>8,664,054.</u>

ATTACHMENT 11FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
INTEREST/DIVIDENDS RECEIVABLE	97,860.	85,113.	85,113.
MISCELLANEOUS ASSETS	5,597.	1,150.	1,150.
DEFERRED COMP ASSET	78,598.	88,181.	88,181.
DEPOSIT	29,993.	29,985.	29,985.
TOTALS	<u>212,048.</u>	<u>204,429.</u>	<u>204,429.</u>

ATTACHMENT 12FORM 990PF, PART II - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED COMPENSATION	78,598.	88,181.
TOTALS	<u>78,598.</u>	<u>88,181.</u>

WYANDOTTE HEALTH FOUNDATION

48-0547722

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

ATTACHMENT 13

CONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANS

EXPENSE ACCT
AND OTHER
ALLOWANCES

TITLE AND AVERAGE HOURS PER
WEEK DEVOTED TO POSITION

NAME AND ADDRESS

COMPENSATION

WILLIAM EPPERHEIMER
755 MINNESOTA AVENUE
KANSAS CITY, KS 66117

PRESIDENT
40.00

14,000.

0.

148,633.

GEORGE HOWELL
755 MINNESOTA AVENUE
KANSAS CITY, KS 66117

VICE PRESIDENT
40.00

16,500.

0.

133,033.

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 13 (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
RAMON MURGUIA 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR 1.00	0.	0.	0.
JOHN J JURCYK JR 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR 1.00	0.	0.	0.
CHARLES W THURSTON JR 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR 1.00	0.	0.	0.
RAYMOND L DANIELS 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	CHAIRMAN 1.00	0.	0.	0.
DR FRANCES FOSTER 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR 1.00	0.	0.	0.
W JACKSON LETTS 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	DIRECTOR 1.00	0.	0.	0.

WYANDOTTE HEALTH FOUNDATION

48-0547722

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

ATTACHMENT 13 (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		281,666.	74,863.	0.

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALSATTACHMENT 14

<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	236,993.
	TOTAL COMPENSATION	<u>236,993.</u>

ATTACHMENT 15

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 YEARATTACHMENT 18

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BETHEL NEIGHBORHOOD CENTER 14 SOUTH 7TH STREET KANSAS CITY, KS 66101	EXEMPT		HEALTHY LIFESTYLES FOR ADULTS & YOUTH	15,000.
CABOT WESTSIDE HEALTH CENTER 2121 SUMMIT STREET KANSAS CITY, MO 64108	EXEMPT		WYANDOTTE INDIGENT CARE PROGRAM	60,000.
CANCER ACTION, INC. 2708 WEST 43RD AVENUE KANSAS CITY, KS 66103	EXEMPT		PATIENT SERVICES PROGRAM	25,000.
CATHOLIC CHARITIES, ARCHDIOCESE OF KCKS 12615 PARALLEL PARKWAY KANSAS CITY, KS 66109	EXEMPT		HEALTH INTERVENTION FOR AT-RISK	70,000.
CHILDREN'S MERCY HOSPITALS & CLINICS 2401 GILLHAM ROAD KANSAS CITY, MO 64108	EXEMPT		CHILDREN'S MERCY WEST/CORDELL MEEKS, JR CLINIC	110,000.
COMMUNITY HEALTH COUNCIL 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT		HEALTH ACCESS AND ADVOCACY	15,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 18 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CARITAS CLINIC, INC 20 WEST 9TH KANSAS CITY, MO 64105	EXEMPT		PRIMARY HEALTH CARE FOR UNINSURED POOR	224,000.
FAMILY CONSERVANCY 3217 BROADWAY KANSAS CITY, MO 64111	EXEMPT		FAMILY FOCUS PROGRAM	15,000.
MEDICAL SOCIETY JO & WY COUNTIES 6405 METCALF AVENUE SUITE 108 MISSION, KS 66202	EXEMPT		INDIGENT CARE	60,000.
KANSAS CITY FREE HEALTH CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	EXEMPT		ACCESS FOR ALL	46,462.
KU ENDOWMENT ASSOCIATION PO BOX 928 LAWRENCE, KS 66044	EXEMPT		SILVER CITY HEALTH CENTER PRIMARY AND CHRONIC CARE SERVICES	127,500.
PUBLIC HEALTH DEPARTMENT OF UG OF WYCO/KCK 619 ANN AVENUE KANSAS CITY, KS 66101	EXEMPT		SONOGRAM/RADIOLOGY	275,000.

FORM 990FF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 18 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
RIVERVIEW COMMUNITY SERVICES, INC. 722 REYNOLDS AVE KANSAS CITY, KS 66101	EXEMPT	PARISH NURSE ACCESS TO HEALTH SERVICES	90,000.
SOUTHWEST BOULEVARD FAMILY HEALTH CARE 300-340 SOUTHWEST BOULEVARD KANSAS CITY, KS 66103	EXEMPT	FAMILY HEALTH CARE	210,000.
SPOPE HEALTH SERVICES 21 E 12 STREET KANSAS CITY, MO 64106	EXEMPT	COMPREHENSIVE MEDICAL & DENTAL SERVICES FOR WY. CO.	210,000.
TURNER HOUSE CLINIC FOR CHILDREN 21 N 12TH STREET KANSAS CITY, KS 66102	EXEMPT	ACCESS TO HEALTHCARE	183,600.
COMMUNITIES IN SCHOOLS 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	EXEMPT	CHILDREN'S EMERGENCY DENTAL	26,100.
KU ENDOWMENT ASSOCIATION PO BOX 928 LAWRENCE, KS 66044	EXEMPT	JAYDOC FREE CLINIC	15,000.

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

RECIPIENT NAME AND ADDRESS		RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MERCY & TRUTH MEDICAL MISSIONS, INC 721 N 31ST ST KANSAS CITY, KS 66102		EXEMPT		SAFETY NET PRIMARY CARE WYANDOTTE COUNTY	50,000.
UNIV OF KS MED CTR RESEARCH INST. MSN 1039 3901 RAINBOW BOULEVARD KANSAS CITY, KS 66103		EXEMPT		PROJECT EAGLE HEALTH CLINIC	100,000.
BAPTIST TRINITY LUTHERAN FOUNDATION 6601 ROCKHILL ROAD KANSAS CITY, MO 64131		EXEMPT		KANSAS CITY'S MEDICINE CABINET	5,000.
EL CENTRO, INC. 650 MINNESOTA AVENUE KANSAS CITY, KS 66101		EXEMPT		PROMOTORES DE SALUD	15,000.
KS CHILDREN'S SERVICE LEAGUE-TOPEKA 3545 SW 5TH FLOOR TOPEKA, KS 66606		EXEMPT		HEALTH FAMILIES WYANDOTTE COUNTY	15,000.
TOTAL CONTRIBUTIONS PAID					<u>1,962,662.</u>

ATTACHMENT 18 (CONT'D)

FORM 990FF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 19

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CABOT WESTSIDE HEALTH CENTER 2121 SUMMIT STREET KANSAS CITY, MO 64108	EXEMPT	INDIGENT CARE PROGRAM	55,000.
CARITAS CLINICS, INC. 20 WEST 9TH KANSAS CITY, MO 64105	EXEMPT	HEALTH CARE FOR THE UNINSURED POOR	184,000.
CATHOLIC CHARITIES OF NORTHEAST KANSAS 12615 PARALLEL PARKWAY KANSAS CITY, KS 66109	EXEMPT	HEALTH INTERVENTION	70,000.
CHILDREN'S MERCY HOSPITALS 2401 GILLHAM ROAD KANSAS CITY, MO 64108	EXEMPT	CHILDREN'S MERCY WEST-PRIMARY CARE	70,000.
CANCER ACTION, INC. 2708 W 43RD AVENUE KANSAS CITY, KS 66103	EXEMPT	PATIENT SERVICES PROGRAM	25,000.
COMMUNITY IN SCHOOLS OF KCK/WYCO 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	EXEMPT	CHILDREN'S EMERGENCY DENTAL	26,100.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 19 (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 3515 BROADWAY ST KANSAS CITY, MO 64111	EXEMPT		GENERAL MEDICINE PROGRAM	38,800.
PUBLIC HEALTH DEPARTMENT OF UG OF WYCO/KCK 619 ANN AVENUE KANSAS CITY, KS 66101	EXEMPT		SONOGRAM/RADIOLOGY	250,000.
RIVERVIEW COMMUNITY SERVICES 722 REYNOLDS AVE KANSAS CITY, KS 66101	EXEMPT		DIABETES HEALTH LITERACY	90,000.
SOUTHWEST BOULEVARD FAMILY HEALTH CARE 300-340 SOUTHWEST BOULEVARD KANSAS CITY, KS 66103	EXEMPT		FAMILY HEALTH CARE	180,000.
TURNER HOUSE CLINIC FOR CHILDREN 21 N 12TH STREET KANSAS CITY, KS 66102	EXEMPT		HEALTH CARE FOR CHILDREN	153,600.
THE FAMILY CONSERVANCY 3217 BROADWAY KANSAS CITY, MO 64111	EXEMPT		PRENATAL EDUCATION & SUPPORT	15,000.

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

ATTACHMENT 19 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SPOPE HEALTH SERVICES 21 E 12 ST KANSAS CITY, MO 64106	EXEMPT	COMPREHENSIVE MEDICAL & DENTAL FOR WY. CO. & FQHC	355,000.
KANSAS UNIVERSITY ENDOWMENT ASSOC P.O. BOX 928 LAWRENCE, KS 66044	EXEMPT	SILVER CITY HEALTH CENTER & JAYDOC FREE CLINIC	5,000.
U OF K MEDICAL CENTER RESEARCH INST. MSN 1039 3901 RAINBOW BOULEVARD KANSAS CITY, KS 66103	EXEMPT	PROJECT EAGLE HEALTH CLINIC	70,000.
COMMUNITY HEALTH COUNCIL 755 MINNESOTA AVENUE KANSAS CITY, KS 66117	EXEMPT	OPERATIONAL SUPPORT	32,500.
KS DENTAL CHARITABLE FOUNDATION C/O WYANDOTTE HEALTH FOUNDATION KANSAS CITY, KS 66117	EXEMPT	KANSAS MISSION OF MERCY	40,000.
MEDICAL SOCIETY OF JO & WY CO FNDT 6405 METCALF AVENUE SUITE 108 MISSION, KS 66202	EXEMPT	WY/JO CARE REFERRAL	30,000.

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

			<u>ATTACHMENT 19 (CONT'D)</u>	
<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>	
BAPTIST TRINITY LUTHERAN FOUNDATION 6601 ROCKHILL ROAD KANSAS CITY, MO 64131	EXEMPT	KANSAS CITY'S MEDICINE CABINET	5,000.	
BETHEL NEIGHBORHOOD CENTER 14 SOUTH 7TH STREET KANSAS CITY, KS 66101	EXEMPT	HEALTHY LIFESTYLES FOR ADULTS AND YOUTHS	15,000.	
EL CENTRO, INC 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	EXEMPT	PROMOTORES DE SALUD	15,000.	
KS CHILDREN'S SERICE LEAGUE-TOPEKA 3545 SW 5TH FLOOR TOPEKA, KS 66606	EXEMPT	HEALTH FAMILIES WYANDOTTE COUNTY	15,000.	
TOTAL CONTRIBUTIONS APPROVED			<u>1,740,000.</u>	