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Exhibit A

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2012**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

**A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> OLATHE MEDICAL CENTER CHARITABLE FOUNDATION		<b>D Employer identification number</b> 48-1136010
	Doing Business As		<b>E Telephone number</b> (913) 791-4461
	Number and street (or P O box if mail is not delivered to street address) Room/suite 20333 W 151ST STREET		
	City, town or post office, state, and ZIP code OLATHE, KS 66061		<b>G Gross receipts \$</b> 1,692,989. <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
	<b>F Name and address of principal officer</b> TIERNEY L GRASSER 20333 W 151ST STREET OLATHE, KS 66061		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 527 <b>J Website</b> ▶ WWW.OLATHEHEALTH.ORG <b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L Year of formation</b> 1993 <b>M State of legal domicile</b> KS			

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities RAISE AND DISTRIBUTE FUNDS EITHER DIRECTLY OR THROUGH RELATED ORGANIZATIONS, TO OLATHE MEDICAL CENTER, INC., AN ACUTE CARE MEDICAL CENTER, AND ANY OF ITS RELATED 501(C)(3) ORGANIZATIONS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	71.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,008,431.	1,438,276.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	144,828.	73,565.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,737.	77,935.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,207,996.	1,589,776.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	32,731.	39,275.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	125,289.	125,011.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 183,466.	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	81,449.	77,243.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	239,469.	241,529.
19 Revenue less expenses Subtract line 18 from line 12	968,527.	1,348,247.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,085,734.	5,936,570.
	22 Net assets or fund balances Subtract line 21 from line 20	43,650.	76,607.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL J. ENGLE				P00482834
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260			
	Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246	Phone no 816 221-6300			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)JSA  
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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III ☒ **X**

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

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code: ) (Expenses \$ 39,275 including grants of \$ 39,275 ) (Revenue \$ )

RAISE AND DISTRIBUTE FUNDS EITHER DIRECTLY OR THROUGH RELATED ORGANIZATIONS, TO OLATHE MEDICAL CENTER, INC., AN ACUTE CARE MEDICAL CENTER, AND ANY OF ITS RELATED 501(C)(3) ORGANIZATIONS. OLATHE MEDICAL CENTER, INC., A NOT-FOR-PROFIT CORPORATION, PROVIDES HEALTH CARE SERVICES TO COMMUNITIES IN ITS SERVICE AREA.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 39,275.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

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

Form 990 (2012)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	1a 7		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2b		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a		X
b If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
<b>10 Section 501(c)(7) organizations.</b> Enter			
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter			
a Gross income from members or shareholders . . . . .	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a Is the organization licensed to issue qualified health plans in more than one state? . . . . .	13a		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b		
c Enter the amount of reserves on hand . . . . .	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ X**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 12		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . <b>9</b>		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► KS.

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► TIERNEY L GRASSER 20333 W 151ST STREET OLATHE, KS 66061 913-791-4461

JSA

Form 990 (2012)

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENNIS C MEYER TRUSTEE/CHAIRPERSON	1.00 1.00	X		X				0	0	0
(2) RUTH ANN HACKLER TRUSTEE/VICE-CHAIRPERSON	1.00 0	X		X				0	0	0
(3) JANE M NORTON TRUSTEE/SECRETARY/TREASURER	1.00 0	X		X				0	0	0
(4) NELL M BOWEN TRUSTEE	1.00 0	X						0	0	0
(5) MILTON B GRIN, MD TRUSTEE	1.00 0	X						0	0	0
(6) C TOM HALL TRUSTEE	1.00 0	X						0	0	0
(7) J MICHAEL HASKIN TRUSTEE	1.00 0	X						0	0	0
(8) R ERIC HUGHES TRUSTEE	1.00 0	X						0	0	0
(9) FREDERICK R KENNEDY, MD TRUSTEE	1.00 0	X						0	0	0
(10) TOM E KNAPPENBERGER, DVM TRUSTEE	1.00 0	X						0	0	0
(11) SAM PERKINS TRUSTEE	1.00 0	X						0	0	0
(12) RON WIMMER, ED.D. TRUSTEE	1.00 0	X						0	0	0
(13) FRANK H DEVOCELLE PRESIDENT/CEO	2.00 46.00			X				0	3,370,702.	20,372.
(14) TIERNEY L GRASSER SENIOR VP/FINANCE	1.00 47.00			X				0	406,990.	121,439.



[illegible]

<b>1b Sub-total</b>	0	3,777,692.	141,811.
<b>c Total from continuation sheets to Part VII, Section A</b>	0	261,559.	14,864.
<b>d Total (add lines 1b and 1c)</b>	0	4,039,251.	156,675.

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

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. . . . .

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
3	X	
4	X	
5		X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

**Part VIII****Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII. ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b> 6,000.			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 63,844			
	<b>d</b> Related organizations . . . . .	<b>1d</b> 12,030			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 1,356,402.			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		1,438,276		
<b>Program Service Revenue</b>	<b>2a</b> . . . . .	<b>Business Code</b>			
	<b>b</b> . . . . .				
	<b>c</b> . . . . .				
	<b>d</b> . . . . .				
	<b>e</b> . . . . .				
	<b>f</b> All other program service revenue . . . . .				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		0		
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		73,565.	
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0		
<b>5</b> Royalties . . . . .		(i) Real (ii) Personal			
<b>6a</b> Gross rents . . . . .					
<b>b</b> Less rental expenses . . . . .					
<b>c</b> Rental income or (loss) . . . . .					
<b>d</b> Net rental income or (loss) . . . . .			0		
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		(i) Securities (ii) Other			
<b>b</b> Less: cost or other basis and sales expenses . . . . .					
<b>c</b> Gain or (loss) . . . . .					
<b>d</b> Net gain or (loss) . . . . .			0		
<b>8a</b> Gross income from fundraising events (not including \$ 63,844. of contributions reported on line 1c) See Part IV, line 18 . . . . .		<b>a</b> 181,148			
<b>b</b> Less: direct expenses . . . . .		<b>b</b> 103,213			
<b>c</b> Net income or (loss) from fundraising events . . . . .			77,935		77,935.
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .		<b>a</b>			
<b>b</b> Less: direct expenses . . . . .		<b>b</b>			
<b>c</b> Net income or (loss) from gaming activities . . . . .			0		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>a</b>			
<b>b</b> Less: cost of goods sold . . . . .		<b>b</b>			
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11a</b> . . . . .					
<b>b</b> . . . . .					
<b>c</b> . . . . .					
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		0			
<b>12</b> <b>Total revenue.</b> See instructions . . . . .		1,589,776		151,500	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	33,875.	33,875.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	5,400.	5,400.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	110,909.			110,909.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,766.			3,766.
9 Other employee benefits.	3,116.			3,116.
10 Payroll taxes.	7,220.			7,220.
11 Fees for services (non-employees)	0			
a Management.	9,855.		9,855.	
b Legal.	4,946.		4,946.	
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	1,266.		1,266.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	43.			43.
12 Advertising and promotion.	0			
13 Office expenses.	4,273.			4,273.
14 Information technology.	3,914.			3,914.
15 Royalties.	0			
16 Occupancy.	25,070.			25,070.
17 Travel.	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	0			
23 Insurance.	148.			148.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a FUNDRAISING EXPENSES	24,022.			24,022.
b DUES AND LICENSES	125.			125.
c				
d				
e All other expenses	3,581.		2,721.	860.
25 Total functional expenses. Add lines 1 through 24e.	241,529.	39,275.	18,788.	183,466.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments	800,359.	<b>2</b>	510,557.
	<b>3</b> Pledges and grants receivable, net	420,878.	<b>3</b>	1,159,857.
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	318.	<b>9</b>	4,115.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 33,986.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 33,986.	<b>10c</b>	0
	<b>11</b> Investments - publicly traded securities	2,857,068.	<b>11</b>	4,262,041.
	<b>12</b> Investments - other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	7,111.	<b>15</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,085,734.	<b>16</b>	5,936,570.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	43,650.	<b>17</b>	49,960.
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	<b>25</b>	26,647.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	43,650.	<b>26</b>	76,607.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,842,223.	<b>27</b>	2,323,575.
	<b>28</b> Temporarily restricted net assets	2,081,574.	<b>28</b>	3,418,101.
	<b>29</b> Permanently restricted net assets	118,287.	<b>29</b>	118,287.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	4,042,084.	<b>33</b>	5,859,963.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	4,085,734.	<b>34</b>	5,936,570.	

Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1,589,776.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	241,529.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	1,348,247.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	4,042,084.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	189,815.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	279,817.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	5,859,963.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2012)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

OLATHE MEDICAL CENTER CHARITABLE FOUNDATION

Employer identification number

48-1136010

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I    b ☐ Type II    c ☐ Type III-Functionally integrated    d ☐ Type III-Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. \_\_\_\_\_
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	917,193	193,085	1,405,182	1,008,431	1,374,432	4,898,323
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4</b> Total. Add lines 1 through 3 . . . . .	917,193	193,085	1,405,182	1,008,431	1,374,432	4,898,323
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						1,586,345
<b>6</b> Public support. Subtract line 5 from line 4 . . . . .						3,311,978

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .	917,193	193,085	1,405,182	1,008,431	1,374,432	4,898,323
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	44,937	41,313	47,078	49,283	73,565	256,176
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						0
<b>11</b> Total support. Add lines 7 through 10 . . . . .						5,154,499
<b>12</b> Gross receipts from related activities, etc (see instructions) . . . . .					12	760,727
<b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	64.25 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	38.19 %
<b>16a</b> 33 1/3 % support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> 33 1/3 % support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a</b> 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b</b> 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

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



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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization

OLATHE MEDICAL CENTER CHARITABLE FOUNDATION

Employer identification number

48-1136010

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐ Yes ☐ No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,054,559.	3,057,286.	1,426,207.	1,256,178.	1,763,434.
b Contributions	4,306,268.	864,988.	1,439,084.		
c Net investment earnings, gains, and losses	53,605.	138,326.	198,395.	188,513.	-496,376.
d Grants or scholarships	5,400.	5,306.	6,400.	4,707.	
e Other expenditures for facilities and programs					
f Administrative expenses		735.		13,777.	10,880.
g End of year balance	8,409,032.	4,054,559.	3,057,286.	1,426,207.	1,256,178.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ 38.7600 %
- b Permanent endowment ☐ %
- c Temporarily restricted endowment ☐ 61.2400 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,555.	3,555.	
d Equipment		30,431.	30,431.	
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) . . . . . ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO AFFILIATES	26,647.	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		26,647.

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	308,043,553.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	189,814.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	307,601,755.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	307,791,569.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	251,984.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,266.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,336,526.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,337,792.
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	1,589,776.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	261,241,363.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	261,001,100.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	261,001,100.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	240,263.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,266.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,266.
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	241,529.

**Part XIII Supplemental Information**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

## ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUNDS INCLUDE RESTRICTED FUNDS FOR A HOSPICE HOUSE CAPITAL CAMPAIGN AND FUNDS RESTRICTED FOR SCHOLARSHIPS AND AWARDS FOR HEALTHCARE CAREERS.

## UNCERTAIN TAX POSITIONS DISCLOSURE

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

## RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 2D

RELATED ORGANIZATIONS' REVENUE	\$ 307,493,142
SPECIAL EVENT EXPENSES	103,213
NET ASSETS RELEASED FROM RESTRICTIONS	5,400
	-----
TOTAL	\$ 307,601,755

**Part XIII** Supplemental Information (continued)

## RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 4B

TEMPORARILY RESTRICTED CONTRIBUTIONS \$ 1,336,526

## RECONILIATION OF EXPENSES

SCHEDULE D, PART XIII, LINE 2D

RELATED ORGANIZATIONS' EXPENSES \$ 260,241,363

SPECIAL EVENT EXPENSES 103,213

TOTAL \$ 261,001,100

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

OLATHE MEDICAL CENTER CHARITABLE FOUNDATION

Employer identification number

48-1136010

**Part I**

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

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

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total .....						

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



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		YULETIDE GALA (event type)	GOLF CLASSIC (event type)	1. (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	164,874.	70,826.	9,292.	244,992.
	2 Less: Contributions . . . . .	32,340.	31,504.		63,844.
	3 Gross income (line 1 minus line 2). . . . .	132,534.	39,322.	9,292.	181,148.
Direct Expenses	4 Cash prizes . . . . .		5,197.		5,197.
	5 Noncash prizes . . . . .		4,629.		4,629.
	6 Rent/facility costs . . . . .	43,601.	9,308.		52,909.
	7 Food and beverages . . . . .		599.		599.
	8 Entertainment . . . . .	26,247.			26,247.
	9 Other direct expenses . . . . .	11,598.		2,034.	13,632.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 103,213.)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				77,935.

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I  
(Form 990)

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

OLATHE MEDICAL CENTER CHARITABLE FOUNDATION

Employer identification number

48-1136010

OMB No 1545-0047

2012

Open to Public  
Inspection

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	OLATHE MEDICAL CENTER INC 20333 W 151ST ST OLATHE, KS 66061	48-0577664	501(C)(3)	33,875				OPERATIONAL
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	SCHOLARSHIPS	14	5,400			
2						
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCESS FOR MONITORING THE USE OF GRANTS IN THE U.S.

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION MONITORS THE USE OF ALL FUNDS GIVEN TO RELATED

ORGANIZATIONS BY RESTRICTING THE FUNDS TO USE FOR HEALTHCARE RELATED

ENDEAVORS. THE RELATED ENTITIES RECORD AND REPORT THE USE OF THE FUNDS

FOR EITHER GENERAL OPERATIONS, HOSPICE OPERATIONS OR RESTRICTED

HEALTHCARE CAPITAL PURCHASES.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

OLATHE MEDICAL CENTER CHARITABLE FOUNDATION

Employer identification number

48-1136010

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	FRANK H DEVOCELLE PRESIDENT/CEO	(i) 827,087.	(ii) 119,614.	(iii) 2,424,001.	0	0	3,391,074.	2,074,339.
2	RODNEY D CORN SENIOR VP/OPERATIONS	(i) 0	(ii) 0	(iii) 150,524.	0	0	150,524.	153,209.
3	TIERNEY L GRASSER SENIOR VP/FINANCE	(i) 322,902.	(ii) 56,117.	(iii) 27,971.	94,869.	26,570.	528,429.	18,981.
4		(i) 0	(ii) 0	(iii) 0	0	0	0	0
5		(i) 0	(ii) 0	(iii) 0	0	0	0	0
6		(i) 0	(ii) 0	(iii) 0	0	0	0	0
7		(i) 0	(ii) 0	(iii) 0	0	0	0	0
8		(i) 0	(ii) 0	(iii) 0	0	0	0	0
9		(i) 0	(ii) 0	(iii) 0	0	0	0	0
10		(i) 0	(ii) 0	(iii) 0	0	0	0	0
11		(i) 0	(ii) 0	(iii) 0	0	0	0	0
12		(i) 0	(ii) 0	(iii) 0	0	0	0	0
13		(i) 0	(ii) 0	(iii) 0	0	0	0	0
14		(i) 0	(ii) 0	(iii) 0	0	0	0	0
15		(i) 0	(ii) 0	(iii) 0	0	0	0	0
16		(i) 0	(ii) 0	(iii) 0	0	0	0	0

Schedule J (Form 990) 2012

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

**COMPENSATION FROM A RELATED ORGANIZATION**

FORM 990, PART VII; SCHEDULE J, PART I, LINE 3 AND PART II

THE COMPENSATION BEING REPORTED FOR FRANK H DEVOCELLE, RODNEY D CORN AND

TIERNEY L GRASSER IS FROM OLATHE MEDICAL CENTER, INC., A RELATED TAX

EXEMPT ORGANIZATION. OLATHE MEDICAL CENTER, INC. USES A COMPENSATION

COMMITTEE COMPRISED OF INDEPENDENT BOARD MEMBERS TO ESTABLISH

COMPENSATION AND BENEFITS FOR ALL OFFICERS OF OLATHE MEDICAL CENTER, INC.

AND ITS AFFILIATED CORPORATIONS. THE COMPENSATION COMMITTEE APPROVES AND

ESTABLISHES ALL COMPENSATION AND BENEFITS FOR OFFICERS OF OLATHE MEDICAL

CENTER, INC. AND ITS AFFILIATED COMPANIES. THE COMMITTEE UTILIZED AN

INDEPENDENT COMPENSATION CONSULTANT, A WRITTEN CONTRACT AND COMPENSATION

SURVEYS TO ESTABLISH FAIR MARKET VALUE SALARIES AND BENEFITS FOR OLATHE

MEDICAL CENTER, INC. AND ITS AFFILIATES' OFFICERS.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PROVIDED BY OMCI

SCHEDULE J, PART I, LINE 4B & PART II

A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WAS PREVIOUSLY PROVIDED

TO FRANK H DEVOCELLE, PRESIDENT AND CEO. INCLUDED IN HIS COMPENSATION IN

2012 IS \$2,389,228 IN SERP PAYOUT WHICH REPRESENTS THE VALUE NO LONGER

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AND REPRESENTS HIS 40 YEARS OF SERVICE TO THE ORGANIZATION. \$2,074,339 OF THIS AMOUNT HAS PREVIOUSLY BEEN REPORTED IN MR. DEVOCELLE'S COMPENSATION AS SUPPLEMENTAL INCOME IN PREVIOUS YEARS' 990 TAX RETURNS.

THE TOTAL COMPENSATION OF \$150,524 FOR RODNEY D. CORN IS A SERP PAYOUT. MR. CORN LEFT THE ORGANIZATION IN 2011 AND MET THE REQUIREMENTS FOR PAYMENT IN 2012. \$153,209 OF THIS AMOUNT HAS PREVIOUSLY BEEN REPORTED IN MR. CORN'S COMPENSATION AS SUPPLEMENTAL INCOME IN PREVIOUS YEARS.

A SERP IS PROVIDED TO TIERNEY L GRASSER, SENIOR VICE PRESIDENT/FINANCE WHICH IS FUNDED OVER A SHORT TIME PERIOD BASED UPON THE IMPLEMENTATION DATE OF THE SERP IN 2005. MS. GRASSER'S CAREER SERVICE AT OLATHE MEDICAL CENTER, INC. AND ITS AFFILIATED ENTITIES IS CURRENTLY AT 24 YEARS, MOST OF WHICH DID NOT INCLUDE FUNDING FOR THE SERP BENEFIT. A MAJORITY OF THE DEFERRED COMPENSATION IS DUE TO FUNDING OF THE SERP BENEFIT FOR PRIOR YEARS OF SERVICE. IN 2012, THERE WAS A PAYOUT OF \$23,554 AND AN ACCRUAL OF \$94,869.



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPENSATION REPORTED IN PRIOR YEAR FORM 990

SCHEDULE J, PART II, COLUMN F

COMPENSATION IS REPORTED ON THE FORM 990 IN THE YEAR THAT THE

COMPENSATION IS EARNED BY OR AWARDED TO AN INDIVIDUAL, EVEN IF THE

COMPENSATION IS NOT PAID TO THE INDIVIDUAL, IS NOT FULLY VESTED, OR IS

SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. IF COMPENSATION IS EARNED OR

AWARDED IN ONE YEAR BUT PAID IN A LATER YEAR, THEN THE COMPENSATION IS

GENERALLY REPORTED A SECOND TIME ON THE FORM 990 IN THE YEAR THE

COMPENSATION IS PAID TO THE INDIVIDUAL. AS A RESULT OF THE REPORTING

REQUIREMENT, AN ORGANIZATION COULD BE REQUIRED TO REPORT THE SAME

COMPENSATION AMOUNTS ON THE FORM 990 FOR TWO DIFFERENT YEARS. THE AMOUNTS

REPORTED IN COLUMN F: INCLUDE INCENTIVE AMOUNTS AND CAPITAL ACCUMULATION

AMOUNTS WHICH WERE REPORTED IN PREVIOUS 990S AS DEFERRED COMPENSATION.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

OLATHE MEDICAL CENTER CHARITABLE FOUNDATION

48-1136010

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

THE OLATHE MEDICAL CENTER CHARITABLE FOUNDATION IS A 501(C)(3)  
NOT-FOR-PROFIT ORGANIZATION ESTABLISHED TO SECURE CONTRIBUTIONS IN  
SUPPORT OF OLATHE MEDICAL CENTER, INC.

THE OLATHE MEDICAL CENTER CHARITABLE FOUNDATION IS COMMITTED TO ENHANCE  
PROGRAMS THAT PROMOTE, ENCOURAGE AND ASSIST THE IMPROVEMENT AND EXPANSION  
OF QUALITY HEALTH CARE AT OLATHE MEDICAL CENTER, INC. AND THROUGHOUT ITS  
SERVICE AREA TO PROVIDE A STRONG FOUNDATION FOR SUPPORT OF QUALITY HEALTH  
CARE.

THE OLATHE MEDICAL CENTER CHARITABLE FOUNDATION SIGNIFICANTLY SUPPORTS  
THE CLINICAL SERVICES OF OLATHE MEDICAL CENTER, INC., WHILE COLLABORATING  
WITH ITS LEADERSHIP, STAFF AND PHYSICIANS TO CREATE LOCAL COMMUNITY  
OPPORTUNITIES TO SUPPORT HEALTH CARE PROGRAMS AND SERVICES AND IT'S  
RELATED NON-FOR-PROFIT SUBSIDIARIES.

BUSINESS RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

FRANK H DEVOCELLE, TIERNEY L GRASSER AND DENNIS C MEYER HAVE A BUSINESS  
RELATIONSHIP WITH EACH OTHER. THEY SERVE AS OFFICERS OR DIRECTORS FOR  
OLATHE HEALTH DEVELOPMENT CORPORATION OR OLATHE MEDICAL CENTER DOCTOR'S  
BUILDING CONDOMINIUM OWNERS ASSOCIATION, WHICH ARE RELATED FOR PROFIT

Name of the organization	Employer identification number
OLATHE MEDICAL CENTER CHARITABLE FOUNDATION	48-1136010

COMPANIES.

MEMBER

FORM 990, PART VI, SECTION A, LINE 6

OLATHE MEDICAL CENTER, INC., A NOT-FOR-PROFIT, 501(C)(3) ORGANIZATION, IS  
THE SOLE MEMBER OF OLATHE MEDICAL CENTER CHARITABLE FOUNDATION.

MEMBER MAY ELECT GOVERNING BODY

FORM 990, PART VI, SECTION A, LINE 7A

OLATHE MEDICAL CENTER, INC. BEING THE SOLE MEMBER OF OLATHE MEDICAL  
CENTER CHARITABLE FOUNDATION HAS THE RIGHT TO ELECT ALL THE BOARD OF  
TRUSTEES.

GOVERNING BODY DECISIONS SUBJECT TO APPROVAL OF MEMBER

FORM 990, PART VI, SECTION A, LINE 7B

OLATHE MEDICAL CENTER, INC. IS THE SOLE MEMBER, AND HAS THE RIGHTS TO  
APPROVE OLATHE MEDICAL CENTER CHARITABLE FOUNDATION'S BYLAWS AND ARTICLES  
OF INCORPORATION AND ALSO APPROVE OLATHE MEDICAL CENTER CHARITABLE  
FOUNDATION'S BOARD MEMBERS.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11B

THE TAX RETURN FORM 990 IS REVIEWED BY THE AUDIT AND COMPLIANCE COMMITTEE  
OF THE OLATHE MEDICAL CENTER, INC. (OLATHE MEDICAL CENTER CHARITABLE  
FOUNDATION'S SOLE MEMBER) BOARD ON BEHALF OF ALL OF ITS AFFILIATES PRIOR  
TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE. THE AUDIT &

Name of the organization

Employer identification number

OLATHE MEDICAL CENTER CHARITABLE FOUNDATION

48-1136010

COMPLIANCE COMMITTEE IS COMPRISED OF INDEPENDENT BOARD MEMBERS OF OLATHE MEDICAL CENTER, INC. THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO THE AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW PRIOR TO FILING THE FORM 990.

## CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

THE PURPOSE OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS TO PROTECT THE ORGANIZATION'S INTEREST WHEN IT IS CONTEMPLATING A DECISION OR ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ANY PERSON IN A POSITION OF AUTHORITY OVER THE ORGANIZATION, OR MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION.

CORPORATE OFFICERS AND MEMBERS OF THE BOARD OF TRUSTEES REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE OF INFORMATION FORM ANNUALLY. A SUMMARY OF THE ANNUAL DISCLOSURES OF INFORMATION IS PROVIDED TO THE FULL BOARD FOR REVIEW AT LEAST ONE TIME PER YEAR.

THE CONFLICT OF INTEREST POLICY CALLS FOR ANY INTERESTED PERSON TO DISCLOSE THE EXISTENCE OF A FINANCIAL RELATIONSHIP OR COMPETITIVE INTEREST IN CONNECTION WITH ANY PENDING TRANSACTION OR ARRANGEMENT. THE INDIVIDUAL IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT THAT GAVE RISE TO THE DISCLOSURE.

WHEN A TRANSACTION INVOLVES AN INTERESTED PARTY, THE FOLLOWING PROCEDURES

Name of the organization	Employer identification number
OLATHE MEDICAL CENTER CHARITABLE FOUNDATION	48-1136010

ARE FOLLOWED:

1. THE INTERESTED PARTY LEAVES THE MEETING AFTER PROVIDING ANY MATERIAL FACTS OR DISCUSSION REGARDING THE MATTER THAT GIVES RISE TO THE INTEREST UNLESS REQUESTED TO STAY BY THE REMAINING BOARD OR COMMITTEE MEMBERS.
2. IF APPROPRIATE, THE BOARD MAY APPOINT A NON-INTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION;
3. THE INTERESTED TRUSTEE MAY NOT VOTE IN THE MATTER THAT GIVES RISE TO THE INTEREST.
4. IN ORDER TO APPROVE THE TRANSACTION, THE BOARD MUST FIRST FIND, BY A MAJORITY VOTE OF THE TRUSTEES THEN IN OFFICE, WITHOUT COUNTING THE VOTE OF THE INTERESTED TRUSTEE,
  - A. THAT THE PROPOSED TRANSACTION IS IN THE ORGANIZATION'S BEST INTERESTS AND FOR ITS OWN BENEFIT, AND
  - B. THAT, AFTER REASONABLE INVESTIGATION, THE BOARD HAS DETERMINED THAT THE ORGANIZATION CANNOT OBTAIN A MORE ADVANTAGEOUS TRANSACTION WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES.

#### COMPENSATION REVIEW

FORM 990, PART VI, SECTION B, LINES 15A & B

THE COMPENSATION COMMITTEE OF THE OLATHE MEDICAL CENTER, INC. BOARD, WHICH IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF OLATHE MEDICAL CENTER, INC., REVIEWS AND APPROVES THE CEO AND OTHER OFFICERS AND KEY EMPLOYEES OF THE CORPORATION'S COMPENSATION IN ACCORDANCE WITH THEIR COMPENSATION POLICY. THE COMPENSATION COMMITTEE REVIEWS THIRD PARTY

Name of the organization	Employer identification number
OLATHE MEDICAL CENTER CHARITABLE FOUNDATION	48-1136010

SALARY SURVEYS AND ALSO UTILIZES WRITTEN CONTRACTS FOR THE CEO TO DETERMINE THE FAIR MARKET VALUE OF THE CURRENT COMPENSATION SALARY RANGES AND BENEFITS. COMPENSATION FOR SUCH OFFICERS IS APPROVED BY THE COMMITTEE AND INFORMATION OF THEIR FINDINGS IS AVAILABLE TO ALL BOARD MEMBERS AT THEIR REQUEST.

## AVAILABILITY OF DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.

## OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

NET ASSETS RELEASED FROM RESTRICTIONS	5,400
TRANSFER FROM AFFILIATE	274,417
	-----
TOTAL	\$ 279,817

**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

OLATHE MEDICAL CENTER CHARITABLE FOUNDATION

Employer identification number

48-1136010

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-----					
(2)	-----					
(3)	-----					
(4)	-----					
(5)	-----					
(6)	-----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	OLATHE MEDICAL CENTER, INC 20333 W 151ST ST OLATHE, KS 66061 48-0577664	HOSPITAL	KS	501 (C) (3)	3	OHSI		X
(2)	MIAMI COUNTY MEDICAL CENTER, INC 2100 BAPTISTE DR PAOLA, KS 66071 48-1155548	HOSPITAL	KS	501 (C) (3)	3	OHSI		X
(3)	OLATHE MEDICAL SERVICES, INC 20333 W 151ST ST OLATHE, KS 66061 48-1088982	CLINICS	KS	501 (C) (3)	9	OHSI		X
(4)	OLATHE HEALTH SYSTEM, INC 20333 W 151ST ST OLATHE, KS 66061 48-0979845	SUPPORT ORG	KS	501 (C) (3)	11B	N/A		X
(5)	-----							
(6)	-----							
(7)	-----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percent- age ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) OMC DOCTOR'S BLD CONDO OWN ASSOC INC 20333 W 151ST ST OLATHE, KS 66061	REAL ESTATE	KS	OMCI	C CORPORATION					X
(2) OLATHE HEALTH DEVELOPMENT CORPORATION 20333 W 151ST ST OLATHE, KS 66061	HEALTH SERVICES	KS	OHSI	C CORPORATION					X
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									



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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to related organization(s)		
c Gift, grant, or capital contribution from related organization(s)		
d Loans or loan guarantees to or for related organization(s)		
e Loans or loan guarantees by related organization(s)		
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		
h Purchase of assets from related organization(s)		
i Exchange of assets with related organization(s)		
j Lease of facilities, equipment, or other assets to related organization(s)		
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)		
m Performance of services or membership or fundraising solicitations by related organization(s)		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
o Sharing of paid employees with related organization(s)		
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses		
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		

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

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	OLATHE MEDICAL CENTER	C	274,417.	COST
(2)	OLATHE MEDICAL CENTER	O	134,564.	COST
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**EXHIBIT B**

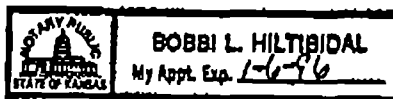
STATE OF KANSAS, COUNTY OF JOHNSON, SS:

The foregoing Articles of Incorporation were acknowledged before me by James R. Hubbard this 23rd day of July, 1993.

Bobbi L. Hiltbidal  
Notary Public

My appointment expires:

January 6, 1996



BYLAWS

OLATHE MEDICAL CENTER CHARITABLE FOUNDATION

OLATHE, KANSAS

ADOPTED: \_\_\_\_\_

ARTICLE I. NAME

The name of this corporation shall be OLATHE MEDICAL CENTER CHARITABLE FOUNDATION.

ARTICLE II. PLACE OF BUSINESS

The corporation shall have its principal office in the City of Olathe, Kansas and may have such other offices as the Board of Trustees may from time to time determine.

ARTICLE III. FISCAL YEAR

The fiscal year of this corporation shall be determined by the Board of Trustees.

ARTICLE IV. PURPOSE

The corporation is organized and shall be operated exclusively for charitable, educational and scientific purposes as defined by its Articles of Incorporation.

ARTICLE V. MEMBER AND MEETINGS OF MEMBER

5.1. MEMBERSHIP. The sole Member of this corporation shall be OLATHE MEDICAL CENTER, INC. (the "Member"), a Kansas nonprofit corporation.

5.2. RIGHTS OF MEMBERSHIP. The rights of the Member shall be as defined in the Articles of Incorporation.

5.3. ANNUAL MEETING OF MEMBER. The annual meeting of the Member shall be held on such date, and at such time and place, as shall be designated by the Member. The date of the annual meeting of the Member may be postponed to a later date, as circumstances may require, within the discretion of the Board of Trustees of the Member, provided appropriate notice is given by the Member to the corporation.

5.4. SPECIAL MEETINGS OF MEMBER. Special meetings of the Member may be called at any time by the Chairman of the Board, the Board of Trustees, or the Member. The transaction of business at a special meeting of the Member shall be limited to the purpose for which the special meeting was called as identified in the notice of the meeting.

5.5. NOTICE OF MEETINGS OF MEMBER. Notice of the time, place, and object of any meeting of the Member shall be in writing and mailed to the Member not less than ten (10) nor more than fifty (50) days prior to the meeting, unless one or more amendments to the Articles of Incorporation or a plan of merger or consolidation are to be voted upon at the meeting, in which case written notice of the time, place, and object of the meeting shall be mailed to the Member not less than twenty-five (25) nor more than fifty (50) days prior to the meeting. Notice requirements may be waived by the Member in writing. Any such notice shall be accompanied by a copy of the proposed amendment or plan or merger or consolidation or a summary thereof.



5.6. ACTION BY WRITTEN INSTRUMENT. Any action required or permitted to be taken by the Member may be taken by written instrument without a meeting, provided such instrument is executed by or on behalf of the Member. Such written consent shall have the same force and effect as a vote of the Member.

#### ARTICLE VI. BOARD OF TRUSTEES

6.1. MANAGEMENT. The business and the affairs of the corporation shall be directed, controlled, and managed by the Board of Trustees who shall be the governing body of the corporation and shall be elected by the Member of the corporation.

6.2. DUTIES OF BOARD OF TRUSTEES. The Board of Trustees shall manage all of the affairs, the property and funds of the corporation, and shall have the duty and authority to do so and perform all acts consistent with these Bylaws, the Articles of Incorporation of the corporation and any amendment thereto, and the laws of the State of Kansas. The Board of Trustees shall have such other duties as may be prescribed by law.

6.3. NUMBER AND TERMS OF OFFICE. The Board of Trustees shall consist of five (5) persons. Trustees shall be elected by the Member at any regular or special meeting called for such purpose. Members of the Board of Trustees shall serve for four (4) year terms except two (2) members of the initial Board of Trustees shall be elected to serve for four years, two (2) members shall be elected to serve for three years, one (1) member shall be elected

to serve for two years. All trustees, however, shall retain their respective offices as trustees until their successors shall be duly elected and qualified.

6.4. REMOVAL OF TRUSTEES. Any trustee may be removed from office, with or without cause, at any annual or special meeting of the Member by the vote of the Member.

6.5. VACANCIES ON THE BOARD OF TRUSTEES. Pursuant to the exercise of the Member's authority to elect trustees, all vacancies on the Board of Trustees shall be filled by vote of the Member of the corporation. A trustee elected to fill a vacancy or to occupy a position resulting from an increase in the number of trustees shall serve for the unexpired portion of the term.

6.6. ANNUAL MEETINGS OF THE BOARD OF TRUSTEES. The annual meeting of the Board of Trustees of the corporation shall be held on such date and at such time and place that the Board of Trustees shall determine for the purpose of appointment of officers and the transaction of other such business as may be properly brought before the meeting. If less than a quorum of trustees appear for an annual meeting of the Board of Trustees, the holding of such annual meeting shall not be required and matters that might have been taken up at the annual meeting may be taken up at any later regular, special or annual meeting or by consent resolution.

6.7. REGULAR AND SPECIAL MEETINGS OF THE BOARD OF TRUSTEES. Regular meetings of the Board of Trustees shall be held at a

specified time and place designated by the Board. The Board of Trustees shall meet as often as necessary to transact the business of the corporation, but not less than quarterly. Special meetings of the Board of Trustees may be called by the Chairman of the Board, or during his absence or inability to act, by the Vice Chairman of the Board, or may be called at the request of not less than 20% of the members of the Board of Trustees. Notice of regular or special meetings shall be mailed, sent by telegram or delivered to each director not less than ten (10) days nor more than twenty (20) days before the date of such meeting. Notice of special meetings shall state the purpose or purposes for the special meeting and at such meeting no other business than that stated in the notice shall be transacted as official business.

6.8. WAIVER OF NOTICE. Any meeting of the Board of Trustees may be deemed to have been validly and legally called if the trustees entitled to vote on the day of the meeting sign a written waiver of notice, either before or after the meeting. Attendance of a trustee at any meeting shall constitute a waiver of notice of that meeting and no written waiver need be obtained from the trustee except when the trustee attends the meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. All such waivers, consents or approvals shall be filed with the corporate records.

6.9. ACTIONS BY UNANIMOUS WRITTEN CONSENT. Any action required or permitted at any meeting of the trustees may be taken

without a meeting, without prior notice and without a vote if all of the directors entitled to vote thereon consent in writing. Said written consents shall be filed with the minutes of the proceedings and shall have the same effect as a vote for all purposes.

6.10. CONFERENCE TELEPHONE. A member of the Board or of a committee designated by the Board may participate in a meeting by the means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear one another. Participation in a meeting in this manner constitutes presence in person at the meeting.

6.11. QUORUM OF TRUSTEES FOR TRANSACTING BUSINESS. A majority of trustees and a majority of the voting members of any committee of the Board shall constitute a quorum for the transaction of business. The vote of a majority of the trustees or committee members present at any meeting at which there is a quorum shall be the act of the Board or of the committee except as a larger vote may be required by the laws of the State of Kansas, these Bylaws or the Articles of Incorporation of the corporation.

6.12. COMPENSATION. No member of the Board of Trustees shall be entitled to any compensation for his or her services as a trustee, provided that the foregoing shall not prevent the Board of Trustees from reimbursing any trustee for expenses actually and necessarily incurred in the performance of his or her duties or from entering into a contract, directly or indirectly, with a

trustee for the providing of goods or services to the corporation if such contract is in the best interest of the corporation and on fair and reasonable terms.

6.13. POWERS OF THE BOARD OF TRUSTEES. The corporation may, whenever its general interests require the same, borrow money and issue its promissory note or bond for the repayment thereof with interest, and may in like case mortgage its property for security for its debts or otherwise lawful engagements. In addition to and not in limitation of all powers, express or implied, now or hereafter conferred upon Boards of Trustees of Kansas non-stock corporations, and in addition to the powers mentioned and implied above, the Board of Trustees shall have the power to authorize the borrowing or raising of money for corporate purposes, the issuance of bonds or notes, the securing of such obligations by mortgage or other lien upon any and all of the property of the corporation, whether at the time owned or thereafter acquired, and the guaranteeing of debt of any affiliated or subsidiary corporation or other entity, whenever the same shall be in the interests of the corporation, subject to the limitations set forth in the Articles of Incorporation.

6.14. EXECUTION OF CONVEYANCES, MORTGAGES AND CONTRACTS. All conveyances and mortgages of real estate, assignments or discharges of mortgages and material written contracts shall be executed and, if need be, acknowledged in the name of the corporation by the Chairman of the Board or the Vice Chairman of the Board and the

Secretary or Treasurer and their assistants. No person may execute, acknowledge or verify any instrument in more than one capacity.

6.15. EVALUATION OF PERFORMANCE. The Governing Board shall conduct an annual review of its performance. The annual review shall be based on established criteria approved at the Board of Trustees level.

6.16. PLANNING OF SERVICES. The Board of Trustees shall review and discuss the planning of services at the annual planning session. Major items requiring interim decisions will be reviewed and approved by the appropriate Board of Trustees committee. Minutes of the specified Committee shall be submitted to the Board and its actions shall be subject to approval or disapproval at the next regular Board of Trustees meeting.

#### ARTICLE VII. OFFICERS

7.1. OFFICERS. The officers of Olathe Medical Center Charitable Foundation shall consist of a Chairman of the Board, Vice Chairman of the Board, Secretary, Treasurer, President/Chief Executive Officer and Vice President/Chief Operating Officer and such additional officers who shall not necessarily be members of the Board, as the Board of Trustees shall determine.

7.2. ELECTION OF OFFICERS. The officers of Olathe Medical Center Charitable Foundation shall be elected by the Board of

Trustees at the annual meetings of the Board of Trustees. Elections shall be by written ballot, unless by unanimous vote, and such officers shall hold office for a period of one year or until their successors have been duly elected and qualified.

7.3. DUTIES OF OFFICERS. The duties of the officers shall be as follows:

- (a) The Chairman of the Board shall preside at all meetings of both Olathe Medical Center Charitable Foundation, and of the Board of Trustees and shall be, ex officio, a member of all committees.
- (b) The Vice Chairman of the Board shall assume the duties of Chairman of the Board in the absence of the Chairman of the Board and, when so acting, shall have the power and authority of the Chairman of the Board.
- (c) The Secretary shall act as secretary of both the corporation and of the Board of Trustees, shall send appropriate notices and prepare agendas for all meetings, shall act as custodian of all records and reports and shall be responsible for keeping and reporting adequate records of all meetings of the corporation and of the Board of Trustees.
- (d) The Treasurer shall have custody of all of the funds of Olathe Medical Center Charitable Foundation. The

Treasurer shall see that a true and accurate accounting of the financial transactions of Olathe Medical Center Charitable Foundation is made, that reports of such transactions are made, that reports of such transactions are presented to the Board of Trustees and that all accounts payable are presented to the Board of Trustees.

(e) The President/Chief Executive Officer shall be given the necessary authority and responsibility to operate Olathe Medical Center Charitable Foundation in all its activities and departments, subject only to such policies as may be issued by the Board of Trustees, or by any of its committees to which it has delegated power for such action. The authority and responsibility of the President/Chief Executive Officer shall include:

- (1) Carrying out all policies established by the Board of Trustees, and advising on the formation of those policies.
- (2) Developing and submitting to the Board of Trustees for approval a plan of organization for the conduct of Olathe Medical Center Charitable Foundation operation and recommended changes when necessary.
- (3) Preparing an annual budget showing the expected revenue and expenditures as required by the Board of Trustees.



- (4) Selecting, employing, controlling and discharging employees (provided, however, that the employment or discharge of the Vice President/Chief Operating Officer shall be subject to the prior approval of the Board) and developing and maintaining personnel policies and practices for Olathe Medical Center Charitable Foundation
- (5) Maintaining physical properties in good and safe state of repair and operating conditions.
- (6) Supervising business affairs so that funds are collected and expended to the best possible advantage.
- (7) Cooperating with all those concerned with the rendering of professional health service to the end that quality care may be rendered to the patients at all times. The President/Chief Executive Officer shall see that the policies of the Board are followed, and, in cases of flagrant and intentional violation of such policies, the President/Chief Executive Officer is given the authority to suspend any employee.
- (8) Presenting to the Board of Trustees periodic reports reflecting the professional services and financial activities of Olathe Medical Center

Charitable Foundation and such special reports as may be required by the Board.

- (9) Attending all meetings of the Board of Trustees and committees thereof.
- (10) Performance of such other duties that may be necessary in the best interests of Olathe Medical Center Charitable Foundation
- (11) Preparing a plan for the achievement of Olathe Medical Center Charitable Foundation's specific objectives, and periodically reviewing and evaluating that plan.
- (12) Representing Olathe Medical Center Charitable Foundation in its relationships with other health agencies.
- (13) To the extent authorized and directed by the Board of Trustees, negotiate and execute in the name of Olathe Medical Center Charitable Foundation appropriate leases, bonds, promissory notes, contracts and other instruments in writing.
- (14) The President/Chief Executive Officer shall have the right to delegate any or all of the foregoing duties and responsibilities to those persons who in

his discretion are considered capable and qualified to perform them.

The Board of Trustees will evaluate the President/Chief Executive Officer via duties and responsibilities set forth in these Bylaws and through the accomplishment of objectives established at the annual Planning Session(s).

- (f) The Vice President/Chief Operating Officer, under the direction of the President/Chief Executive Officer, shall assist the President/Chief Executive Officer in the operation of Olathe Medical Center Charitable Foundation and shall be subject to such policies as may be issued by the Board of Trustees or by any of its committees to which it has delegated power for such action.
- (g) If the Board provides for additional officers, their duties shall be such as may be assigned by the Board or its Chairman.

7.4. REMOVAL. Any officer may be removed, either for or without cause, by the vote of a majority of all of the trustees at any special meeting of the Board of Trustees called for that purpose or at any regular meeting of the Board of Trustees.

7.5. DELEGATION OF DUTIES OF OFFICERS TO CHAIRMAN OF THE BOARD. The Board of Trustees may delegate to the Chairman of the Board by appropriate resolution, rule or regulation, such part or

portions of the duties and obligations enumerated above as the Board of Trustees acting in its sole judgment and discretion may direct.

7.6. BONDING OF OFFICERS AND/OR EMPLOYEES. The Board of Trustees may require any of its officers or officers of the corporation, or any of the employees of the corporation, to furnish a bond or bonds to the corporation with such surety or sureties and in such amount or amounts as shall be sufficient in the judgment of the Board of Trustees to secure the corporation against loss or damage by reason of any act, neglect, or omission on the part of such officers or employees. These bonding provisions are intended to apply specifically, as the Board of Trustees may determine, to such officers and/or employees of the corporation occupying positions of trust and confidence.

#### ARTICLE VIII. AUDITS AND EXECUTION OF INSTRUMENTS

8.1. AUDITOR. The Board of Trustees shall designate an auditor to make an audit and annual examination of the books, accounts and records of the corporation.

8.2. FINANCIAL INSTITUTIONS. The Board of Trustees, on an annual basis, shall determine and designate those financial institutions approved for deposit of corporation funds, and shall further establish procedures for authorizing and making capital expenditures.

8.3. CHECKS. All checks, drafts, or orders for the payment of money shall be executed in the name of the corporation in such manner by such officer or officers or employees as the Board of Trustees shall determine by resolution or order.

8.4. CONTRACTS. When the execution of any contracts, conveyances or other instruments has been authorized without specifying the executing officers, any two officers may execute the same in the name and on behalf of this corporation, provided that the Board of Trustees may designate any single officer or employee to execute an instrument or instruments on behalf of the corporation. Such authority may be general or confined to specific instances and unless so authorized by the Board, no officer, agent or employee shall have any power or authority to bind the corporation by any contract or engagement or to pledge its credit or to render it liable for any purpose.

#### ARTICLE IX. CONFLICT

9.1. BYLAWS. In the event of a conflict between the Bylaws and the Articles of Incorporation, the rules of the latter shall prevail.

9.2. MEMBERS OF THE BOARD OF TRUSTEES. Members of the Board of Trustees will disclose or make known at any meeting of the Board of Trustees or any committee meeting thereof any interest said Board member may have in dealing or contracting with the corporation. A general notice that a member of the Board of

Trustees is interested in any partnership, corporation, business or other concern of any kind shall be a sufficient disclosure as to such trustee with respect to all contracts and transactions with the corporation or other concern. No trustee shall be disqualified from holding office as a member of the Board of Trustees or officer of the corporation by reason of any such adverse interest.

ARTICLE X. INDEMNIFICATION OF TRUSTEES AND OFFICERS

10.1. The corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative by reason of the fact that he or she is or was a trustee or officer of the corporation, against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by him or her in connection with such action, suit or proceeding if he or she (i) was not grossly negligent or guilty of willful misconduct in the performance of his or her duty to the corporation; (ii) acted in good faith and in a manner he or she reasonably believed to be in or not opposed to the best interests of the corporation; (iii) with respect to any criminal action or proceeding, had no reasonable cause to believe his or her conduct was unlawful; (iv) in the case of amounts paid in settlement, that such settlement was reasonable and in or not opposed to the best interests of the corporation. The termination of any action, suit or proceeding by judgment, order, settlement, conviction or plea of nolo contendere

or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in a manner which he or she reasonably believed to be in or not opposed to the best interests of the corporation, and, with respect to any criminal action or proceeding, that the person had reasonable cause to believe that his or her conduct was unlawful. If, at any time, any provisions contained in the laws of the State of Kansas prohibit or limit indemnification in respect of any claim, action, suit, or proceeding, except upon a determination of the extent thereof in the manner provided in such provision, indemnification shall be made only in accordance with such provision, and the provisions of this section shall be superseded with respect to transactions governed by such provision.

10.2. To the extent that a trustee or officer of the corporation has been successful on the merits or otherwise in defense of any action, suit, or proceeding referred to in subsection (10.1) of this Article or in defense of any claim, issue or matter therein, he or she shall be indemnified against expenses, (including attorneys' fees) actually and reasonably incurred by him or her in connection therewith.

10.3. Any indemnification under subsection (10.1) of this Article (unless ordered by a court) shall be made by the corporation only as authorized in the specific case upon a determination that indemnification of the trustee or officer is proper in the circumstances because he or she has met the

applicable standard of conduct set forth in subsection (10.1) of this Article. Such determination shall be made either (i) by the Board of Trustees by a majority vote of quorum (as defined in the Bylaws of the corporation) consisting of trustees who were not parties to such action, suit or proceeding; or (ii) if such quorum is not obtainable, or even if obtainable, and a quorum of disinterested trustees so directs, by independent legal counsel in a written opinion. Notwithstanding the failure or refusal of the trustees or counsel to make provision therefor, such indemnification shall be made if a court of competent jurisdiction makes a determination that the trustee or officer has a right to indemnification hereunder in any specific case upon the application of such person, or if a court of competent jurisdiction determines that such person has satisfied the standards for indemnification specified in subsection (10.1).

10.4. Expenses (including attorney's fees) incurred in defending a civil or criminal action, suit, or proceeding may be paid by the corporation in advance of the final disposition of such action, suit or proceeding as authorized by the Board of Trustees in the specific case upon receipt of an undertaking by or on behalf of the trustee or officer, to repay such amount unless it shall be determined ultimately that he or she is entitled to be indemnified by the corporation.

10.5. The corporation, with the approval of the Board of Trustees, may purchase and maintain insurance on behalf of any



person who is or was a trustee or officer of the corporation against any liability asserted against him or her or the corporation and incurred by him or her or the corporation in any such capacity, or arising out of his or her status as such, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of this Article.

10.6. Neither the corporation nor its trustees or officers nor any person acting on its behalf shall be liable to anyone for any determination as to the existence or absence of conduct which would provide a basis for making or refusing to make any payment under this Article or for taking or omitting to take any other action under this Article, if such action or omission is made in reliance upon the advice of counsel.

10.7. Each reference herein to trustees or officer, shall be deemed to include references to former trustees, officers, and their respective heirs, executors, and administrators. The indemnification hereby provided shall not be exclusive of any other rights to which any person may be entitled, including any right under policies of insurance that may be purchased and maintained by the corporation or others, with respect to claims, issues, or matters in relation to which the corporation would not have the power to indemnify such person under the provisions of this Article.

ARTICLE XI. AMENDMENTS TO ARTICLES AND BYLAWS

11.1. AMENDMENTS. The Articles of Incorporation and these Bylaws may be altered, amended, or repealed only with the affirmative written consent of the Member. Notice of any proposed alteration, amendment, or repealer of the Articles of Incorporation or these Bylaws, including a copy of their proposed alteration, amendment or repealer shall be included in the notice to the Member at the meeting at which such actions will be considered.

ARTICLE XII. ADOPTION

12.1. ADOPTION. Adopted by the Board of Trustees, unanimously, at regular meeting after due and proper notice on \_\_\_\_\_, 1993.

\_\_\_\_\_  
Chairman of the Board  
Olathe Medical Center Charitable Foundation

\_\_\_\_\_  
Secretary  
Olathe Medical Center Charitable Foundation

Olathe Medical Center Charitable Foundation

Approval: \_\_\_\_\_

## EXHIBIT C

## STATE OF KANSAS

OFFICE OF 2278889 ✓  
 SECRETARY OF STATE  
 BILL GRAVES



To all to whom these presents shall come, Greetings:

I, Bill Graves, Secretary of State of the State of Kansas, do hereby certify that the attached is a true and correct copy of an original on file and of record in this office.

STATE OF KANSAS } ss  
 COUNTY OF JOHNSON }  
 FILED FOR RECORD

1993 AUG -2 P 3: 29.7

22<sup>00</sup> SARA F. ULLMANN  
 REGISTER OF DEEDS

In testimony whereof:

I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka on the date below: JUL 27 1993



*Bill Graves*

BILL GRAVES  
 SECRETARY OF STATE

BY *Willa M. Roe*  
 ASSISTANT SECRETARY OF STATE

ARTICLES OF INCORPORATIONOFOLATHE MEDICAL CENTER CHARITABLE FOUNDATION

## ARTICLE I

The name of the corporation is Olathe Medical Center Charitable Foundation.

## ARTICLE II

This corporation is organized NOT FOR PROFIT. This corporation is organized and shall be operated exclusively for the benefit of, to perform the functions of and to carry out the purposes of Olathe Medical Center, Inc., a Kansas not-for-profit corporation, and any organization controlled by Olathe Medical Center, Inc., provided that such organization shall qualify as an organization described both in Section 501(c)(3) and in either Section 509(a)(1) or 509(a)(2) of the Internal Revenue Code of 1986, as amended. In support of such purposes, the corporation shall have the following powers:

1. To establish, maintain, operate, and support activities, services, and facilities designed to advance or support provision of health care services, including, without limitation, programs involving research, preventive health activities, and health-related education.

2. To engage in, promote or support any activity designed to promote the general health or welfare of the communities served by the corporation.

3. To raise and distribute funds either directly or through related organizations, to the organizations specified above, in furtherance of the purposes of the corporation, subject to limitations on the nature or extent of such activities applicable to organizations exempt from tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

4. To acquire, own, dispose of and deal with real and personal property and interests therein, and to apply gifts, grants, bequests and devises, and the proceeds thereof, in furtherance of the purposes of the corporation.

5. To engage in businesses and activities either directly or through subsidiaries which support the purposes of the corporation, subject to limitations on the nature and extent of such activities applicable to organizations exempt from tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

6. To participate, carry on, and engage in any activity designed and carried on to promote the general health of the community.

7. To do any and all things necessary, proper, advisable or customary for the accomplishment of any of the purposes or objects enumerated herein, whether directly or indirectly, and for the accomplishment of any purpose or object arising incidentally in connection with any of the purposes or objects enumerated herein.

### ARTICLE III

The corporation is organized on a non-stock basis.

### ARTICLE IV

The location of the registered office of the corporation in this state is 215 West 151st Street, Olathe, Johnson County, Kansas 66061, and the name of its resident agent at that address is Frank H. Devocelle.

### ARTICLE V

The name and mailing address of the incorporator is James R. Hubbard, 130 N. Cherry, Box 550, Olathe, Johnson County, Kansas 66061.

### ARTICLE VI

The corporation shall have one class of member, and unless otherwise provided by amendment of these Articles of Incorporation, there shall be only one such member, which shall be Olathe Medical Center, Inc., a Kansas non-profit, non-stock corporation (the "Member"). The member shall have the following exclusive rights with regard to the corporation:

1. To elect trustees of the corporation;
2. To remove trustees of the corporation;
3. To approve or reject proposed restatements or amendments of these Articles of Incorporation;

4. To approve or reject proposed restatements or amendments of the Bylaws of the corporation;
5. To approve or reject the adoption of the annual operating budget of the corporation or any amendments thereto;
6. To approve or reject the adoption of the annual capital budget of the corporation or any amendments thereto;
7. To approve or reject the proposed acquisition by the corporation through lease, purchase, or similar transaction of real property of a value in excess of \$100,000.00;
8. To approve or reject proposed disposition through lease, sale, gift or similar transaction by the corporation of real property of a value in excess of \$100,000.00;
9. To approve or reject creation of any proposed lien, mortgage, or other security interest in any form involved in the real or personal property of the corporation;
10. To approve or reject a proposed appointment of removal of administrator of the corporation, and to possess the independent authority to remove the administration;
11. To approve or reject all projects in which the corporation or any subsidiary corporation will require a certificate of need review;
12. To approve or reject the selection of independent auditors, legal counsel, and/or major consultants for the corporation or for subsidiary corporations;
13. To approve such other transactions involving the corporation as may be specified in the Bylaws of the corporation.

#### ARTICLE VII

The corporation shall have all the powers necessary and proper for the accomplishment and furtherance of its stated purposes and all other powers incidental or related thereto, including all powers granted by law, and also including but not limited to the following powers:

1. To acquire by purchase, grant, exchange, gift, devise, bequest, lease or otherwise such real and personal property as may be necessary, useful, or advantageous in carrying out its stated purposes;
2. To hold, own, improve, develop, work, sell, lease, sublease, mortgage, convey or otherwise dispose of

any and all kinds of real and personal property, or any right, title, interest, or privileges thereto;

3. To enter into, make, perform or carry out contracts of any and every kind for any lawful purpose with any person, corporation, partnership, firm or association in furtherance of its stated purposes;

4. To borrow money, incur indebtedness, mortgage, pledge, or grant security interests in real or personal property, subject to any limitations on such authority which may be approved by the Member;

5. To exercise any and all corporate powers which may be exercised by non-profit charitable corporations in the State of Kansas, including but not limited to those provided in KSA § 17-6009; KSA § 17-6102.

#### ARTICLE VIII

The assets and property, real or personal, of the members of the corporation, officers and trustees, shall not be subject to or liable for payment of the debts of the corporation.

#### ARTICLE IX

This corporation shall be operated exclusively for charitable, scientific, and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code as amended. No member or trustee of the corporation shall possess any right or title to or interest in the corporate property or earnings of the corporation in his or her individual or private capacity and no part of the net earnings or assets of the corporation shall inure to the benefit of or be distributable to any trustee, officer, or any private shareholder or individual (except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered to and reasonable expenses incurred on behalf of the corporation). No substantial part of the activities of the corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation, nor shall the corporation participate in or intervene in any political campaign on behalf of any candidate for public office. All references in these Articles of Incorporation to provisions or sections of the Internal Revenue Code shall be deemed to refer to such provisions or sections as amended and shall be deemed to include references to any corresponding provisions of subsequent legislation.



## ARTICLE X

1. The corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative by reason of the fact that he or she is or was a trustee or officer of the corporation, against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by him or her in connection with such action, suit or proceeding if he or she (i) was not grossly negligent or guilty of willful misconduct in the performance of his or her duty to the corporation; (ii) acted in good faith and in a manner he or she reasonably believed to be in or not opposed to the best interests of the corporation; (iii) with respect to any criminal action or proceeding, had no reasonable cause to believe his or her conduct was unlawful; (iv) in the case of amounts paid in settlement, that such settlement was reasonable and in or not opposed to the best interests of the corporation. The termination of any action, suit or proceeding by judgment, order, settlement, conviction or plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in a manner which he or she reasonably believed to be in or not opposed to the best interests of the corporation, and, with respect to any criminal action or proceeding, that the person had reasonable cause to believe that his or her conduct was unlawful. If, at any time, any provisions contained in the laws of the State of Kansas prohibit or limit indemnification in respect of any claim, action, suit, or proceeding, except upon a determination of the extent thereof in the manner provided in such provision, indemnification shall be made only in accordance with such provision, and the provisions of this section shall be superseded with respect to transactions governed by such provision.

2. To the extent that a trustee or officer of the corporation has been successful on the merits or otherwise in defense of any action, suit, or proceeding referred to in subsection (1) of this Article or in defense of any claim, issue or matter therein, he or she shall be indemnified against expenses, (including attorneys' fees) actually and reasonably incurred by him or her in connection therewith.

3. Any indemnification under subsection (1) of this Article (unless ordered by a court) shall be made by the corporation only as authorized in the specific case upon a determination that indemnification of the trustee or officer is proper in the circumstances because he or she has met the applicable standard of conduct set forth in subsection (1) of this Article. Such determination shall be made either (i) by the Board of Trustees by a majority vote of a quorum (as defined in the Bylaws of the corporation) consisting of trustees who were not parties to such

## Exhibit A

action, suit or proceeding; or (ii) if such a quorum is not obtainable, or, even if obtainable, and a quorum of disinterested trustees so directs, by independent legal counsel in a written opinion. Notwithstanding the failure or refusal of the trustees or counsel to make provision therefor, such indemnification shall be made if a court of competent jurisdiction makes a determination that the trustee or officer has a right to indemnification hereunder in any specific case upon the application of such person, or if a court of competent jurisdiction determines that such person has satisfied the standards for indemnification specified in subsection (1).

4. Expenses (including attorneys' fees) incurred in defending a civil or criminal action, suit, or proceeding may be paid by the corporation in advance of the final disposition of such action, suit or proceeding as authorized by the Board of Trustees in the specific case upon receipt of an undertaking by or on behalf of the trustee or officer, to repay such amount unless it shall be determined ultimately that he or she is entitled to be indemnified by the corporation.

5. The corporation, with the approval of the Board of Trustees, may purchase and maintain insurance on behalf of any person who is or was a trustee or officer of the corporation against any liability asserted against him or her or the corporation and incurred by him or her or the corporation in any such capacity, or arising out of his or her status as such, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of this Article.

6. Neither the corporation nor its trustees or officers nor any person acting on its behalf shall be liable to anyone for any determination as to the existence or absence of conduct which would provide a basis for making or refusing to make any payment under this Article or for taking or omitting to take any other action under this Article, if such action or omission is made in reliance upon the advice of counsel.

7. Each reference herein to trustees or officers, shall be deemed to include references to former trustees, officers, and their respective heirs, executors and administrators. The indemnification hereby provided shall not be exclusive of any other rights to which any person may be entitled, including any right under policies of insurance that may be purchased and maintained by the corporation or others, with respect to claims, issues, or matters in relation to which the corporation would not have the power to indemnify such person under the provisions of this Article.

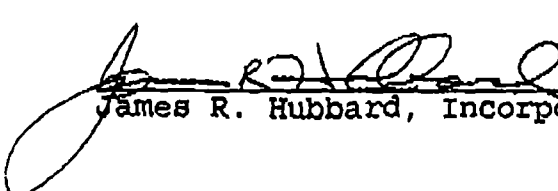
## ARTICLE XI

Upon dissolution of the corporation, any property remaining after providing for debts and obligations of the corporation shall be distributed to Olathe Medical Center, Inc., a Kansas non-profit corporation organized for charitable and religious purposes, or its successor, provided that the Olathe Medical Center, Inc. or its successor is then exempt from income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or corresponding provisions of subsequent legislation), and is then an organization described in Sections 509(a)(1), 509(a)(2), or 509(a)(3) of the Internal Revenue Code of 1986, as amended (or corresponding provisions of subsequent legislation). If upon the dissolution of the corporation, the Olathe Medical Center, Inc. or its successor is not in existence, or is not an organization described in Sections 501(c)(3) and 509(a)(1) of the Internal Revenue Code of 1986, as amended (or corresponding provisions of subsequent legislation), any property of the corporation remaining after providing for debts and obligations of the corporation shall be distributed to an organization exempt from income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or corresponding provisions of subsequent legislation) as may be designated by the Board of Trustees of the corporation. Any assets of the corporation not so disposed of shall be disposed of by the District Court of the county where the principal office of this corporation is then located, exclusively for the purposes or to the organizations provided above, as determined by the court.

## ARTICLE XII

Elections of trustees need not be by written ballot unless provided otherwise in the Bylaws.

IN WITNESS WHEREOF, these Articles of Incorporation have been signed this 23rd day of July, 1993.

  
James R. Hubbard, Incorporator

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

**Type or  
print**File by the  
due date for  
filing your  
return. See  
instructions

Name of exempt organization or other filer, see instructions

Employer identification number (EIN) or

OLATHE MEDICAL CENTER CHARITABLE FOUNDATION

48-1136010

Number, street, and room or suite no. If a P O box, see instructions

Social security number (SSN)

20333 W 151ST STREET

City, town or post office, state, and ZIP code. For a foreign address, see instructions

OLATHE, KS 66061

Enter the Return code for the return that this application is for (file a separate application for each return)  

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► TIERNEY L GRASSER

Telephone No. ► 913 791-4461

FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
- ☒ calendar year 20 12 or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
- ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2013)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	OLATHE MEDICAL CENTER CHARITABLE FOUNDATION	48-1136010
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	20333 W 151ST STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	OLATHE, KS 66061	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ☒ TIERNEY L GRASSER  
Telephone No ☒ 913 791-4461 FAX No ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . ☐ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until 11/15, 2013.
- 5 For calendar year 2012, or other tax year beginning           , 20      , and ending           , 20      .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b> \$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b> \$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date

Form 8868 (Rev 1-2013)