

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



EXTENSION GRANTED Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

		lendar year 2012 or tax year beginning		10	/01 , 2012 ,	and ending	L,	09/30,2013
	Name	of foundation					A Employer identif	
_		ERSIDE HEALTH FOUNDATION				<u>-</u>	48-114298	
	Numb	er and street (or P.O. box number if mail is not delivered	to street	address)		Room/suite	B Telephone numb	er (see instructions)
							(31	.6) 978-5641
_		. BOX 9527						
	City o	r town, state, and ZIP code						
							C If exemption application pending, check here	ation is
_		HITA, KS 67277-0527						
G	Che	eck all that apply: Initial return	<u> </u>	Initial return	of a former p	ublic charity	D 1. Foreign organiza	bons, check here . ►
		Final return		Amended ref	turn		2. Foreign organiza	
_		Address change		Name change			85% test, check to computation	
H	_Che	eck type of organization: X Section 501(c)(3) e	xempt private f	oundation		E If private foundation	n status was terminated ——
\perp	s	Section 4947(a)(1) nonexempt charitable trust	<u> </u>	ther taxable pr	ivate foundat	tion	1 .)(1)(A), check here
ı	Fair	market value of all assets at end 📙 Acco	unting (method [.] Ca	ash 🔼 Acc	rual	F If the foundation is	ın a 60-month termination
	of y		ther (sp)(1)(B), check here . ►
_			column	n (d) must be on	cash basis.)			
E	art	Analysis of Revenue and Expenses (The	(a) i	Revenue and	(h) Not inve	atmost	(a) Adiusted and	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	ex	penses per	(b) Net inve		(c) Adjusted net income	for charitable purposes
_	, <u></u>	column (a) (see instructions).)		books		<u> </u>		(cash basis only)
	1	Contributions, grifts, grants, etc., received (attach schedule)						
i	2	Check X if the foundation is not required to attach Sch B					· · · · · · · · · · · · · · · · · · ·	
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities		415,093.	41	5,093.		ATCH 1
	5 a	Gross rents						
	Ь	Net rental income or (loss)						
9		Net gain or (loss) from sale of assets not on line 10		887,410.				
en	Ь	Gross sales price for all 12,512,589.						
Revenue	7	Capital gain net income (from Part IV, line 2) .			88	7,410.		,
Œ	8	Net short-term capital gain						
	9	Income modifications • • • • • • • • • • • • • • • • • • •						
	10 a	Gross sales less returns and allowances • • • •						
	b	Less Cost of goods sold .						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule) ATCH 2		2,698.			· · · · · · · · · · · · · · · · · · ·	
_	12	Total. Add lines 1 through 11	:	1,305,201.	1,30	2,503.	·	i
,	13	Compensation of officers, diffectors, trustees, etc. Other employee salaries and wages.		0				
S	14	Other employee salaries and wages						
186	15	Pension plans, employee benefits					· · - · · · · · ·	
Operating and Administrative Expenses	16 a	Legaptees (attach schedule)						
ij	b	Accounting fees (attach schedule)All (2) 3		10,012.		7,510.		2,502
Š		Other professional fees (attach schedule) . * .		110,800.	11	0,800.		
ţ	17	Interest . OGDEN, UI						
is.	18	Taxes (attach schedule) (see instructions)ATCH . 5		11,838.				
Ξ	19	Depreciation (attach schedule) and depletion.						
¥	20	Occupancy		106.				
밁	21	Travel, conferences, and meetings		735.				735
Ē.	22	Printing and publications						
틥	23	Other expenses (attach schedule) ATCH .6		21,112.		404.		
2	24	$\label{total operating and administrative expenses.}$						
읽		Add lines 13 through 23		154,603.	11	8,714.		3,237
	25	Contributions, gifts, grants paid		850,000.			 	850,000
4	26	Total expenses and disbursements. Add lines 24 and 25		1,004,603.	11	8,714.	0	853,237
	27	Subtract line 26 from line 12:						
	а	Excess of revenue over expenses and disbursements		300,598.				
ļ	b	Net investment income (if negative, enter -0-)			1,18	3,789.	·	
- 1	-	Additional making arms (if pageting action A.)				ı		

SCANNED MAY 1 6 2018,

	art II	Attached schedules and amounts in the	Beginning of year	Er	nd of year
	art II	Balance Sheets description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	427,142.	667,22	0. 667,220
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶	<u> </u>		
	4	Pledges receivable			
		Less: allowance for doubtful accounts ▶			
		Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
		Other notes and loans receivable (attach schedule)	10		
		Less: allowance for doubtful accounts ▶			
80					
Assets	9	Inventories for sale or use			
As		Prepaid expenses and deferred charges			
	IV a	Investments - U.S. and state government obligations (attach schedule) Investments - corporate stock (attach schedule) ATCH 7	11,062,310.	12,105,15	3. 12,105,153
	D	Investments - corporate stock (attach schedule) ATCU 9	5,032,514.	4,800,96	
	11	Investments - corporate bonds (attach schedule) ATCH 8 Investments - land, buildings, and equipment: basis		4,800,36	4,800,968
		and equipment: pasis Less accumulated depreciation			
		Investments - mortgage loans			
	13 14	Investments - other (attach schedule) Land, buildings, and			
		Land, buildings, and equipment basis			
		equipment. basis Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe			
		Total assets (to be completed by all filers - see the			
_		instructions Also, see page 1, item I)		17,573,34	1. 17,573,341
	17	Accounts payable and accrued expenses	2,949.	39	<u>o.</u>
	18	Grants payable			
68	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ATCH 9)	11.	1,98	2.
	23	Total liabilities (add lines 17 through 22)	2,960.	2,37	2.
		Foundations that follow SFAS 117, check here 🕨 🗓			
ø		and complete lines 24 through 26 and lines 30 and 31.			
5	24	Unrestricted	16,316,903.	17,368,86	6.
ā	25	Temporarily restricted	202,103.	202,10	3.
Ö	26	Permanently restricted .		·	
핕		Foundations that do not follow SFAS 117,			
띤		check here and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ğ	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
189	29	Retained earnings, accumulated income, endowment, or other funds			
1		Total net assets or fund balances (see instructions)	16,519,006.	17,570,969	9.
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	16,521,966.	17,573,34	1.
P	art III	Analysis of Changes in Net Assets or Fund		17,373,31	
-		net assets or fund balances at beginning of year - Part		must agree with	
•		f-year figure reported on prior year's return)			16,519,006.
2	Enter	amount from Part I line 27a	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
2	Other	amount from Part I, line 27a Increases not included in line 2 (itemize) ► ATCH 10	• • • • • • • • • • • • • • • • • • • •		
ა ⊿	Other				
		nes 1, 2, and 3	• • • • • • • • • • • • •		
		eases not included in line 2 (itemize)			
Б	Iotal	net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (b),	, line 30 6	
					Form 990-PF (2012)

Part IV Capital Gains and Losses for Tax on Investment Income

Page 3

(a) List an 2-story b	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a SEE PART IV SCHE	DULE		P Population		
b					
С					
_d					
_e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
<u>a</u>					
b					
<u>c</u>		<u> </u>			
_ d			ļ		-
<u>e</u>	<u> </u>	<u> </u>			
Complete only for assets	showing gain in column (h) and owne	ed by the foundation on 12/31/69		Gains (Col. (h) g	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less t Losses (from co	
_a					
<u>b</u>					
С					
d					
е		<u> </u>			
2 Capital gain net income or	(net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7			
· -			2		887,410.
	or (loss) as defined in sections 12		[
	rt I, line 8, column (c) (see insti		3		0
Part V Qualification (Jnder Section 4940(e) for Re	duced Tax on Net Investment I	ncome		
	the section 4942 tax on the distrib	outable amount of any year in the b	ase period	1?	Yes X No
	not qualify under section 4940(e).	<u> </u>			
(a)		; see the instructions before making	any entri	es. (d)	
Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra	
Calendar year (or tax year beginning in) 2011				(col. (b) divided by	
2010	769,091. 844,410.	17,025,676. 17,106,066.			0.045172 0.049363
2009	718,111.	15,957,539.	 		0.045001
2008	611,231.	14,034,329.			0.043553
2007	751,196.	17,187,300.			0.043706
2 Total of line 1, column (d)	,		2		0.226795
	for the 5-year base period - divide	e the total on line 2 by 5, or by the			
		s than 5 years	3	·- ·-	0.045359
4 Enter the net value of non	ncharitable-use assets for 2012 fro	m Part X, line 5	4	17,	306,860.
5 Multiply line 4 by line 3			5		785,022.
•			6		
	nt income (1% of Part I line 27h)				11.838
7 Add lines E and C	nt income (1% of Part I, line 27b)				11,838.
7 Add lines 5 and 6	nt income (1% of Part I, line 27b)		7		11,838. 796,860.

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	stru	ctions)
_ 1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		*	* ,* [*] .
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		11,8	338.
c	here ► X and enter 1% of Part I, line 27b. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			_
3	Add lines 1 and 2		11,8	338.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-		11,8	338.
6	Credits/Payments: 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 9,856.			
a b	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 9,856. Exempt foreign organizations - tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) 6c 1,982.			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d		11,8	338.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			•
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	*	Yes	No
_	or intervene in any political campaign?	1a	<u> </u>	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			•
	definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	. '	l`. `	` "
_	Did the foundation file Form 1120-POL for this year?	1c	<u> </u>	х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			27)
_	(1) On the foundation \$ (2) On foundation managers. > \$		''	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		1	ľ
	foundation managers. ▶ \$			<u> </u>
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,		ļ	
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3_		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	 	x
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		^
	If "Yes," attach the statement required by General Instruction T.			ŀ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict		ĺ	ŀ
	with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	KS,		ĺ	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		 	
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			x
	addresses	10		_^

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

Form 990-PF (2012)

X

Form 990-PF (2012)

Total number of other employees paid over \$50,000

Form 990-PF (2012)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	rees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
2	
All other program-related investments See instructions	
3 NONE	
Total. Add lines 1 through 3	

Form 990-PF (2012)

Form 990-PF (2012) Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a 17,492,379. b Average of monthly cash balances 78,037. c Fair market value of all other assets (see instructions) 1c d Total (add lines 1a, b, and c) 1đ 17,570,416. Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 3 17,570,416. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 263,556. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 5 17,306,860. Minimum investment return. Enter 5% of line 5 6 865,343. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here ▶ [and do not complete this part.) 865,343. 2a Tax on investment income for 2012 from Part VI, line 5 2a Income tax for 2012. (This does not include the tax from Part VI.) 2b Add lines 2a and 2b 11,838. Distributable amount before adjustments. Subtract line 2c from line 1 853,505. 3 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 853,505. Deduction from distributable amount (see instructions) . . . 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 853,505. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 853,237. Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 853,237. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) 11,838. Adjusted qualifying distributions. Subtract line 5 from line 4 6 841,399.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2012)

qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2012) Page 9 Part XIII Undistributed Income (see instructions) (a) Years prior to 2011 2011 Corpus 2012 Distributable amount for 2012 from Part XI. 853,505. Undistributed income, if any, as of the end of 2012: Enter amount for 2011 only 563,246. b Total for pnor years: 20 10 ,20 09 ,20 08 Excess distributions carryover, if any, to 2012: From 2007 **b** From 2008 c From 2009 d From 2010 From 2011 Qualifying distributions for 2012 from Part XII, 853,237. line 4: ▶ \$ a Applied to 2011, but not more than line 2a 563,246. b Applied to undistributed income of prior years (Election required - see instructions). c Treated as distributions out of corpus (Election d Applied to 2012 distributable amount 289,991. Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has d Subtract line 6c from line 6b. Taxable amount - see instructions
Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount - see Undistributed income for 2012. Subtract lines 4d and 5 from line 1 This amount must be 563,514. Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a Analysis of line 9 a Excess from 2008 . . . b Excess from 2009 . . .

Form 990-PF (2012)

c Excess from 2010 . . . d Excess from 2011 . . . e Excess from 2012 . . .

87974

Page 11

3 Grants and Contributions Baid Duri	ng the Veet or Appr	aved for E	Litura Daymant	
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	If recipient is an individual,	Foundation	uture Payment	T
Name and address (home or business)	show any relationship to any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or supstantial continuotor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
• •				
ATCH 12				
				-
			:	
				1
Total	<u> </u>	1		850,000.
b Approved for future payment	<u> </u>	<u> </u>	<u>► 3a</u>	030,000.
z rippiowa ior iatara paymont				
				İ
	1			
	1			
]			
	l	<u> </u>	<u> </u>	
Total	<u></u>	<u></u>		- 200 DE

er gross amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(c)	(d) Amount	Related or exempt function income (See instructions)
a		· · · · · ·			(See instructions)
b			1		
с			+		
d			†		
e					·
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	415,093.	
Net rental income or (loss) from real estate:			, ,	,	
a Debt-financed property					
b Not debt-financed property			ļ		
Net rental income or (loss) from personal property					
Other investment income			 		y
Gain or (loss) from sales of assets other than inventory	<u> </u>		18	887,410.	
Net income or (loss) from special events			+		
Gross profit or (loss) from sales of inventory		- "			
Other revenue: a b ATCH 13		<u> </u>		2,698.	
			 	2,090.	
			 		
c					
d			<u> </u>		
d				1.305.201.	
eSubtotal. Add columns (b), (d), and (e)				1,305,201.	1.305.20
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)					1,305,20
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated.	ulations.)			13	1,305,20
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses 13	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ted importantly to
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities ne No. Explain below how each activities	ulations.) s to the Ac	complishment of Ex	cempt Purp	oses oses of Part XVI-A contribu	ited importantly to

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

in O	n section 5 rganization	01(c) of the Co s?	ode (other than s	engage in any of the fol section 501(c)(3) organi a noncharitable exempt	zations) or in s	ection 527, re		Yes	3 No
			_		_			1a(1)	X
								1a(2)	X
	ther trans		• • • • • • • • •			• • • • • • •	• • • • • • • • • •	14(2)	
			naharitahla ayam	ent arganization				1 1	X
()	I) Dales UI	assets to a no	menantable exem	npt organization	• • • • • • • •	• • • • • • •	• • • • • • • • • •	1b(1)	X
(4	2) Purchas	es of assets in		ble exempt organization .	• • • • • • •	• • • • • •	• • • • • • • • • •	1b(2)	X
(3	3) Rental o	r raciinties, equi	ipment, or other a	assets	• • • • • • • •	• • • • • •	• • • • • • • • • •	1b(3)	X
(4	4) Kelmbul	sement arrang	ements		• • • • • • • •	• • • • • • •	• • • • • • • • • •	1b(4)	
(:	b) Loans o	r ioan guarantee	es			• • • • • • •	• • • • • • • • • •	1b(5)	X
				p or fundraising solicitation				1b(6)	X
				s, other assets, or paid e				1c	<u> </u>
				s," complete the following					
				es given by the reporti					
				ement, show in column			····		
(a) Line		mount involved	(c) Name of no	onchantable exempt organization		cription of transfe	rs, transactions, and sha	ring arrangem	nents
	N/	Α			N/A	••	<u></u>		
	<u> </u>								
									
					<u> </u>		 		
						•			
de	escribed in		of the Code (oth	liated with, or related ther than section 501(c)				Yes [X No
		lame of organization		(b) Type of organiza	ition	(c) Description of relations	ship	
						<u> </u>			
				·					
				•					
			<u> </u>				~		
									
Sign	Under penalti correct, and c	es of perjury, I declar omplete. Declaration of	are that I have examine f prepared (other than tax	ed this return, including accompa				ge and belief,	
Here	2 1/0	ww.kjem	1 yu	1 177 20.		1/1809	with the pr	eparer shown	
	Signature	of officer or trustee	-	Date	Title		(see instruction	s)? X Yes	No
	 Description	VTuno proposatio	nama	Departed assets		Data		OTIN	
Paid	L	VType preparer's		Preparer's signature		Date	1/4 CHECK	PTIN	
Prepa	rer ELI	ZABETH S. I		Thris & Mr	3	11)07)	self-employed		48
-	Film		D, LLP	-	-		Firm's EIN ▶44-0	160260	
Use C	חוץ Fim	's address ▶ 15	51 N WATERF	RONT PKWY, STE 3	00				
		WI	CHITA, KS		672	206-6601	Phone no 316-26	65-2811	
	-						F	om 990-PF	E (2012)

Form **990-PF** (2012

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

		INS AND LO			HAAE91	P	Date Date	Date sold
Kind of I			Descr			6	acquired	Date solo
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj. basis as of	Excess of FMV over	$\ \cdot\ $	Gain or	
expenses of sale	allowable	basis	12/31/69	12/31/69	adı basis	++	(loss)	
		HE DANK OCOO				П	773.0	1120
4,125,253.		US BANK 0630 3,569,446.				+1	VAR 555,807.	VAR
1,123,233.		3,305,440.				11	333,807.	
		COMMERCE 69-	4			Ш	VAR	VAR
2,022,906.		1,977,191.				Ш	45,715.	
						Ш	j	
		COMMERCE 69-	2				VAR	VAR
1,089,887.		1,076,247.				П	13,640.	
						Н		
598,142.		US BANK 1800				Н	VAR	VAR
596,142.		489,045.				П	109,097.	
		COMMERCE 69-	3			\prod	VAR	VAR
1,610,482.		1,547,006.	•				63,476.	V/11C
						Ш		
		COMMERCE 69-	1			$\ \cdot\ $	VAR	VAR
684,401.		591,187.					93,214.	
						H		
		COMMERCE 69-	0				VAR	VAR
490,930.		420,082.					70,848.	
		COMMERCE 69-	۵			Ш	173.0	T/AD
47,587.		46,674.	9				VAR 913.	VAR
1,,50,.		40,074.					713.	
		COMMERCE 69-	8				VAR	VAR
1,843,001.		1,908,301.					-65,300.	
							1	
							i	
						\prod		
TOTAL GAIN(L	oss)	• • • • • • • • • • • •	• • • • • • • • • • •	• • • • • • • • • •	• • • • • •	$\ \ $	<u>887,410.</u>	
		i						
						$\ \cdot\ $		
						Ш		
						П		
						Н		
						Н		
						11		
						Н		
[1	
								;
							İ	
						Ш		

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

NET INVESTMENT INCOME	119,135. 295,935. 23.	415,093.
REVENUE AND EXPENSES PER BOOKS	119,135. 295,935. 23.	415,093.
		TOTAL
DESCRIPTION	US BANK COMMERCE TRUST COMMERCE BONDS	

48-1142989

ATTACHMENT 2

FORM 990PF, PART I - OTHER INCOME

BAD DEBT RECOVERIES - RHS

DESCRIPTION

REVENUE

AND

EXPENSES

PER BOOKS

2,698.

TOTALS

2,698.

2,502.

2,502.

7,510.

10,012.

7,510.

10,012.

TOTALS

ACCOUNTING/TAX PREP FEES

DESCRIPTION

CHARITABLE PURPOSES

ADJUSTED NET INCOME

NET INVESTMENT INCOME

AND EXPENSES PER BOOKS

REVENUE

- ACCOUNTING FEES

PART I

FORM 990PF,

ATTACHMENT 3

04PIEK K932 4/23/2014 8:55:32 AM V 12-7.12

- OTHER PROFESSIONAL FEES PART I FORM 990PF,

NET INVESTMENT INCOME 110,800. EXPENSES PER BOOKS REVENUE AND INVESTMENT EXPENSE DESCRIPTION

110,800.

TOTALS

110,800.

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS

DESCRIPTION

FEDERAL EXCISE TAX

11,838.

TOTALS

11,838.

OTHER EXPENSES PART I FORM 990PF,

	NET	INVESTMENT	INCOME		404.	
REVENUE	AND	EXPENSES	PER BOOKS	16,876.	404.	3,832.
			DESCRIPTION	GOLF TOURNAMENT EXPENSE	BANK SERVICE CHARGES	INSURANCE

TOTALS

8:55:32 AM 04PIEK K932 4/23/2014

ATTACHMENT

48-1142989

- CORPORATE STOCK

PART II

FORM 990PF,

DESCRIPTION	ENDING BOOK VALUE
- 0630 - 1800	3,929,3
COMMERCE IRUSI COMPANI - 69-2 COMMERCE TRUST COMPANY - 69-3	1,925,3 2,309,0
COMMERCE TRUST COMPANY - 69-4S	772,6
COMMERCE TRUST COMPANY - 69-6S	426,1
COMMERCE TRUST COMPANY - 69-8	1,364,7

ENDING <u>FMV</u>	3,929,380. 1,377,861. 1,925,354. 2,309,047. 772,629. 426,104.	
ENDING BOOK VALUE	3,929,380. 1,377,861. 1,925,354. 2,309,047. 772,629. 426,104.	

12,105,153.

12,105,153.

TOTALS

- CORPORATE BONDS PART II FORM 990PF,

DESCRIPTION

COMMERCE TRUST COMPANY - 69-4

ENDING BOOK VALUE

ENDING FMV

4,800,968.

TOTALS

4,800,968.

4,800,968.

4,800,968.

RIVERSIDE HEALTH FOUNDATION

48-1142989

ATTACHMENT 9

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK_VALUE

INVESTMENT INCOME EXCISE TAX PAYABLE

1,982.

TOTALS

1,982.

48-1142989

ATTACHMENT 10

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED GAINS

751,365.

TOTAL

751,365.

	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIRMAN/DIRECTOR 1.00	VICE CHAIRMAN/DIRECTOR .50	SECRETARY/TREASURER/DIRECTOR 1.00	DIRECTOR .50	DIRECTOR .50	DIRECTOR .50
NAME AND ADDRESS	RANDY COONROD P.O. BOX 9527 WICHITA, KS 67277-0527	DR. JERRY GASTON P.O. BOX 9527 WICHITA, KS 67277-0527	RON STEPHEN P.O. BOX 9527 WICHITA, KS 67277-0527	TERRY FRY P.O. BOX 9527 WICHITA, KS 67277-0527	RONNIE TROY P.O. BOX 9527 WICHITA, KS 67277-0527	DR. CAROLINE SORIA P.O. BOX 9527 WICHITA, KS 67277-0527

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

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

DIRECTOR SENATOR LES DONOVAN

.50

DIRECTOR

0

0

0

0

0

0

.50

GRAND TOTALS

48-1142989

ATTACHMENT 11 (CONT'D)

P.O. BOX 9527 WICHITA, KS 67277-0527

0

0

DR. DAN MCCARTY P.O. BOX 9527

WICHITA, KS 67277-0527

WICHITA, KS 67277-0527 DR. JON KIRKPATRICK P.O. BOX 9527

.50 DIRECTOR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	POUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
VIA CHRISTI HEALTH	NONE	OSTEOPATHIC MEDICAL EDUCATION	500,000.
8901 E. ORME	PUBLIC CHARITY		
WICHITA, KS 67207			
GREATER WICHITA YMCA EVERY KID CAPITAL CAMPAIGN	NONE	GENERAL HEALTH AND WELFARE	20,000.
3330 N. WOODLAWN	PUBLIC CHARITY		
WICHITA, KS 67220			
MENTAL HEALTH ASSOCIATION OF SOUTH CENTRAL KANSAS	NONE	SERVICES FOR SENIORS	92,000.
555 N. WOODLAWN SUITE 3105	PUBLIC CHARITY		
WICHITA, KS 67208			
GUADALUPE CLINIC, INC.	NONB	GENERAL HEALTH AND WELFARE	50,000.
940 S. ST. FRANCIS	PUBLIC CHARITY		
WICHITA, KS 67211			
UNITED METHODIST OPEN DOOR	NONE	GENERAL HEALTH AND WELFARE	20,000.
P.O. BOX 2756	PUBLIC CHARITY		
WICHITA, KS 67201-2756			
VIA CHRISTI HEALTH	NONE	INTERNATIONAL PAMILY MEDICINE PELLOWSHIP	12,500.
8901 B. ORMB	PUBLIC CHARITY		
WICHITA, KS 67207			

V 12-7.12

8:55:32 AM

POUNDATION
HEALTH
RIVERSIDE

48-1142989

• • •

ATTACHMENT 12 (CONT'D)

V 12-7.12

8:55:32 AM

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

PURPOSE OF GRANT OR CONTRIBUTION RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT S RECIPIENT NAME AND ADDRESS

PUBLIC CHARITY NONE

GRACEMED HEALTH CLINIC

1122 N. TOPEKA

PUBLIC CHARITY PUBLIC CHARITY NONE NONE INTER-FAITH MINISTRIES EXPLORATION PLACE 300 N MCLEAN BLVD WICHITA, KS 67214 WICHITA, KS 67214 WICHITA, KS 67203 829 N. MARKET

2,000. 10,000. GENERAL HEALTH AND WELFARE GENERAL HEALTH AND WELFARE

PUBLIC CHARITY

NONE

KANSAS ASSOCIATION OF OSTEOPATHIC MEDICINE

1260 SW TOPEKA BLVD

TOPEKA, KS 66612

5,000.

GENERAL HEALTH AND WELFARE

138,500.

GENERAL HEALTH AND WELFARE

AMOUNT

850,000 TOTAL CONTRIBUTIONS PAID

ATTACHMENT 12

4/23/2014 04P1EK K932

87974

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

AMOUNT

EXCLUSION

BUSINESS

AMOUNT

RELATED OR EXEMPT FUNCTION INCOME ATTACHMENT 13

2,698.

2,698.

TOTALS

BAD DEBT RECOVERIES - RIVERSIDE HEALTH SYSTEM

DESCRIPTION

ATTACHMENT 13

04PIEK K932 4/23/2014 8:55:32 AM V 12-7.12

87974

(Rev. January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Rever	nue Service	▶ File a	separate a	pplication for each return.			
If you ar	re filing for ar	Automatic 3-Month Extension, o	complete o	only Part I and check th	nis box		▶ X
		Additional (Not Automatic) 3-Mo					•••
	_	unless you have already been grain				•	3.
a corporate 8868 to re Return for instructions	ion required to equest an extended Transfers Ass. For more (You can electronically file Form to file Form 990-T), or an addition tension of time to file any of the associated With Certain Persona details on the electronic filing of the	nal (not au forms liste Il Benefit (nis form, vis	tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus sit www.irs.gov/efile an	nsion of time. You can ith the exception of F t be sent to the IRS d click on e-file for Cha	electronicall form 8870, I in paper fo	ly file Form information ormat (see
Part I A	utomatic 3	-Month Extension of Time. On	ıly submit	original (no copies ne	eeded).		
A corporat	ion required t	to file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and co	mplete	
Part I only							
All other co	orporations (including 1120-C filers), partnersh	ips. REMIC	Ss. and trusts must use I	Form 7004 to request a	n extension o	of time
	me tax retum:		• •	,	Enter filer's identify		
·		empt organization or other filer, see in	structions.		Employer identification r		
Type or							•
print	RIVERS	IDE HEALTH FOUNDATION			48-11429	8.9	
File by the		reet, and room or suite no. If a P.O. box	x. see instruc	ctions.	Social security number (
due date for	1	OX 9527	, , , , , , , , , , , , , , , , , , , ,		Social security number (33N)	
filing your return See		or post office, state, and ZIP code. For	a foreign ad	drees see instructions	<u></u>		
instructions.			a loreign au	aress, see manachons.			
	WICHITZ	A, KS 67277-0527					-
Enter the F	Return code f	or the return that this application i	is for (file a	a separate application fo	or each return)	· · · · · · · ·	0 4
Application	n		Return	Application	~~~		Return
ls For			Code	ls For			Code
Form 990	or Form 990-	EZ	01	Form 990-T (corporat	ion)		07
Form 990-I			02	Form 1041-A			08
)- (individual)	·	03	Form 4720	a min Marries		09
Form 990-F			04	Form 5227			
) or 409(a) trust)					10
		a) or 408(a) trust)	05	Form 6069			11
Form 990-	T (trust other	tnan above)	06	Form 8870			12
Telephone No. ► 316 978-5641 FAX No. ► If the organization does not have an office or place of business in the United States, check this box							
nonre	fundable cre	is for Form 990-BL, 990-PF, 99 dits. See instructions.				3a \$	11,838.
		n is for Form 990-PF, 990-T,				_ ا ن	
		nents made. Include any prior year				3b \$	9,856.
		ract line 3b from line 3a. Include		ent with this form, if red	quired, by using EFTPS	; I	
(Electronic Federal Tax Payment System) See instructions. 3c \$ 1,982. 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.							
		o make an electronic fund withdrawal rwork Reduction Act Notice, see Instr		orm 8868, see Form 8453-	-EO and Form 8879-EO fo		
. Or Fridacy	Avi anu rape	work neducation Act notice, see instr	ucuviis.			Form 8868 ((Rev. 1-2013)