OMB No 1545-0052

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

Department of the Treasury Internal Revenue Service

 $\blacktriangleright\,$ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

| | | | | | | | | inspection |
|--------------------|------------|--|-------------------------------------|--|-----|-------------------------|--|--|
| For | calen | dar year 2015, or tax year b | eginning 10-0 | 1-2015 | , a | nd ending 0 | 9-30-2016 | |
| | e of found | | | | | A Employer ide | ntification numbe | r |
| VV | andotte F | Health Foundation | | | | 48-0547722 | | |
| Num | ber and st | treet (or P O box number if mail is not deliver | red to street address) | Room/suite | | B Telephone num | ber (see instructions | 5) |
| 75 | 5 Minneso | ota Avenue | | | | (913) 371-4031 | | |
| City | or town, s | state or province, country, and ZIP or foreign p | postal code | | | C If exemption a | application is pending | g, check here 🕨 |
| | | KS 66117 | | | | | | Γ |
| G C l | neck all | that apply Initial return I | nitial return of a f | ormer public charity | | D 1. Foreign ord | janizations, check he | ere 🕨 |
| | | | A mended return | | | | , | Γ |
| | | Address change I | Name change | | | | ganizations meeting here and attach cor | |
| H C | neck typ | e of organization | (3) exempt privat | te foundation | | E If private four | ndation status was to 507(b)(1)(A), checl | erminated |
| _S | ection 4 | 947(a)(1) nonexempt charitable trus | t Other taxal | ole private foundation | n | under section | 307(1)(1)(1), cricci | ► |
| | | | 5 | Cash ✓ Accru | ıal | | tion is in a 60-month 507(b)(1)(B), checl | |
| | | , , , , , , , , , , , , , , , , , | ther (specify) _ column (d) must | be on cash basıs) | | under section | 307(b)(1)(b), clied | ► |
| Pa | rt I | Analysis of Revenue and Ex | | | 1 | <u> </u> | | Disbursements |
| | | (The total of amounts in columns (b), (c), as necessarily equal the amounts in column (a) instructions)) | nd (d) may not | Revenue and expenses per (a) books | (b) | Net investment income | Adjusted net (c) income | for chantable purposes (d) (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , rece | ived (attach | | | | | |
| | | schedule) | | | | | | |
| | 2 | Check \blacktriangleright $\boxed{}$ if the foundation is not r | equired to | | | | | |
| | | attach Sch B | | | | | | |
| | | Interest on savings and temporary ca | ash investments | | | | | |
| | 4 | Dividends and interest from securitie | | 886,293 | | 886,293 | | |
| | 5a | Gross rents | | | | | | |
| | b | Net rental income or (loss) | | | | | | |
| Mile | 6a | Net gain or (loss) from sale of assets | not on line 10 | -4,501 | | | | |
| Revenue | b | Gross sales price for all assets on lin 15,648,408 | e 6a | | | | | |
| \simeq | 7 | Capital gain net income (from Part IV | , line 2) | | | 0 | | |
| | 8 | Net short-term capital gain | | | | | | |
| | 9 | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | |
| | _ | Less Cost of goods sold | -) | | | | | |
| | C | Gross profit or (loss) (attach schedul | , | 27 224 | | 27 224 | 27 224 | |
| | 11 | Other income (attach schedule) . | | 909,126 | | 27,334 913,627 | 27,334 | |
| | 13 | Total. Add lines 1 through 11 Compensation of officers, directors, t | rustees etc | 135,045 | | 54,018 | 27,334 | 81,027 |
| | 14 | Other employee salaries and wages | • | 121,161 | | 36,348 | 0 | 84,813 |
| s | 15 | Pension plans, employee benefits. | | 74,476 | | 31,280 | 0 | 43,196 |
| Expenses | | Legal fees (attach schedule) | | 3,371 | | 3,371 | 0 | 0 |
| <u>a</u> | b | Accounting fees (attach schedule). | | 44,697 | | 22,349 | 0 | 22,349 |
| | С | Other professional fees (attach sched | dule) | 20,740 | | 0 | 0 | 20,740 |
| Ĕ | 17 | Interest | | | | | | |
| and Administrative | 18 | Taxes (attach schedule) (see instruc | tions) | 5,193 | | 0 | 0 | 0 |
| Ξ | 19 | Depreciation (attach schedule) and ${\sf d}$ | epletion | 34,204 | | 0 | 0 | |
| Ē | 20 | Occupancy | | 64,323 | | 10,292 | 0 | 54,031 |
| βÞ | 21 | Travel, conferences, and meetings. | | 13,732 | | 0 | 0 | 13,732 |
| | 22 | Printing and publications | | 5,246 | | 0 | 0 | 5,246 |
| bu: | 23 | Other expenses (attach schedule). | | 319,159 | | 236,667 | 0 | 82,492 |
| Operating | 24 | Total operating and administrative ex | - | 044 247 | | 204 225 | 0 | 407.636 |
| ă |) 2E | Add lines 13 through 23 Contributions, gifts, grants paid . | | 841,347 242,098 | | 394,325 | 0 | 407,626 1,851,750 |
| | 25 26 | | | 242,030 | | | | 1,031,730 |
| | | Total expenses and disbursements. A c 25 | iu iiiies 24 dilu | 1,083,445 | | 394,325 | 0 | 2,259,376 |
| | 27 | Subtract line 26 from line 12 | | | | | | |
| | a | Excess of revenue over expenses and | | -174,319 | | E10 202 | | |
| | b | Net investment income (if negative, et adjusted net income/if negative, enter | • | | | 519,302 | 27,334 | |
| | | A GUARLEY HEL HILDHIETH HEUGHVE, PHIL | | | | | 47.334 | |

| D-a | rt II | Ralance Shoots Attached schedules and amounts in the description column | Beginning of year | | End o | f year | |
|-------------|--------|---|------------------------|------------|------------|---------------|--------------------|
| - (| 1.7.11 | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value | | k Value | (c) Fa | ır Market Value |
| | 1 | Cash—non-interest-bearing | 41,552 | | 66,027 | <u> </u> | 66,027 |
| | 2 | Savings and temporary cash investments | | | | <u> </u> | |
| | 3 | Accounts receivable ► | | | | | |
| | | Less allowance for doubtful accounts ▶ | | | | | |
| | 4 | Pledges receivable | | | | | |
| | | Less allowance for doubtful accounts ▶ | | | | | |
| | 5 | Grants receivable $\ldots \ldots \ldots \ldots \ldots$ | | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | | | |
| | | Less allowance for doubtful accounts ▶ | | | | | |
| 'n | 8 | Inventories for sale or use | | | | | |
| 4ssets | 9 | Prepaid expenses and deferred charges | | | | | |
| Ass | 10a | Investments—U S and state government obligations (attach schedule) | 2,426,253 | 9 | 3,281,597 | | 3,364,851 |
| | b | $Investments-corporate \ stock\ (attach\ schedule) \ \ . \ \ . \ \ . \ \ . \ \ . \ \ .$ | 20,504,026 | % J | 19,297,381 | | 20,490,385 |
| | c | Investments—corporate bonds (attach schedule) | 6,107,140 | % J | 5,057,286 | | 5,045,415 |
| | 11 | Investments—land, buildings, and equipment basis ▶ | | | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | | | |
| | 12 | Investments—mortgage loans | | | | | |
| | 13 | Investments—other (attach schedule) | 7,800,483 | چ ا | 7,351,332 | | 9,500,686 |
| | 14 | Land, buildings, and equipment basis ► | | | | | |
| | | Less accumulated depreciation (attach schedule) ▶ 666,842 | 431,894 | | 397,690 | | 397,690 |
| | 15 | Other assets (describe ▶) | 104,667 | % J | 112,480 | % J | 112,480 |
| | 16 | Total assets (to be completed by all filers—see the | | | | | |
| | | instructions Also, see page 1, item I) | 37,416,015 | | 35,563,793 | | 38,977,534 |
| | 17 | Accounts payable and accrued expenses | 92,229 | | 23,978 | | |
| | 18 | Grants payable | 2,516,252 | | 906,600 | | |
| es | 19 | Deferred revenue | | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| ıab | 21 | Mortgages and other notes payable (attach schedule) | | | | | |
| - | 22 | Other liabilities (describe ▶) | | | | | |
| | 23 | Total liabilities(add lines 17 through 22) | 2,608,481 | | 930,578 | | |
| | | Foundations that follow SFAS 117, check here | | | | | |
| se s | | and complete lines 24 through 26 and lines 30 and 31. | | | | | |
| and | 24 | Unrestricted | 34,807,534 | | 34,633,215 | | |
| Balance | 25 | Temporarily restricted | | | | | |
| | 26 | Permanently restricted | | | | | |
| Fund | | Foundations that do not follow SFAS 117, check here | | | | | |
| o | | and complete lines 27 through 31. | | | | | |
| | 27 | Capital stock, trust principal, or current funds | | | | | |
| Assets | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | | | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | | | | | |
| Net | 30 | Total net assets or fund balances(see instructions) | 34,807,534 | | 34,633,215 | | |
| ~ | 31 | Total liabilities and net assets/fund balances(see instructions) | 37,416,015 | | 35,563,793 | | |
| Pa | rt III | | | <u> </u> | | | |
| 1 | | Total net assets or fund balances at beginning of year—Part II, column | (a) line 30 (must a | aree | | | |
| - | | 3 3 , | | _ | 1 | | 34,807,534 |
| 2 | | Enter amount from Part I, line 27a | | | 2 | | -174,319 |
| 3 | | Other increases not included in line 2 (itemize) | | | 3 | | -174,519 |
| 4 | | Add lines 1, 2, and 3 | | | 4 | | 34,633,215 |
| 5 | | Decreases not included in line 2 (itemize) ► | | | 5 | | 0,033,213 |
| 6 | | Total net assets or fund balances at end of year (line 4 minus line 5)— | Part II column (b) | ine 30 | 6 | | 34,633,215 |
| • | | - , otal net appets of land palatices at end of year (IIIIe 4 IIIIIII) IIIIE 5 I—I | arcii, colullii lbb, l | | | | J → ,U J J , ∠ L J |

the Part VI instructions

Part IV Capital Gains and Losses for Tax on Investment Income

| | | ind(s) of property sold (e g, ree, or common stock, 200 shs | • | P—Purchase | L | ate acquired mo . day, yr) | Date sold (d) (mo , day, yr) |
|-------------|---|---|---|-----------------------------------|----------|----------------------------------|-------------------------------|
| | | e, or common stock, 200 sns | | (b) D—Donation | (5) | | (4) (110 / 44// / 1 |
| 1 a | Realized losses | | | Р | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | + | | |
| e | | Danna a stan alla wa | <u> </u> | | 4 | C=:= | (1) |
| (€ | e) Gross sales price | Depreciation allowe (f) (or allowable) | | or other basis expense of sale | | | or (loss) (f) minus (g) |
| а | 15,648,40 | 08 | | 15,652,90 | 9 | | -4,501 |
| b | | | | | | | |
| С | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| Со | mplete only for assets show | ng gain in column (h) and owne | d by the foundation | on 12/31/69 | | Gains (Col | (h) gain minus |
| (i) | FMV as of 12/31/69 | Adjusted basis | | ess of col (ı) | 1 | , ,, | t less than -0-) or |
| | 4 | (j) as of 12/31/69 | (k) over | col (j), if any | (1) | Losses | from col (h)) |
| а | | | | | | | -4,501 |
| b | | | | | - | | |
| C | | | | | - | | |
| d | | | | | - | | |
| e | | | 76 | D T 7 . I | + | | |
| 2 | Capital gain net income or | (net capital loss) | If gain, also enter If (loss), enter -0- | | 2 | | -4,501 |
| 3 | Net short-term capital gail | n or (loss) as defined in sectio | ns 1222(5) and (6) | , | <u> </u> | | .,,,,,, |
| | If gain, also enter in Part I | , line 8, column (c) (see instru | ctions) If (loss), e | nter -0 - | | | |
| | ın Part I, line 8 | | | | 3 | | -4,501 |
| Part | V Oualification Unde | r Section 4940(e) for R | educed Tax on | Net Investme | | ncome | ., |
| | | e foundations subject to the se | | | | | |
| | | tion 4942 tax on the distributa alify under section 4940(e) Do | | | eriod? | | ├ Yes 🔽 No |
| 1 En | ter the appropriate amount in | each column for each year, se | ee instructions befo | ore making any ent | ries | | |
| | (a) e period years Calendar or tax year beginning in) | (b) djusted qualifying distributions | (c) Net value of nonchar | itable-use assets | | (d) Distributio (col (b) divided | |
| | 2014 | 2,552,765 | | 41,845,514 | | | 0 061005 |
| | 2013 | 2,557,130 | | 42,613,522 | | | 0 060007 |
| | 2012 | 2,418,762 | | 40,581,211 | | | 0 059603 |
| | 2011 | 2,233,732 | | 39,807,117 | | | 0 056114 |
| | 2010 | 2,308,057 | | 41,086,504 | | | 0 056176 |
| 2 3 | , , , | | | <u> </u> | 2 | | 0 292905 |
| 3 | the number of years the fo | undation has been in existence | e if less than 5 year | s | 3 | | 0 058581 |
| 4 | | charitable-use assets for 2015 | | <u> </u> | 4 | | 38,405,580 |
| 5 | Multiply line 4 by line 3. | | | [| 5 | | 2,249,837 |
| 6 | Enter 1% of net investmer | nt income (1% of Part I, line 2 | 7b) | | 6 | | 5,193 |
| 7 | Add lines 5 and 6 | | | [| 7 | | 2,255,030 |
| 8 | Enter qualifying distributio | ns from Part XII, line 4 | | [| 8 | | 2,259,376 |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See

or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?

. Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

If "Yes," complete Part XIV

and addresses

No

No

9

10

| Par | t VII-A Statements Regarding Activities (continued) | | | |
|------------|---|-----|-------|----|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had | | | |
| | advisory privileges? If "Yes," attach statement (see instructions) | 12 | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Yes | |
| | Website address ▶wyhealthfnd org | | | |
| 14 | The books are in care of ▶Wyandotte Health Foundation Telephone no ▶(913 | | 4032 | |
| | Located at ▶755 Minnesota Avenue Kansas City KS ZIP+4 ▶6611702 | 241 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here | | ▶ ┌ | _ |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over | | Yes | No |
| | a bank, securities, or other financial account in a foreign country? | 16 | | No |
| | See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶ | | | |
| | | | | |
| Pal | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | Т | V | |
| 1. | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year did the foundation (either directly or indirectly) | | Yes | No |
| La | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes Vo | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | i | ! | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | i | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes ✓ No | i | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | i | | |
| | for the benefit or use of a disqualified person)? Yes Vo | | | |
| | (6) A gree to pay money or property to a government official? (Exception. Check "No" | İ | İ | |
| | ıf the foundation agreed to make a grant to or to employ the official for a period | | | |
| | after termination of government service, if terminating within 90 days) Yes 🔽 No | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, | I | | |
| | that were not corrected before the first day of the tax year beginning in 2015? | 1c | | No |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$) | | | |
| а | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d | | | |
| | and 6e, Part XIII) for tax year(s) beginning before 2015? Yes ✓ No | | | |
| | If "Yes," list the years > 20, 20, 20, 20 | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) | | | |
| | to all years listed, answer "No" and attach statement—see instructions) | 2b | | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | ▶ 20, 20, 20 | | | |
| 3 a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at | | | |
| | any time during the year? | [| | |
| b | If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation | | | |
| | or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved | | | |
| | by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine | | | |
| | If the foundation had excess business holdings in 2015) | 3b | | |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | No |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 4b | | No |
| | - | ~~~ | DE - | |

Form **990-PF** (2015)

1

5

1

3

4

5

6

7

1

2

5

Part XII

Part XI

38,488,696

38,990,437

38,990,437

38,405,580

1,920,279

1,920,279

1,915,086

1.915.086

1,915,086

2,259,376

2,259,376

2,254,183

5,193

5,193

584,857

83,894

417,847

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes

Fair market value of all other assets (see instructions).

1e

Reduction claimed for blockage or other factors reported on lines 1a and

2

check here ► and do not complete this part.)

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

3

Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see

Distributable Amount

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4

Distributable amount before adjustments Subtract line 2c from line 1.

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, qifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

2a

2b

4 5

(see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations

5,193

1a

1b

1c

1d

2 3

1

2c

3

4

5

6

7

1a

1h

2

3а

3b

4

5

2a Tax on investment income for 2015 from Part VI, line 5. Income tax for 2015 (This does not include the tax from Part VI). . .

| | art XIII Undistributed Income (see instri | uctions) | | | |
|----------|---|----------------------|----------------------------|-------------|-------------------------|
| | | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
| 1 | Distributable amount for 2015 from Part XI, line 7 | | , | | 1,915,080 |
| | Undistributed income, if any, as of the end of 2015 | | | | |
| | Enter amount for 2014 only | | | 0 | |
| b | | | 0 | | |
| 3 | Excess distributions carryover, if any, to 2015 | | | | |
| а | | | | | |
| b | From 2011 266,676 | | | | |
| | From 2012 437,893 | | | | |
| d | From 2013 454,011 | | | | |
| e | From 2014 | | | | |
| f | Total of lines 3a through e | 1,986,389 | | | |
| 4 | Qualifying distributions for 2015 from Part | | | | |
| | XII, line 4 🕨 \$ | | | | |
| а | Applied to 2014, but not more than line 2a | | | 0 | |
| b | Applied to undistributed income of prior years (Election required—see instructions) | | 0 | | |
| c | Treated as distributions out of corpus (Election | 0 | | | |
| | required—see instructions) | | | | |
| d | Applied to 2015 distributable amount | | | | 1,915,080 |
| е | Remaining amount distributed out of corpus | 344,290 | | | |
| 5 | Excess distributions carryover applied to 2015 | 0 | | | ſ |
| | (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 | Enter the net total of each column as indicated below: | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 2,330,679 | | | |
| b | Prior years' undistributed income Subtract line 4b from line 2b | | 0 | | |
| 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) | | 0 | | |
| | tax has been previously assessed | | | | |
| u | Subtract line 6c from line 6b Taxable amount —see instructions | | 0 | | |
| e | Undistributed income for 2014 Subtract line | | | | |
| | 4a from line 2a Taxable amount—see | | | | |
| | instructions | | | 0 | |
| f | Undistributed income for 2016 Subtract | | | | |
| | lines 4d and 5 from line 1 This amount must be distributed in 2015 | | | | (|
| 7 | A mounts treated as distributions out of | | | | |
| • | corpus to satisfy requirements imposed by | | | | |
| | section 170(b)(1)(F) or 4942(g)(3) (Election may | | | | |
| | be required - see instructions) | 0 | | | |
| 8 | Excess distributions carryover from 2010 not | 311,018 | | | |
| | applied on line 5 or line 7 (see instructions) | | | | |
| 9 | Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a | 2,019,661 | | | |
| 10 | Analysis of line 9 | _,,002 | | | |
| | Excess from 2011 266,676 | | | | |
| | Excess from 2011 | | | | |
| | Excess from 2013 | | | | |
| | Excess from 2014 516,791 | | | | |
| | Excess from 2015 344,290 | | | | |
| <u> </u> | | | | r. | orm 990-PF (2015 |
| | | | | 1 | (2013 |

| For | m 990-PF (2015) | | | | | Page 10 |
|--------|--|------------------------------|--------------------|-----------------------|------------------------|----------------|
| | Part XIV Private Operating Foundar | tions (see ınstru | ctions and Part | VII-A, question | n 9) | |
| 1a | If the foundation has received a ruling or deter foundation, and the ruling is effective for 2015 | | | | | |
| b | Check box to indicate whether the organization | ıs a prıvate operat | ing foundation des | scribed in section | 1 | |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (e) Total |
| | income from Part I or the minimum investment return from Part X for each | (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | (e) Iotai |
| | year listed | | | | | |
| b | 85% of line 2a | | | | | |
| c | Qualifying distributions from Part XII, | | | | | |
| | line 4 for each year listed | | | | | |
| a | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the | | | | | |
| а | alternative test relied upon "Assets" alternative test—enter | | | | | |
| a | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying | | | | | |
| | under section 4942(j)(3)(B)(i) | | | | | |
| b | ,,, | | | | | |
| | of minimum investment return shown in Part X, line 6 for each year listed. | | | | | |
| С | "Support" alternative test—enter | | | | | |
| | (1) Total support other than gross | | | | | |
| | investment income (interest, | | | | | |
| | dividends, rents, payments on securities loans (section | | | | | |
| | 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public | | | | | |
| | and 5 or more exempt | | | | | |
| | organizations as provided in | | | | | |
| | section 4942(j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of support from an exempt organization | | | | | |
| | (4) Gross investment income | | | | | |
| Pā | art XV Supplementary Information (| Complete this | oart only if the | e organizatio | n had \$5,000 oi | more in |
| | assets at any time during the | year—see inst | ructions.) | | | |
| 1 a | Information Regarding Foundation Managers: List any managers of the foundation who have of before the close of any tax year (but only if the | | | | | ation |
| b | List any managers of the foundation who own 1 | 0% or more of the s | tock of a corporat | tion (or an equall | y large portion of the | <u> </u> |
| | ownership of a partnership or other entity) of w | hich the foundation | has a 10% or gre | eater interest | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 | Information Regarding Contribution, Grant, Gif | | | | | |
| | Check here if the foundation only makes of unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, and | n makes gifts, grant | | | | |
| 2 | The name, address, and telephone number or ϵ | e-mail address of th | e nerson to whom | n applications sho | uld be addressed | |
| • | Via online grant portal - questions | a.ii addicəə or til | a person to whom | , аррисастопа эпо | a,a be addiessed | |
| | Wyandotte Health Foundation PO Box | | | | | |
| | 171242 755 Minnesota Ave | | | | | |
| | Kansas City, KS 66117 | | | | | |
| | (913) 371-4031 rlopez@wyhealthfdn org | | | | | |
| _ | | u++ o d = o d + o f - ···· * | on and make | المسالح المسام المراط | | |
| t | The form in which applications should be subm | | | • | | |
| _ | The online application will be available six wee | eks prior to the dead | nine Complete ar | ia submit the onli | ine grant application | |
| C | Any submission deadlines | | | | | |
| | Proposals must be submitted via the Foundati | on's online grant po | rtal by noon on 4t | th Friday of June | | |

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

To be considered as a potential grantee, your organization must 1 Be a 501 (c) (3) organization or government 2 Be located within Wyandotte County or Johnson County Kansas, or Jackson County, Missouri 3 Demonstrate that all funding will be used to serve Wyandotte county residents 4 In general, the Wyandotte Health Foundation will not award grants to the following 1 direct support to individuals for projects or scholarships 2 budget deficits or debt reduction 3 activities that exclusively benefit members of sectarian or religious organizations 4 directly influence legislation or support candidates for office 5 annual fund drives or events 6 building/capital campaigns 7 Medical research There is no minimum or maximum size for grants. Generally, multi-year grants will not be considered

Form 990-PF (2015)

Part XV Supplementary Information(continued)

| Supplementary Inform | | | | |
|--|--|-------------------------|----------------------------------|-----------|
| 3 Grants and Contributions Paid | | proved for F | uture Payment | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | A mount |
| Name and address (home or business) | or substantial contributor | recipient | Contribution | |
| a Paid during the year See Additional Data Table | | | | |
| Total | <u></u> | <u> </u> | ▶ 3a | 1,851,750 |
| b Approved for future payment Total | | | ▶ 3b | 0 |

| Part XVI | Analysis of Income-Product | ing Activitie | s | | | |
|-------------------|--|----------------------|-----------------------|-----------------------|--------------------|--|
| Enter gross | s amounts unless otherwise indicated | Unrelated bu | usiness income | Excluded by section | n 512, 513, or 514 | (e) Related or exempt |
| 1 Program | service revenue | (a) Business code | (b) A mount | (c) Exclusion code | (d) A mount | function income (See instructions) |
| a | | | | | | |
| b | | | | | | |
| | | | | | | |
| | | | | | | |
| | _ | | | | | |
| a Fees a | and contracts from government agencies | | | | | |
| _ | rship dues and assessments | | | | | |
| | t on savings and temporary cash | | | | | |
| | ments | | | | | |
| | nds and interest from securities | | | 14 | 886,293 | |
| | tal income or (loss) from real estate financed property. | | | | | |
| | ebt-financed property | | | | | |
| | ntal income or (loss) from personal | | | | | |
| propert | ty | | | | | |
| | nvestment income | | | | | |
| | (loss) from sales of assets other than | | | | | |
| | ory | | | 14 | -4,501 | |
| | ome or (loss) from special events profit or (loss) from sales of inventory | | | | | |
| | of (1033) from sales of inventory | | | | | |
| 11 Other r | evenue a Misc revenue | | | 01 | | 27,334 |
| b | | | | | | |
| | | | | | | |
| | | | | | | |
| | al Add columns (b), (d), and (e). | | 0 | | 881,792 | 27 224 |
| | dd line 12, columns (b), (d), and (e) | | | | 13 | 27,334 909,126 |
| (See w | orksheet in line 13 instructions to verify | calculations) | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Part XVI | -B Relationship of Activities to | | | | | |
| Line No. ▼ | Explain below how each activity for wh the accomplishment of the foundation's instructions) | | | | | |
| 11a | Refunds and miscellaneous revenues rel | ated to exempt | purpose | | | |
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| Form 990- | d If the answer to any of the above is "Yes," complete the following schedule of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line No (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements. | | | | | | | | | | |
|--|---|-------------------|----------------|------------------|-----------------|--------------------|------------------|--------------------|--------------|--|-----|
| Part XV | | | | | actions a | nd Relatio | onships W | /ith | | | |
| | organization directly or i | ndirectly engag | ge in any of t | he following wit | | | | ı | | Yes | No. |
| | , , | er than section | 301(0)(3) 0 | ngamzations) o | III section . | 327, Telatilig | , to political | | | | |
| a Transfe | ers from the reporting foui | ndation to a noi | ncharitable e | exempt organiza | tion of | | | | | | |
| | | | | | | | | - | | | |
| | | | | | | | | • | la(2) | | No |
| | | ritable exempt | organization | 2 | | | | | 16/1) | | No |
| | | | | | | | | _ | ` | | |
| ` ' | | | | | | | | - | | | |
| • • | , , , | • | | | | | | _ | | | |
| | | | | | | | | - | | | No |
| | | | | | | | | - | | | No |
| c Sharing | of facilities, equipment, | maılıng lısts, o | ther assets, | or paid employ | ees | | | 🗀 | 1 c | | No |
| of the g | joods, other assets, or se | rvices given by | the reporting | ng foundation I | f the foundat | tion received | l less than fa | aır market | value | ue | |
| (a) Line No | (b) Amount involved | (c) Name of no | nchantable exe | mpt organization | (d) Descr | ription of transfe | ers, transaction | s, and shar | ng arrar | igemen | ts |
| | | | | | | | | | | | |
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| describ √ No | ed in section 501(c) of the complete the following | ne Code (other | than section | n 501(c)(3)) or | in section 5 | | | | | S | |
| | ., | | | | | | | | ' | | |
| | | | | | | | | | | | |
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| th ir | ne best of my knowledge a | and belief, it is | true, correct | | | | | taxpayer) | ıs bas | ed on | all |
| | ***** | | | 2017-01-27 | _ \ _ | **** | | return with the | | | |
| | Signature of officer or t | rustee | | Date | Titl | le | | | tr)? 🗸 | Yes N | 10 |
| | | | parer's Sign | ature | Date 2017-01 | | | | 06429 | 74 | |
| Prepare Use | | Wiebler PC | | | • | Firm's | EIN ▶ 43- | 1562209 | | A(1) No A(2) No A(2) No A(3) No A(4) No A(5) No A(6) No A(6) No A(7) A No A(8) A No A(8) A No A(9) A No A(1) A No A(1) A No A(1) A No A(2) A No A(3) A No A(4) A No A(4) A No A(5) A No A(6) A No A(6) A No A(7) A No A(7) A No A(8) A No A(| |
| (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (7) Loans of facilities, equipment, mailing lists, other assets, or paid employees. (8) Loans obove is "Yes; Complete the following schedule: Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation of the goods, other assets, or services received (a) Line No (b) Amount involved (c) Name of nonchantable exempt organization of the goods, other assets, or services received (a) Line No (b) Amount involved (c) Name of nonchantable exempt organization of transfers, transactions, and sharing arrangements are set of the goods, other assets, or services received (a) Line No (b) Amount involved (c) Name of nonchantable exempt organization of transfers, transactions, and sharing arrangements of described in section 501(c) of the Code (other than section 501(c)) of the Code (other than se | | | | | | | | | | | |

Form 990PF Part VIII Line ${\bf 1}$ - List all officers, directors, trustees, foundation managers and their compensation

| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation(If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|--|---|--|---|--|
| William C Tempel | Treasurer | 0 | 0 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | 1 00 | | | |
| Patrıcıa Gaunce - resigned | Director | 0 | 0 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | 1 00 | | | |
| Trudie Hall | First Vice Chairperson | 0 | 0 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | 1 00 | | | |
| Ramon Murguia | Director | 0 | 0 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | 1 00 | | | |
| John J Jurcyk Jr | Secretary | 0 | 0 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | 1 00 | | | |
| Charles W Thurston Jr | Director | 0 | 0 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | 1 00 | | | |
| Raymond L Daniels | Director | 0 | 0 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | 1 00 | | | |
| Rebecca Schwietz | Director | 0 | 0 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | 1 00 | | | |
| Leon C Logan | Chairman 1 00 | 0 | 0 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | 1 00 | | | |
| James M White | Second Vice Chairperson | 0 | 0 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | 1 00 | | | |
| Clarence L Small | Director 1 00 | 0 | 0 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | 1 00 | | | |
| Cathy Harding | President and CEO | 128,141 | 7,654 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | 40 00 | | | |
| Dr Karol Davis | Director | 0 | 0 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | 1 00 | | | |
| Randy Nyp | Director 1 00 | 0 | 0 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | 1 00 | | | |
| Dr Paula Cupertino | Director 1 00 | 0 | 0 | 0 |
| 755 Minnesota Avenue Kansas City,KS 66117 | | | | |

| Recipient | If recipient is an individual, | Foundation | Purpose of grant or | A mount |
|--|--|------------------------|--|-----------|
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | status of recipient | contribution | |
| a Paid during the year | | | | |
| Bethel Neighborhood Center 14 South 7th Street Kansas City, KS 66101 | | PC | Healthy Lifestyles | 12,000 |
| Children's Mercy Hospitals and Clin 2401 Gillham Road Kansas City, MO 64108 | | PC | Children's Mercy West Cordell D Meeks, Jr Clinic 4313 State Ave , Kansas City, KS 66102 | 150,000 |
| Cultivate Kansas City 4223 Gibbs Road Kansas City, KS 66106 | | PC | Juniper Gardens training farm | 50,000 |
| El Centro Inc 650 Minnesota Avenue Kansas City, KS 66101 | | PC | Promotores de Salud | 12,000 |
| Kansas Association for the Medicall 1129 S Kansas Ave Topeka, KS 66612 | | PC | To educate individuals and communities in Wyandotte County and statewide about the ACA | 15,000 |
| Kansas City Care Clinic 3515 Broadway Kansas City, MO 64111 | | PC | To support primary health care services provided to Wyandotte County residents | 52,202 |
| Kansas City Community Gardens Inc 6917 Kensington Avenue Kansas City,MO 64132 | | PC | Wyandotte County healthy gardeners | 25,000 |
| Kansas Department of Health and Env 1000 SW Jackson Topeka,KS 66612 | | GOV | To support Turner House Children's Clinic in Wyandotte County | 26,250 |
| Mıd America Regional Council 600 Broadway Blvd Ste 200 Kansas City,MO 64105 | | PC | An initiative to assist Wyandotte County safety net clinics connect to the Kansas HIE | 4,911 |
| Riverview Health Services 722 Reynolds Avenue Kansas City,KS 66101 | | PC | Riverview chronic disease management and medication support program | 55,000 |
| Samuel U Rodgers Health Center 825 Euclid Avenue Kansas City, MO 64124 | | PC | To support primary health care services provided to Wyandotte County residents | 53,332 |
| Southwest Boulevard Family Health C 300-340 Southwest Boulevard Kansas City,KS 66103 | | PC | Safety net healthcare (family health care clinics) | 250,000 |
| Swope Health Services 12 East 12 Street Kansas City,MO 64106 | | PC | To support primary medical care services at their two Wyandotte County locations | 200,000 |
| Turner House Children's Clinic 21 North 12th Street Kansas City,KS 66102 | | PC | Health Care of underserved children | 210,000 |
| Unified Government Wyandotte County 619 Ann Kansas City,KS 66101 | | GOV | Radiology Voucher Program | 134,978 |
| Total | | | ▶ 3a | 1,851,750 |

| Recipient | If recipient is an individual, show any relationship to | status of | Purpose of grant or contribution | A mount |
|--|---|-----------|---|---------|
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| Caritas Clinic Inc 636 Tauromee Kansas City,KS 66101 | | PC | Primary medical care for uninsured of Wyandotte County | 215,000 |
| Kansas University Endowment Assoc PO Box 928 Lawrence, KS 66044 | | PC | Silver City Health Center and JayDoc free clinic in Kansas City, KS | 150,000 |
| Unified Government Wyandotte County 619 Ann Kansas City,KS 66102 | | GOV | Radiology Voucher Program | 100,000 |
| Wyandotte Economic Development Coun 727 Minnesota Ave Kansas City,KS 66117 | | PC | Development of a Workforce Solutions Coordinator, a newly created position with a focus of connectin | 10,000 |
| Community Health Council of Wyandot 803 Armstrong Ave Kansas City,KS 66101 | | PC | Design and implement a community engagement campaign | 30,000 |
| Support KC 5960 Dearborn Suite 200 Mission, KS 66202 | | PC | Kansas Organizing and Advocacy Collaborative | 10,000 |
| Rosedale Development 1403 Southwest Blvc Kansas City,KS 66103 | | PC | Providing increased access to healthy food and other activities | 21,000 |
| Kansas City Public Schools 2010 N 59th St Kansas City,KS 66104 | | PC | Supporting the expansion of the Teen Parent Support Group | 5,495 |
| KC Healthy Kids 650 Minnesota Avenue Kansas City,KS 66101 | | PC | Supporting farm to school and youth advocacy programs | 30,000 |
| Catholic Charities of Northeast Kan 9720 W 87th Street Overland Park, KS 66212 | | PC | Supporing staffing of the Community Health Nurse & Coordinator | 29,582 |

| erile dicarrile print - Do Not Process | A3 I lieu Duta - | DEN: 33431030004047 | | | | | |
|--|-----------------------------|---------------------|--|--|--|--|--|
| TY 2015 Accounting Fees Schedule | | | | | | | |
| Name: \ | Wyandotte Health Foundation | | | | | | |

DI N: 93491030004047

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

| EIN: 48-0547722 | | | | | |
|------------------------|------------------------|---|---|--------|--|
| Category | Adjusted Net Income | Disbursements for Charitable Purposes | | | |
| Accounting | 44,697 | 22,349 | 0 | 22,349 | |

| enie GRAPHIC Print - DO NOT PROCESS | As Filed Data - | DLN. 93491030004047 | | | | |
|--|---------------------------|---------------------|--|--|--|--|
| TY 2015 Investments Corporate Bonds Schedule | | | | | | |
| | | | | | | |
| Name: | Wyandotte Health Foundati | on | | | | |
| EIN: | 48-0547722 | | | | | |

DI N: 93491030004047

5,057,286

5,045,415

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Fixed income corporate bonds

| EIN: 48-054//22 | | |
|-----------------|------------------|--------------|
| Name of Bond | End of Year Book | |
| | Value | Market Value |

| D | LN: 93491030004047 | | | | | |
|--|----------------------------------|--|--|--|--|--|
| TY 2015 Investments Corporate Stock Schedule | | | | | | |
| dation | | | | | | |
| End of Year Book Value | End of Year Fair Market Value | | | | | |
| 17,776,836 | 18,972,340 | | | | | |
| | 1,270,545 | | | | | |
| | dation End of Year Book Value | | | | | |

Preferred stock

250,000

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491030004047 | | | | | |
|--|--------------------------|---------------------|--|--|--|--|--|
| TY 2015 Investments Government Obligations Schedule | | | | | | | |
| Name: | Wyandotte Health Foundat | ion | | | | | |
| EIN: | 48-0547722 | | | | | | |
| US Government Securities - End of Year Book Value: | 3,281,597 | | | | | | |
| US Government Securities - End of Year Fair Market Value: | 3,364,851 | | | | | | |
| State & Local Government Securities - End of Year Book Value: | 0 | | | | | | |
| State & Local Government Securities - End of Year Fair Market Value: | 0 | | | | | | |

| enie GRAPHIC Print - DO NOT PROCESS | AS Filed D | ala - | DLI | 1: 93491030004047 | | | |
|--------------------------------------|------------|-------------------|------------|-------------------|--|--|--|
| TY 2015 Investments - Other Schedule | | | | | | | |
| Name: | Wyandotte | Health Foundation | | | | | |
| EIN: | 48-0547722 | 2 | | | | | |
| Category/ Item | | Listed at Cost or | Book Value | End of Year Fair | | | |

DI N. 93491030004047

152,962

909,977

297,427

868,098

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Exchanged traded and closed-end funds

Mutual funds

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|--------------------------|-----------------------|------------|----------------------------------|
| Multiple strategy invest | AT COST | 6,185,807 | 8,437,747 |

AT COST

AT COST

| TY 2015 Legal Fees Schedule | | _ |
|-----------------------------|--|---|
| | | |

Name: Wyandotte Health Foundation

3,371

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Legal

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------|--------|--------------------------|------------------------|---|

Interest/dividends receivable

Federal excise tax receivable

Miscellaneous assets

Deposit

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: Wyandotte Health Foundation **EIN:** 48-0547722

| Description | Beginning of Year - Book Value | End of Year - Book Value | End of Year - Fair Market Value |
|-------------|-----------------------------------|-----------------------------|------------------------------------|
| | | | |

57,170

2,145

30,207

22,958

63,558

3,965

30,002

7,142

DLN: 93491030004047

57,170

2,145

30,207

Computer repairs, service and software

Insurance
Office expense

Membership

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

11,524

26,515

28,211

22,695

Name: Wyandotte Health Foundation EIN: 48-0547722

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------------|--------------------------------|--------------------------|---------------------|--|
| Investment expense | 230,214 | 230,214 | 0 | 0 |

6,453

0

DLN: 93491030004047

5,071

26,515

28,211

| TY 2015 Other Income Schedule | | | |
|-------------------------------|-----------------------------|--|--|
| Name: | Wyandotte Health Foundation | | |
| EIN: | 48-0547722 | | |

| 16 65 17 22 | | | | | |
|--------------|-----------------------------------|--------------------------|---------------------|--|--|
| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income | | |
| Misc revenue | 27,334 | 27,334 | 27,334 | | |

TY 2015 Other Professional Fees Schedule

Name: Wyandotte Health Foundation

ETN: 48-0547722

| Category | Amount | Net Investment Income | Adjusted Net Income | |
|----------|--------|--------------------------|------------------------|--|

20,740

Disbursements for Charitable

Purposes

20,740

DLN: 93491030004047

Other professional fees



| TY 2015 Taxes Schedule | | | | |
|------------------------|-----------------------------|--|--|--|
| Name: | Wyandotte Health Foundation | | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Federal excise tax

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------|--------|--------------------------|------------------------|---|

40 054777