			1 .			SCLOSURE				890		o. 1545-0047	
_	0			urn of Orga									
Forr	n J	30	Under section	n 501(c), 527, or 49						e foundation		<u>114</u>	-
Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Open to Public Information about Form 990 and its instructions is at www.irs.gov/form990 Inspection													
	Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection A For the 2014 calendar year, or tax year beginning and ending												
			organization	year beginning			and end	ing		over identifi	cation numb		
D C a	heck if pplicab			Foundation	n of G	reater K	ansas			Syer identition			
	Addr	ess all		10411440201			4110 4 0						
-			usiness as		D.TENS	ion attached				20-0	167282		
	Initial			P.O. box if mail is not (delivered to s	street address)	Roo	m/suite	E Telep	none numbe			
	Final Final	2700		h Street		,	220				241-700)6	
	termi			province, country, an	d ZIP or for	reign postal code	, ,		G Gross re	eceipts \$	32,14	15,617	•
	Amer returr		as City			5 1			H(a) is th	nis a group re	eturn		
	 tion	^{ca-} F Name ar	nd address of p	principal officer: Br	idget	McCandle	ss, M	ſ.D.	for s	subordinates	? 🗌 Y	es I No	0
	pend	^{ing} 2700	<u>E. 18th</u>	St., Ste.	220,	Kansas C	ity,	MO	H(b) Are a	Il subordinates in	icluded? 🚺 Y	'es 📃 No	0
IT	ax-ex	empt status: 🗌	X 501(c)(3)	501(c) () 🗲 (inser	rt no.) 📃 4947(a)(1) or 🗌	527	lf "N	lo," attach a	list. (see insti	ructions)	
		ite: 🕨 WWW 🕯									n number 🕨		
		f organization: 🗌	X Corporation	n Trust	Association	🔲 Other ►		L Year of	of formation	<u>1: 2003 N</u>	/ State of legal	domicile: M	0
Pa	art I												
a	1			tion's mission or mo								acy,	
Activities & Governance		APPROX A		that elimin									
Sr N	2	Check this box	< 🕨 🛄 if t	the organization disc	continued it	s operations or d	lisposed o	of more	than 25%		sets.	•	~
Ň	3	Number of vot	ing members c	of the governin coor ng members of the g	PartN1,1	in MCDEr	TIM			3		2	
ల త	4	Number of ind	ependent votir	ng members of the g	overning o	ody (Purd/I, in	19 IUI	¥		4		2	
es	5			employed in calendar				•				2	<u>⊿</u> 0
tivit	6			estimate if necessary				•••••		6		0	
Act				enue from Part VIII, c						<u>7a</u> 7b		0	
		Net unrelated	business taxac	ble income from Forr	<u>n 990-1, in</u>	<u>e 34</u>		<u></u>	Prior		Currer		<u> </u>
	8	Contributions	and grants (Pa	art \/III_line 1b\						4,602.		57,205	
Jue	9	Program service	•			•••••				0.		0	_
Revenue	10	-		column (A), lines 3,					22,75	7,434.	29,68	38,412	•
Å	11			ımn (A), lines 5, 6d, 8						0.	i	0	
	12			nrough 11 (must equ			12)		23,65	2,036.	32,14	45,617	•
	13			paid (Part IX, column					17,75	1,414.	18,95	55,406	•
	14		•	ers (Part IX, column						0.		0	•
S	15	Salaries, other	compensatior	n, employee benefits	(Part IX, co	olumn (A), lines 5	-10)		2,16	7,551.	2,18	37,422	•
Expenses	16a	Professional fu	undraising fees	(Part IX, column (A)	, line 11e)			L		0.		0	
6 be	b	Total fundraisi	ng expenses (F	Part IX, column (D), l	ine 25)	►	0.						
யி	17	Other expense	s (Part IX, colu	umn (A), lines 11a-11	d, 11f-24e)					5,388.		50,517	
	18	Total expenses	s. Add lines 13	8-17 (must equal Parl	t IX, columr	n (A), line 25)				4,353.	Survey established and a second when the second strategy and a second second second second second second second	93,345	
	19	Revenue less	expenses. Sub	tract line 18 from lin	e 12				<u>-2,71</u>	2,317.	4,25	52,272	•
s or ICES										Current Year		of Year	
Assets or d Balances	20	Total assets (P								4,712.		<u>39,373</u>	
at As	21	Total liabilities							narren de la construcción de	2,355.	CALLED AND AND AND AND AND AND AND AND AND AN	<u>75,865</u>	000000000000
Net				Subtract line 21 from	m line 20			5	18,31	2,357.	518,76	53,508	•
	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												
											r knowledge an	u dellet, it is	
<u>uue,</u>	corre	ci, and complete.	Declaration of p	reparer (other than offi	icer) is based	u un an mormation	or which p	neparer	nas any kho	wieage.			
Cia-	•	Signature	e of officer						í	Date	******		
Sigr				andless, M	D.				-				
Her	e		rint name and tit	the	• 2 •					·			

	ype of print name and the					
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	Stanley H House, CPA	Stanley H House, CPA	08/12/15 self-employed P00642974			
Preparer	Firm's name 🕨 House Park Dobra	tz & Wiebler, P.C.	Firm's EIN 🕨 43-1562209			
Use Only	Firm's address 🔈 605 W. 47th Stre	et, Suite 301	·			
	Kansas City, MO	64112	Phone no. 816 - 931 - 3393			
May the IRS discuss this return with the preparer shown above? (see instructions)						

Form **990** (2014) 432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

> X

01

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• 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 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.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	Health Care Foundation of Greater Kansas	
	City	20-0167282
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 2700 E. 18th Street, No. 220	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Kansas City, MO 64127	

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

Application	Return	Application	Return			
Is For	Code	Is For	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 (other than individual)	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			
Richard H Zimmer						

•	The books are in the care of	2700	Ε.	18th	St.,	Ste.	220	-	Kansas	City,	MO	64127
	Telephone No. ▶ 816-241	-7006	5			Fax	x No. 🕨	- 8	16-241-	7005		

 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	r digit Group Exemption Numbe	er (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

	August 15, 2015 , to file the exempt organization return for the organization named al	bove. 1	he extension
	is for the organization's return for:		
	▶ X calendar year 2014 or		
	▶ tax year beginning, and ending		·
2	If the tax year entered in line 1 is for less than 12 months, check reason:	ıl returi	ı
	Change in accounting period		
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 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.	Зb	\$
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.		

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 423841 05-01-14 0.

Ο.

2014.04010 HEALTH CARE FOUNDATION OF 06029_1

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To provide leadership, advocacy and resources that eliminate barriers to quality health for uninsured and underserved in our service ares.
	to quality health for uninsured and underserved in our service ares.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
	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 \$ 4,851,541. including grants of \$ 4,125,000.) (Revenue \$
	Safety Net Health Care funding activities promote the development
	of a health care delivery system that provides easy access to
	quality health care resulting in better health, better care and
	lower cost. Funding to safety net providers are those that
	deliver a significant level of health care to uninsured, Medicaid, and other vulnerable patients. Core safety net providers maintain
	a commitment to serve all patients regardless of their ability to
	pay.
	<u>5</u>
4b	(Code:) (Expenses \$ 4,998,558. including grants of \$ 4,250,000.) (Revenue \$)
	Mental Health funding activities emphasize behavioral health services for children and adults, and family violence. Funding is
	provided for support and treatment, prevention, and advocacy.
	provided for support and creatment, prevention, and datodady.
46	(Code:) (Expenses \$ 4,804,703, including grapts of \$ 4,085,176,) (Revenue \$
4c	(Code:)(Expenses \$4,804,703. including grants of \$4,085,176.) (Revenue \$ Healthy Lifestyles Funding Activities promote healthy eating,
4c	(Code:)(Expenses \$4,804,703. including grants of \$4,085,176.) (Revenue \$ Healthy Lifestyles Funding Activities promote healthy eating, active living and/or discouraging tobacco use for the uninsured
4c	Healthy Lifestyles Funding Activities promote healthy eating, active living and/or discouraging tobacco use for the uninsured and underserved in the Foundation's service area. The overall goal of
4c	Healthy Lifestyles Funding Activities promote healthy eating, active living and/or discouraging tobacco use for the uninsured and underserved in the Foundation's service area. The overall goal of the Foundation's funding is to create community environments that can
4c	Healthy Lifestyles Funding Activities promote healthy eating, active living and/or discouraging tobacco use for the uninsured and underserved in the Foundation's service area. The overall goal of
4c	Healthy Lifestyles Funding Activities promote healthy eating, active living and/or discouraging tobacco use for the uninsured and underserved in the Foundation's service area. The overall goal of the Foundation's funding is to create community environments that can
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	Healthy Lifestyles Funding Activities promote healthy eating, active living and/or discouraging tobacco use for the uninsured and underserved in the Foundation's service area. The overall goal of the Foundation's funding is to create community environments that can reinforce healthy choices.
	Healthy Lifestyles Funding Activities promote healthy eating, active living and/or discouraging tobacco use for the uninsured and underserved in the Foundation's service area. The overall goal of the Foundation's funding is to create community environments that can reinforce healthy choices.
	Healthy Lifestyles Funding Activities promote healthy eating, active living and/or discouraging tobacco use for the uninsured and underserved in the Foundation's service area. The overall goal of the Foundation's funding is to create community environments that can reinforce healthy choices.

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City

	990 (2014) City 20-0167	282	Pa	age 3
Par	t 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		Х
4	Section 501(c)(3) organizations. 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	4	Х	
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	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ũ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
0		8		х
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
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	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014)

432003 11-07-14

20-01	L67	282	Page 4

Form	990 (2014) City 20-0167	282	P	age 4
Pai	TIV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	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? If "Yes," complete			
	Schedule J	23	Х	
24a	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes."			
	complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
<u> </u>	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2		28a		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 21
C		28c		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28C		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u></u>
30				х
~	contributions? If "Yes," complete Schedule M	_30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
00	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		<u>X</u>
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X
37	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? If "Yes," complete Schedule R, Part VI	_37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014)

432004 11-07-14

Par	tV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
ĩа	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	63		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	1
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	22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		T	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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: 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
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?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	/or? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		
с	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 year7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>7e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		<u> </u>	ļ
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>		L
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>	+	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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		1	

c Enter the amount of reserves on hand ______ 13c

5

b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

Form 990 (2014)

14a

14b

Х

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Form 990 (2014)

Part V

City

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			r
		<u>م</u>	Yes	No
1a		2		
	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 0.	~		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	4		
2	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?	2		X
3	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?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		X
7a	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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
and street	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?		X	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization		Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
-	taxable entity during the year?	16a		X
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?	16b		
Sec	tion C. Disclosure	1 100		
17	List the states with which a copy of this Form 990 is required to be filed None			
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		
10	for public inspection. Indicate how you made these available. Check all that apply.	available		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	ial	
10	statements available to the public during the tax year.	a manc	a	
19	statements available to the public during the tax year.			
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records:	•		
	State the name, address, and telephone number of the person who possesses the organization's books and records: <u>Richard H Zimmer - 816-241-7006</u> 2700 E. 18th St., Ste. 220, Kansas City, MO 64127			

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Form 990 (2014)	City			20-0167282	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Schedule O contains a response or note to any line in this Part VII										
Section A. Officers, Directo	ors, Trustees, Key Employee	es, and Highest Comper	sated 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

Name and Title Average hours per week Description built any built any body Description built any built any body Description built any built any b	(A)	(B)	(C)					(D)	(E)	(F)	
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(13) Thomas C Carignan 1.00 X X 0. 0. 0. Treasurer X X X 0. 0. 0. 0. (14) Garland Land 1.00 X X 0. 0. 0. 0. Board member X X 0. 0. 0. 0. 0. (15) Juan M Rangel 1.00 X 0. 0. 0. 0. 0. Board member X X 0. 0. 0. 0. 0. (16) Kimberly C Young 1.00 X X 0. 0. 0. 0. Vice Chair X X 0. 0. 0. 0. 0. (17) Jill Kanatzar 1.00 I	(12) S Marie McCarther	1.00									
Treasurer X X X 0. 0. 0. (14) Garland Land 1.00 X 0. 0. 0. 0. Board member X 0. 0. 0. 0. 0. (15) Juan M Rangel 1.00 X 0. 0. 0. 0. Board member X 0. 0. 0. 0. 0. (16) Kimberly C Young 1.00 X X 0. 0. 0. Vice Chair X X 0. 0. 0. 0. (17) Jill Kanatzar 1.00 I I I I I	Board member		X						0.	0.	0.
(14) Garland Land 1.00 X 0. 0. 0. Board member X 0. 0. 0. 0. (15) Juan M Rangel 1.00 X 0. 0. 0. Board member X 0. 0. 0. 0. (16) Kimberly C Young 1.00 X 0. 0. 0. Vice Chair X X 0. 0. 0. (17) Jill Kanatzar 1.00 I I I I	(13) Thomas C Carignan	1.00									
Board member X 0.	Treasurer		X		Х				Ο.	Ο.	0.
(15) Juan M Rangel 1.00 X 0. 0. 0. Board member X X 0. 0. 0. 0. (16) Kimberly C Young 1.00 X X 0. 0. 0. 0. Vice Chair X X X 0. 0. 0. 0. (17) Jill Kanatzar 1.00 I I I I I I	(14) Garland Land	1.00									
Board member X 0.	Board member		Х						0.	0.	0.
(16) Kimberly C Young 1.00 X X 0. </td <td>(15) Juan M Rangel</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(15) Juan M Rangel	1.00									
Vice Chair X X 0. 0. 0. (17) Jill Kanatzar 1.00 0. 0. 0. 0. 0.	Board member		Х						0.	0.	0.
(17) Jill Kanatzar 1.00	(16) Kimberly C Young	1.00									
	Vice Chair		X		Х				0.	0.	0.
CAC Chair X 0. 0. 0.	(17) Jill Kanatzar	1.00									
	CAC Chair		Х						0.	0.	0.

432007 11-07-14

Form 990 (2014)

2014.04010 HEALTH CARE FOUNDATION OF 06029_1

Form 990 (2014) City 20-010									672	82 Page 8	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average	(10	Position (do not check more than one					Reportable	Reportable		Estimated
	hours per	box	, unles	s per	son is	s both	an	compensation	compensation		amount of
	week	-	cer an	d a di	rector	r/trust	ee)	from	from related		other
	(list any	ector						the	organizations		compensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		8	suadu		(W-2/1099-MISC)			organization and related
	below	lual tr	tional		yolqr	st con yee	-				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(18) Tom Cranshaw	1.00			<u> </u>	×						
Board Member	annalisty - Lifthe stands of	X						0.		0.	0.
(19) Susan Garrett	1.00										
Board member	1 00	X						0.		0.	0.
(20) Ann Mesle	1.00	1						0		<u> </u>	0
Board member	1.00	X						0.		0.	0 .
(21) Wayne M Powell Board member	1.00	x						0.		0.	0.
(22) Zori Rodriguez	1.00									<u> </u>	
Board member	1.00	x						0.		0.	0.
(23) Bridget McCandless M.D.	40.00										
President/CEO		1		х				251,172.		0.	16,073.
(24) Rhonda Holman	40.00										
Vice President						х		152,724.		0.	12,347.
(25) Richard H Zimmer	40.00	-						107 412			40 440
CFO (26) Jane Mosley	40.00					Х		197,413.		0.	40,442.
(26) Jane Mosley Program Officer	40.00					x		103,243.		0.	22,715.
		L	L					704,552.		0.	91,577.
1b Sub-total 704,552. c Total from continuation sheets to Part VII, Section A 0.								0.	0.		
d Total (add lines 1b and 1c)								704,552.		0.	91,577.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization							1				4
										r	Yes No
3 Did the organization list any former officer,										Pallowicz,	
line 1a? If "Yes," complete Schedule J for s											3 X
4 For any individual listed on line 1a, is the su	-										4 X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a											4 X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," corr							ale	sa organization or marvic	idal for services	ľ	5 X
Section B. Independent Contractors	IDIETE SCHEODI	- 0.0	or so		Jersi						<u> </u>
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compe	ensati	ion from
the organization. Report compensation for	the calendar ye	ear e	endir	ig w	ith o	or wit	hin	the organization's tax y	ear.		
(A)	addroop							(B) Description of s	enviene	0	(C) ompensation
Name and business Seyferth Blumenthal & Har			10	01			_	Description of s	ervices		Simpensation
Main Street, Suite 310, K					\circ			Legal servic		1	,516,934.
McGladrey, LLP, 4801 Main						·	-	begui servie	- 5	<u> </u>	, 510, 554.
400, Kansas City, MO 6411					-			Financial			657,142.
MacQuarie, 125 West 55th		L	ev	e1	2	2,					
New York, NY 10019 Investment mgmt									585,962.		
Harbourvest Partners, LLC, One Financial											
Center 44th Floor, Boston, MA 02111 Investment mgmt 441,467.											
UBS Realty Investors LLC, 10 State House Square, 15th Floor, Hartford, CT 06103 Investment mgmt 317,732.											
2 Total number of independent contractors (ii					thos	e list			1992		511,154.
\$100,000 of compensation from the organiz	-				13						
											000 (001 4)

8

Form 990 (2014)

432008 11-07-14

Health	Care	Foundation	of	Greater	Kansas
City		-			

Pa	rt VI				a ia thia Davi Mill			[]
		Check if Schedule O cont:	<u>ains a response o</u>	or note to any lir	e 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 - 514
ts ts	1 a	Federated campaigns	1a				A STATE OF	
ran	t	Membership dues						
°s, Bmg	C	Fundraising events	1c					
Sift:	c	Belated organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	e Government grants (contributi	ions) <u>1e</u>	8.00.0			A DESCRIPTION OF	
	f	All other contributions, gifts, gran						
thu ibu		similar amounts not included abov		2,457,205.				
ontro	ç	Noncash contributions included in lines			0.457.005			
<u>o</u> e	ł	Total. Add lines 1a-1f		Pusieses Cade	2,457,205.			
			ſ	Business Code	FIGM PROVIDENT STREET			ALL AND AND A MARKED THE
vice	2 8							
Program Service Revenue) ;						
m		ا						
² ² ²	e	}						
Pre	f	All other program service reve	nue					
		Total, Add lines 2a-2f	-					
	3	Investment income (including	dividends, interes	st, and				
		other similar amounts)		🕨	8,895,585.	<u></u>		8,895,585.
	4	Income from investment of tax		-				
	5	Royalties						
		•	(i) Real	(ii) Personal				
		a Gross rents						
		Less: rental expenses						
		Rental income or (loss) Net rental income or (loss)				DEPENDENCIA DE LA COMPANYA DE LA COM		
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	20,792,827.					
	k	Less: cost or other basis		de la de				
		and sales expenses	0.					
	c	Gain or (loss)						
	c	I Net gain or (loss)		🕨	20,792,827.			20,792,827.
	8 a	Gross income from fundraising	g events (not					
enu		including \$						
šeč		contributions reported on line						
Other Revenue		Part IV, line 18						
đ		Less: direct expenses	-		ending selection of the	Contraction of the second	All and Charles have	
		Net income or (loss) from fund						
	98	a Gross income from gaming ac Part IV, line 19	I					
	۲	Less: direct expenses						
		Net income or (loss) from gam		>				
		Gross sales of inventory, less	1					
		and allowances	1					
	Ł	Less: cost of goods sold						
	c	Net income or (loss) from sales	s of inventory					
		Miscellaneous Revenue	e I	Business Code				
	11 a	l						
	t)						
	c							
		All other revenue		▶				
		Total. Add lines 11a 11d			32,145,617.	0.	0.	29,688,412.
43200	<u>12</u>	Total revenue. See instructions.		·····	\$2,110,01/.	υ.	υ.	Form 990 (2014)
11-07-	14							(2014)

Form 990 (2014)

City

Form 990 (2014)

20-0167282 Page 10

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 or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 18,955,406. 18,955,406. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 704,552. 428,587. trustees, and key employees 275,965 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 725,084. 987,345. 262,261. Other salaries and wages 7 Pension plan accruals and contributions (include 8 <u>90,79</u>3. 62,823. 27,970. section 401(k) and 403(b) employer contributions) 59,034. 293,637. 234,603. Other employee benefits 9 111,095. 79,938. 31,157. 10 Payroll taxes Fees for services (non-employees): 11 Management а 2,414,655. 2,414,655. b Legal 26,531. 19,898. 6,633. С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е 1,810,450. 1,810,450. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, α 91,059. 49,333. 41,726. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 75,996. 51,761. 24,235. Office expenses 13 57,174. 41,566. 15,608. 14 Information technology Royalties 15 133,462. 96,831. 36,631. 16 Occupancy _____ 49,878. 34,072. 15,806. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 11,325. 483. 10,842. Conferences, conventions, and meetings 19 23,427. 23,427. 20 Interest Payments to affiliates 21 22,072. 22,072. Depreciation, depletion, and amortization 22 27,266. 27,266. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 052,110. 052,110. a Initiative program expe 1 Community relations 576,296. 103,146. 473,150. b 165,374. 73,796. 165,374. 73,796. c Health assessments d Advocacy 139.646. 119,233. 20.413. e All other expenses 27,893,345. 22,294,044. 5,599,301. Total functional expenses. Add lines 1 through 24e 0. 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 if following SOP 98-2 (ASC 958-720)

432010 11-07-14

10190812 310454 06029

10 2014.04010 HEALTH CARE FOUNDATION OF 06029 1

Form **990** (2014)

orm 9 Part				20-	0167282 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	954,173.	1	1,499,722
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	105,049.	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
<	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	28,073.	9	25,474
1	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 356, 935.			
	b	Less: accumulated depreciation 10b 290,820.		10c	
1	11	Investments - publicly traded securities	348,731,067.	11	334,274,006
1	12	Investments - other securities. See Part IV, line 11	186,761,130.	12	200,374,056
1	13	Investments - program-related. See Part IV, line 11		13	
1	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	536,644,712.	16	536,239,373.
1	17	Accounts payable and accrued expenses	728,753.	17	598,269
1	18	Grants payable	13,603,602.	18	14,877,596
1	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities	de Carrière	20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
စ္စ 2	22	Loans and other payables to current and former officers, directors, trustees,			
Ĕ		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
- 2	23	Secured mortgages and notes payable to unrelated third parties	4,000,000.	23	2,000,000.
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	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		25	
2	26	Total liabilities. Add lines 17 through 25	18,332,355.	26	17,475,865.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and			
S		complete lines 27 through 29, and lines 33 and 34.	and the state of the	L	
ğ 2	27	Unrestricted net assets	518,275,983.	27	518,759,549.
2 2	28	Temporarily restricted net assets	36,374.	28	3,959.
2 2	29	Permanently restricted net assets		29	
1 1		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
ets 3	30	Capital stock or trust principal, or current funds		30	
SF 3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z 3	33	Total net assets or fund balances	518,312,357.	33	518,763,508.
10	34	Total liabilities and net assets/fund balances	536,644,712.	34	536,239,373.

Form 990 (2014)

432011 11-07-14

	Health Care Foundation of Greater Kansas	20.4	167200	_	40
	990 (2014) City t XI Reconciliation of Net Assets	20-0	0167282	Page	12
ra				[
which descent the second	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
			32,145	617	,
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,893		
2	Total expenses (must equal Part IX, column (A), line 25)	3	4,252		
3	Revenue less expenses. Subtract line 2 from line 1	4	518,312		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	 5	-3,801		
5	Net unrealized gains (losses) on investments	 6	-3,001	, 1 2 1	•
6	Donated services and use of facilities	7			-
7	Investment expenses				
8	Prior period adjustments	8		0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0	-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	518,763	508	{
Par	column (B)) t XII Financial Statements and Reporting	10	510,705	,500	-
	Check if Schedule O contains a response or note to any line in this Part XII				٦
	Check in Schedule O contains a response of note to any line in this Part All			Yes N	 0
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				_
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	_		
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a	X	<u> </u>
Ľ۵	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:	on a			
	Separate basis, consolidated basis, or both Separate basis Separate basis Separate basis Separate basis Separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	x	103.04
2	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:	200.0,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	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?		2c	X	Pares
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
- 4	Act and OMB Circular A-133?	-	3a	X	ζ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			- (

Form **990** (2014)

432012 11-07-14

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Co Informati	omplete if the organ 494 ► A on about Schedule A (I	rity Status an ization is a section 501 47(a)(1) nonexempt cha Attach to Form 990 or F Form 990 or 990-EZ) and if	OMB No. 1545-0047				
Name of the organizatio	n Heal City		undation of (Greate	er Kan	sas		identification number $0 - 0167282$
Part Reason f	or Public (Charity Status (A	All organizations must co	mplete thi	is part.) Se	e instruction		
The organization is not a	private found	ation because it is: (F	For lines 1 through 11, ch	neck only o	one box.)			
,		,	n of churches described	in sectio	n 170(b)(1)(A)(i).		
		ion 170(b)(1)(A)(ii). (/						
			nization described in se				Viii) Enter	the hospital's name
4 A medical reserved city, and state		ation operated in cor	junction with a nospital	described		1 170(0)(1)(F		ino noopital o namo,
		or the benefit of a col	lege or university owned	or operate	ed by a gov	vernmental u	init describe	d in
		Complete Part II.)						
			nental unit described in a					
			ntial part of its support fr	om a gove	ernmental ı	unit or from t	he general p	ublic described in
`		omplete Part II.)	(1)(A)(vi). (Complete Part	+ II)				
			than 33 1/3% of its supp		ontributior	ns, members	hip fees, and	d gross receipts from
			t to certain exceptions,					
			(less section 511 tax) fro					
		mplete Part III.)						
			vely to test for public sat				ara out tha	ourpoop of opp or
-			vely for the benefit of, to d in section 509(a)(1) o					
			f supporting organization					
			upervised, or controlled					jiving
			gularly appoint or elect a					
		complete Part IV, Se						
			or controlled in connect					
			anization vested in the sa	ame perso	ns that cor	itrol or mana	ige the supp	orted
	• •	t complete Part IV,	g organization operated	in connect	tion with a	nd functiona	Illy integrate	d with
). You must complete I					,
			oorting organization oper				rted organiz	ation(s)
that is not fu	unctionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and	d an attentiv	eness
	•		nplete Part IV, Sections					
			written determination fro			Туре I, Туре	II, Type III	
functionally f Enter the number of			nally integrated supporting		ation.			1
g Provide the following		•	d organization(s).					L
(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization in your	(v) Amount o		(vi) Amount of
organization			(described on lines 1-9 above or IRC section	governing		suppor Instruc		other support (see Instructions)
			(see instructions))	Yes	No	motrue		
The Community Advisory Comm			Organization receives sup	x			2,000.	
Advisory com	IILLEE	27-2550005	recerves sup			······································	2,000.	
							1	
Total							2,000.	0.
LHA For Paperwork Red	duction Act	lotice, see the Instru	uctions for			Sche	dule A (For	m 990 or 990-EZ) 2014

Form 990 or 990-EZ. 432021 09-17-14

10190812 310454 06029

13 2014.04010 HEALTH CARE FOUNDATION OF 06029__1

	edule A (Form 990 or 990-EZ) 2014	Organizations	Described in	Sections 170	b)(1)(A)(iv) and	170(b)(1)(A)(vi)	Page 2	
	(Complete only if you checked	•		-				
	fails to qualify under the tests			•			- ga	
Se	ction A. Public Support							
-	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Gifts, grants, contributions, and	(a) 2010	(0) 2011	(0) 2012	(0) 2010	(6) 2014	(1) 1014	
'	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
~	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities						···	
Ŭ	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	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)							
6	Public support. Subtract line 5 from line 4.							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10					Martin and States		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	rd, fourth, or fifth ta	x year as a sectior	n 501(c)(3)		
0	organization, check this box and stor							
_	ction C. Computation of Publi					· · · · ·		
14	Public support percentage for 2014 (li					14	%	
15	Public support percentage from 2013					15	%	
16a	33 1/3% support test - 2014. If the c	-			14 is 33 1/3% or m	ore, check this box	and	
	stop here. The organization qualifies	1 2 11	•					
b	33 1/3% support test - 2013. If the c							
	and stop here. The organization qual			***************				
178	10% -facts-and-circumstances test							
	and if the organization meets the "fac					_		
	meets the "facts-and-circumstances"	-	-		•			
b	10% -facts-and-circumstances test						0% or	
	more, and if the organization meets the							
40	organization meets the "facts-and-circ							
10	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2014

	(Complete only if you checked	the box on line 9	of Part I or if the o	rganization failed t	to qualify under Pa	rt II. If the organizati	on fails to
-	qualify under the tests listed b	elow, please com	olete Part II.)				
Sec	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in) 🍉	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities		-				
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and	**************************************					1997, Barbalan
10	3 received from disgualified 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						
	Public support (Subtract line 7c from line 6.)						
-	ction B. Total Support		T	r	1	T	
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	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						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
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, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organizat	ion,
	check this box and stop here			· · ·	-		
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2014 (I	ine 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2013 tion D. Computation of Invest	Schedule A, Part	III, line 15			16	%
	Investment income percentage for 20			13 column (4)	P. 6. 4 1	17	0/
17 19	Investment income percentage for 2					17	<u>%</u>
18	33 1/3% support tests - 2014. If the						%
199	more than 33 1/3%, check this box ar	-					
h	33 1/3% support tests - 2013. If the						
~	line 18 is not more than 33 1/3%, che						~ ►

Schedule A (Form 990 or 990 EZ) 2014
Part III Support Schedule for Organizations Described in Section 509(a)(2)

432023 09-17-14

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

Page 3

20-0167282 Page 4

Schedule A (Form 990 or 990-EZ) 2014 City Part IV Supporting Organizations

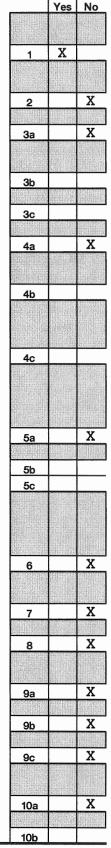
(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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432024 09-17-14



Schedule A (Form 990 or 990-EZ) 2014

Caba	dule A (Form 990 or 990-EZ) 2014 City 20	-016728	2 Pa	000 5
Par		070/20		ige o
			Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?		165	
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		x
h.		11b		X
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	tion B. Type I Supporting Organizations	110		
	ton bi Type i oupporting organizatione		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	and so the		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations		I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	5 A. A 2 (P 4 A) A 4 A 4 A	
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-945.65		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	<u>2a</u>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		a de la composición d
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	<u>3a</u>		
b		01-		
	of its supported organizations? If "Yes," describe in Part VI, the role played by the organization in this regard.	3b		0014
432025	5 09-17-14 Schedule A (Fo	111 990 01 99	U-EZ)	20 I4

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Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyi	-		ons. All
other Type III non-functionally integrated supporting organizations must of	omplete S	ections A through E.	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		1
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

instructions).

Schedule A (Form 990 or 990-EZ) 2014

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	dule A (Form 990 or 990-EZ) 2014 City			20-0167282 Page 7
Par		(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.		annan da an	
_7	Total annual distributions. Add lines 1 through 6.		1/17-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
8	Distributions to attentive supported organizations to which the	te organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		110 2014	
2	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			 A second billion of the second s
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
C				
d	Excess from 2013			
•	Excess from 2014			A CONTRACT OF A

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 City Part VI Supplemental Information. Provid Also complete this part for any additional		<u>20-0167282</u> Page 8 art II, line 10; Part II, line 17a or 17b; and Part III, line 12.
		······································
,		
		1
	-	
432028 09-17-14	20	Schedule A (Form 990 or 990-EZ) 2014

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20 2014.04010 HEALTH CARE FOUNDATION OF 06029__1

 Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>. 	2014
Health Care Foundation of Greater Kansas	Employer identification number
k one):	
Section:	
\boxed{X} 501(c)(3) (enter number) organization	
4947(a)(1) nonexempt charitable trust not treated as a private foundation	
527 political organization	
501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust treated as a private foundation	
501(c)(3) taxable private foundation	
	Image: Section: Image: Section:

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B	(Form 990, 990 EZ, or 990 PF) (2014)			Page 2	
Name of orga	anization Care Foundation of Greater Kansas		Employer identification number		
City	care roundation of Greater Kunsus		20	-0167282	
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
		_ \$57,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
2		\$ <u>2,400,0</u> 	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
· _ · _ ·		- \$		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
		- _ \$		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
		- \$\$		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution	
423452 11-05-1		- \$\$		Person Payroll Payroll Complete Part II for noncash contributions.)	

22 2014.04010 HEALTH CARE FOUNDATION OF 06029_1

(b) Description of noncash property given (b) Description of noncash property given	if additional space is needed. (c) FMV (or estimate) (see instructions) (see instructions) (c)	(d) Date received
Description of noncash property given	FMV (or estimate) (see instructions)	
	(c)	
	FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
	Description of noncash property given (b) Description of noncash property given	(b) (c) Description of noncash property given (c) (b) (c) (c) FMV (or estimate) (see instructions) (see instructions) (b) Description of noncash property given (b) Second (c) FMV (or estimate) (see instructions) (see instructions) (b) Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (see instructions) (see instructions) (see instructions)

	6 (Form 990, 990-EZ, or 990-PF) (2014)			Page			
Name of org				Employer identification number			
	1 Care Foundation of Gr	eater Kansas					
City		-1		20-0167282			
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	columns (a) through (e) and the foll	OWING line entry. For organization	ons			
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 c	or less for the year. (Enter this info. or	nce.) 🕨 \$			
(a) No.	Use duplicate copies of Part III if addition	al space is needed.					
from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
		(e) Transfer of g	ift				
F	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of tr	ansferor to transferee				
F	Transfer of Chamo, Sauroso, a						
(-) N-							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
				-			
	(e) Transfer of gift						
-	Transferee's name, address, a		Relationship of tra	ansferor to transferee			
			10 / 10				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I			(0) 500				
		dhong					
F	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
Г							
		ar with the provide state of the providence of t					
100451 11 05	4 A		Cahadula	R (Form 000, 000 E7, or 000 DE) (0044			
123454 11-05-	14	24	Schedule	B (Form 990, 990-EZ, or 990-PF) (2014			

²⁴ 2014.04010 HEALTH CARE FOUNDATION OF 06029__1

SCHEDULE C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

L ľ Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nar	me of organization Health Care Foundation of Greater Kansas	Emple	oyer identification number
	City		20-0167282
P	art I-A Complete if the organization is exempt under section 501(c) or is a section 5	27 orç	anization.
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.		
2	Political expenditures	► \$	
3	Volunteer hours		
EXCLUSION			
P	art I-B Complete if the organization is exempt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organization under section 4955	► \$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	► \$	••••••••••••••••••••••••••••••••••••••
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes 🛄 No
4;	a Was a correction made?		Yes No
	b If "Yes," describe in Part IV.		
P	art I-C Complete if the organization is exempt under section 501(c), except section	501(c)	(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	Þ \$	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527		
	exempt function activities	► \$	
3			
	line 17b	🕨 \$	
4			
5			
	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also e	nter the	amount of political
	contributions received that were promptly and directly delivered to a separate political organization, such as a	separate	segregated fund or a
	political action committee (PAC). If additional space is needed, provide information in Part IV.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2014

432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014	City			20-0	167282 Page 2
Part II-A Complete if the org	anization is exe	empt under section	1 501(C)(3) and file	ed Form 5768 (el	ection under
section 501(h)).					
	-	filiated group (and list ir	Part IV each affiliated	group member's name	e, address, EIN,
	re of excess lobbying				
	ts on Lobbying Exp	and "limited control" pro	ivisions apply.	(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" means amo	ounts paid or incurred.)		totals	totais
1a Total lobbying expenditures to influ	lence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence	uence a legislative bo	ody (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditure	s (add lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter	er the amount from th	ne following table in both	n columns.		
If the amount on line 1e, column (a) o	r (b) is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000	20% o	f the amount on line 1e.			
Over \$500,000 but not over \$1,000		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,		000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000),000.			
					Contraction of the second
g Grassroots nontaxable amount (en					
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer		, o		г	
reporting section 4911 tax for this				L	Yes No
(Some organizations th		veraging Period Under	• •	f the five columns be	Now
(come organizations ti		rate instructions for lir	•		FIO V4.
	-	enditures During 4-Yea			
Calendar year					
(or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures	terrer and the second				
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))	Statistics and statistics of the statistics of the		and the second second		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

432042 10-21-14

Schedule C (Form 990 or 990 EZ) 2014 City Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to	lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k)
of the lobbying activity.		Yes	No	Amo	ount
1 During the year, did th	e filing organization attempt to influence foreign, national, state or				
local legislation, includ	ing any attempt to influence public opinion on a legislative matter				
or referendum, through	the use of:				
a Volunteers?			X		
	ent (include compensation in expenses reported on lines 1c through 1i)? \dots				
	?		X		
•	egislators, or the public?		X X		
	hed or broadcast statements?	37	<u> </u>	201	500
•	zations for lobbying purposes?			291	<u>,588.</u> 757.
•	islators, their staffs, government officials, or a legislative body?		x		157.
	s, seminars, conventions, speeches, lectures, or any similar means?	37	A	6	5,141.
		CARLAS COLORS AND A			3,486.
	bugh 1i a 1 cause the organization to be not described in section 501(c)(3)?		x		,400.
	-	Contraction Contraction Contraction			
	unt of any tax incurred under section 4912 unt of any tax incurred by organization managers under section 4912	ENGINE STREET, SOME AND			
	n incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete	if the organization is exempt under section 501(c)(4), secti	on 501(c)(5), or sec	ction	
501(c)(6).			-,,		
			and the second	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
	ake only in-house lobbying expenditures of \$2,000 or less?				
•	gree to carry over lobbying and political expenditures from the prior year?		3		
Part III-B Complete	if the organization is exempt under section 501(c)(4), secti	on 501(c)(5), or sec	ction	
501(c)(6) a answered	nd if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	l "No," OR	(b) Part	III-A, line	e 3, is
1 Dues, assessments an	d similar amounts from members		1		ann a statute and a statute of a debite of
	uctible lobbying and political expenditures (do not include amounts of poli				
expenses for which t	ne section 527(f) tax was paid).				
a Current year			2a	1	
	ar				
c Total	· · · · · · · · · · · · · · · · · · ·		2c		
3 Aggregate amount rep	orted in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent an	d the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
does the organization	agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?			4		
	bying and political expenditures (see instructions)		5		
	ntal Information				
	uired for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part II	A, lines 1 a	nd 2 (see	
	ne 1. Also, complete this part for any additional information.				
Part II-B, Line	e 1, Lobbying Activities:				
Other lobbying	activities				
Other lobbying	activities include internal public pol	icy pla	anning	and	
strategy, confe	erence calls with advocates, and prepar	ing for	:		
legislative age	endas.				

432043 10-21-14

Schedule C (Form 990 or 990-EZ) 2014

SC	HEDULE D	Supplementa	al Financial Statements	5		OMB No. 1545-0047	
(Forr	n 990)	Complete if the org	anization answered "Yes" to Form 990,			2014	
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.	ю.		Open to Public	
Interna	Revenue Service		m 990) and its instructions is at www.ir			Inspection	
Nam	e of the organization	on Health Care Foundat City	tion of Greater Kansa	s		identification number 0-0167282	ər
Pai	t Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac			
		n answered "Yes" to Form 990, Part IV, line		0.7.0	eeunter (
			(a) Donor advised funds	()	b) Funds and	d other accounts	
1	Total number at er	nd of year					_
2		f contributions to (during year)					
3	Aggregate value of	f grants from (during year)					
4	Aggregate value at	t end of year					
5	-	on inform all donors and donor advisors in v	-				
		n's property, subject to the organization's				Yes N	lo
6	0	on inform all grantees, donors, and donor a	0 0				
		oses and not for the benefit of the donor of		conferri	ng		
Par	impermissible priva	ation Easements. Complete if the org	apization answered "Yes" to Form 990 F	ort IV/ I	ino 7	Yes	<u>lo</u>
1		ervation easements held by the organization		art iv, i			
•		of land for public use (e.g., recreation or e		orically	important la	nd area	
		f natural habitat	Preservation of a cert				
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form (of a con	iservation ea	sement on the last	
	day of the tax year	• • •					
					Held	at the End of the Tax Ye	ar
а	Total number of co	onservation easements			2a		
b	0	-			2b		
с		vation easements on a certified historic stru			2c		
d		vation easements included in (c) acquired a	-	re			
		al Register		l	2d		
3		vation easements modified, transferred, rele	eased, extinguished, or terminated by the	organiz	ation during	the tax	
4	year	where property subject to concernation and	ement is leasted				
4. 5		where property subject to conservation eas tion have a written policy regarding the peri					
5	•	orcement of the conservation easements it	h a lala 0			Yes N	lo
6		r hours devoted to monitoring, inspecting,					0
7		es incurred in monitoring, inspecting, and e		-			
8		vation easement reported on line 2(d) above					
		(4)(B)(ii)?				Yes N	lo
9	In Part XIII, describ	e how the organization reports conservation	on easements in its revenue and expense	stateme	ent, and bala	ince sheet, and	
	include, if applicab	le, the text of the footnote to the organizat	ion's financial statements that describes t	he orga	nization's ad	counting for	
Transferration	conservation easer						
Par		tions Maintaining Collections of	· · · ·	her Si	milar Ass	ets.	
		the organization answered "Yes" to Form					
па		elected, as permitted under SFAS 116 (AS					
		s, or other similar assets held for public exh		ice of p	UDIIC SERVICE	, provide, in Part XIII,	
b		note to its financial statements that describ elected, as permitted under SFAS 116 (AS		and hal	anos abast :	worke of ort bistorias	
5		similar assets held for public exhibition, ed					
	relating to these ite			10 30 1	ice, provide	anouna anouna	5
	-	ded in Form 990, Part VIII, line 1			► \$		
					► \$	All and a second se	
2		received or held works of art, historical trea					
		ints required to be reported under SFAS 11		с, р.			
а		in Form 990, Part VIII, line 1			▶ \$		
b	Assets included in				▶ \$		
LHA 432051	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.		Sched	ule D (Form 990) 201	14
10-01-1	4		28				

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28 2014.04010 HEALTH CARE FOUNDATION OF 06029__1

		Care Founda	ation	n of G	reater	Kansa		00 01	67000		•
Constant of the owned where	dule D (Form 990) 2014 City					0.11		20-01		tendre frenchen mit der	ige Z
Par	t III Organizations Maintaining C		and the second se							,	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	t are a sigi	nificant u	se of its c	ollection i	tems	
	(check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4											
5	During the year, did the organization solicit o					er similar a	assets		-	·	-
	to be sold to raise funds rather than to be ma		The second s						Yes		No
Par	t IV Escrow and Custodial Arran	- ,	ete if the	organizatio	n answered	"Yes" to F	orm 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontribution	s or other ass	sets not in	ncluded		-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:			[]				
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabilit	y?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided in F	Part XIII					
Par	t V Endowment Funds. Complete i	if the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10).				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back 🚺	d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance			COV.				~~~~			
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	, column (a)) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
c	Temporarily restricted endowment	%									
Ū	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation that	t are held ar	nd administer	red for the	organiza	ation			
•••	by:	J. J					U		Γ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the										
COLUMN DOOR STRUCTURE	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		. Part IV.	line 11a. S	ee Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or c	1		or other		cumulate	be	(d) Book	valu	
	Description of property	basis (investr			(other)		reciation	1	(u) 2001	, raia	
10	land		,								
	Land							e en la casa de la cas			
	Buildings Leasehold improvements			3	9,352.		23,0	18.	16	. 3	34.
					1,872.	1	.80,8				05.
d	Equipment				5,711.		86,9				76.
	Other		V och			L	5515			5,1	the second s
Tota	. Aud intes la unough le. (Column (d) must e	eoual Form 990. Part	A. COIUM	ш (в). Шпе 1	00.1			Schedule	and a second	and the second second	
								Schedule	n (Porm	99U)	2014

20-0167282 Page 3

Schedule D (Form 990) 2014 City			20	-0167282 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) PRIVATE EQUITIES AND	120 075 521	End-of-Year	Mankat	Value
(B) ALTERN	139,075,531. 61,298,525.	End-of-Year		
(C) REAL ESTATE FUNDS	01,290,323.	Ella-OI - Teat	Market	Varue
(D)				
(E)				
(F) (G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	200,374,056.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		1c. See Form 990, Part X,	line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end	a-or-year market value
(1)				
(2)				
(3)			*******	
(4)				
(5)				
(6)				
			· · · · · · · · · · · · · · · · · · ·	
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
	to Form 990, Part IV, line 1 Description	1d. See Form 990, Part X,	line 15.	(b) Book value
(1)			tal const d'anne a taranna a succe	
(2)				
(3)			······································	
(4)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"		1e or 11f. See Form 990, F	Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X, col. (B) line				
2. Liability for uncertain tax positions. In Part XIII, provide				
organization's liability for uncertain tax positions under	TIN 48 (ASC /4U). Check	tere if the text of the footh		provided in Part XIII X edule D (Form 990) 2014

Health	Care	Foundation	of	Greater	Kansas
a:					

Sche	adule D (Form 990) 2014 CICY		
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	um.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		06 524 046
1	Total revenue, gains, and other support per audited financial statements	1	26,534,046.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	5 ()		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	<u>2e</u>	-3,801,121.
3	Subtract line 2e from line 1	3	30,335,167.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а			
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	1,810,450.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	32,145,617.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	letur	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	26,082,895.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		-
е			
	Add lines 2a through 2d	2e	0.
3	Add lines 2a through 2d Subtract line 2e from line 1	2e 3	0. 26,082,895.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
-	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,810,450.		26,082,895.
4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	3 4c	26,082,895.
4 a b c 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	3	26,082,895.

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.

Part X, Line 2:

000 0044

The Foundation's accounting policy is to provide liabilities for uncertain
income tax provisions when a liability is probable and estimable. The
Foundation has no uncertain income tax positions for the years ended
December 31, 2014 and 2013. The Foundation is no longer subject to audits
by the IRS for the years prior to 2011. Management is not aware of any
violation of its tax status as an organization exempt from income taxes.

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432054 10-01-14

SCHEDULE F (Form 990)			ivities Outside the Ur n answered "Yes" on Form 990, Part Attach to Form 990.		5, or 16.	2014
Department of the Treasury Internal Revenue Service	Information abo	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fc	orm990.	Open to Public Inspection
Name of the organization Health Care Fou: City	ndation o	of Greate	er Kansas		Employer identi	
Part I General Infor Form 990, Part IV		ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
•	-		ds to substantiate the amount of its gra he selection criteria used to award the			Yes 🗌 No
United States.			procedures for monitoring the use of its		her assistance out	side the
3 Activities per Hegion. (11 (a) Region	he following Part (b) Number of offices in the region	 Ine 3 table ca (c) Number of employees, agents, and independent contractors in region 	n be duplicated if additional space is n (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activities a prog describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
Central America/Caribbean			Investments			26,678,220.
Europe			Investments			2,164,789.
3 a Sub-total	0	0		1000		28,843,009.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				28,843,009.

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

Schedule F (Form 990) 2014

432071 09-24-14

20-0167282

Schedule F (Form 990) 2014 City

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organizati	on (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the 1 501(c)(3) equivalency letter		recognized as tax-ex		L	

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2014

Page 2

Health	Care	Foundation	of	Greater	Kansas
City					

Schedule F (Form 990) 2014

20-0167282

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				· · · · · · · · · · · · · · · · · · ·			

Schedule F (Form 990) 2014

Page 3

lealth Care	Foundation	of	Greater	Kansas
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	Health Care Foundation of Greater Kansas	00 01 68000	
A CONTRACTOR OF THE OWNER.	ule F (Form 990) 2014 City	20-0167282	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Retum To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Retum of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2014

Schedule F	(Form 990) 2014 Supplementa	City I Informatio	n				20-0167282	Page 5
	Provide the inform investments vs. e	nation required xpenditures pe	by Part I, r region); I	Part II, line 1 (accou	Inting method); P		unting method; amounts of thod); and Part III, column (c) ormation.	2
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		GO ^r Compl	rants and Oth vernments, an ete if the organization on about Schedule I (d Individual n answered "Yes" Attach to For	s in the Ŭni ' to Form 990, Par m 990.	ted States t IV, line 21 or 22.	n	OMB No. 1545-0047 2014 Open to Public Inspection
Name of the organization	on Health Ca City		tion of Grea			- www.ii3.000/10/11/3.5		Employer identification number $20 - 0167282$
Part I General In	formation on Grants a	nd Assistance					y	
1 Does the organiz	ation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to a	ward the grants or assis	stance?						X Yes No
2 Describe in Part	IV the organization's pro	ocedures for monito	oring the use of grant f	unds in the United	States.		Charles and a second state of the second	The second se
	d Other Assistance to hat received more than \$	-				anization answered "Y	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and ad	dress of organization vernment	(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
See attached list:	ing			18,955,406.	0.			
3 Enter total number	er of section 501(c)(3) and er of other organizations Reduction Act Notice ,	s listed in the line 1	table	ine 1 table				Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) City

20-0167282

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2:

Form 990 Schedule I Line 2

The Foundation has specific policies regarding grant applications and

ongoing monitoring which includes a reporting from the grantee.

SCHEDULE J Compensation Information							
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	00	4 4		
ų. -		Compensated Employees		ZU	4		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open t	o Publi	с	
	tment of the Treasury al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo.	m990.	Connected States and a second	ection		
(10) (C. 10) (C. 10)	ne of the organization		Employer is	dentificati	on nur	nber	
		City	20-0	16728	2		
Pa	rt I Question	s Regarding Compensation					
Contractor					Yes	No	
1a	Check the appropri	ate 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.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary	spending account Personal services (e.g., maid, chauffeur, c	hef)				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		Bernit			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2			
3		ny, of the following the filing organization used to establish the compensation of the organiza					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation					:	
	Independent of	compensation consultant					
	Form 990 of o	ther organizations	ommittee				
4		any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	-				37	
а		e payment or change of control payment?				X	
b		ceive payment from, a supplemental nonqualified retirement plan?				<u>x</u>	
С	, , ,	ceive payment from, an equity-based compensation arrangement?		<u>4c</u>		<u> </u>	
	It "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
-		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	I				
_	contingent on the r			E.		X	
		ation 0				X	
Ø		ation? r 5b, describe in Part III.		. <u>5b</u>			
6							
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	I				
	contingent on the r	-		6a		X	
a b		ation2				X	
b		ation? r 6b, describe in Part III.				**	
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments					
'		es 5 and 6? If "Yes," describe in Part III		7		X	
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th					
0				8		X	
0		d the organization also follow the rebuttable presumption procedure described in					
9	-						
	Regulations section	1 53.4958-6(C)?					

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

Schedule J (Form 990) 2014

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Health Care Foundation of Greater Kansas City

Schedule J (Form 990) 2014

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Page 2

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) Bridget McCandless M.D.	(i)	251,172.	0.	0.	12,545.	3,528.	267,245.	0.
President/CE0	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Rhonda Holman	(i)	152,724.	0.	0.	9,148.	3,199.	165,071.	0.
Vice President	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Richard H Zimmer	(i)	197,413.	0.	0.	11,829.	28,613.	237,855.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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Health	Care	Foundation	of	Greater	Kansas
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20-0167282

Page 3

Schedule J (Form 990) 2014
Part III Supplemental Information

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.

432113 10-13-14 Schedule J (Form 990) 2014

SCHEDULE O

(Form 990 or 990-EZ)

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. Department of the Treasury

OMB No. 1545-0047 Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Inspection Internal Revenue Service Health Care Foundation of Greater Kansas Name of the organization Employer identification number 20-0167282 City

Form 990, Part I, Line 1, Description of Organization Mission:

uninsured and underserved in our service area.

Form 990, Part III, Line 4d, Other Program Services:

Special initiatives/advocacy grants and awards to address special

initiatives within the mission of the Foundation.

Expenses \$ 7,639,242. including grants of \$ 6,495,230. Revenue \$ 0.

Form 990, Part VI, Section B, line 11:

The Form 990 return is reviewed by management and the audit committee. The

return is presented to the Board prior to filing.

Form 990, Part VI, Section B, Line 12c:

The Board of Directors is required to complete a conflict of interest

statement annually. If a Board member or employee has any conflict with a

potential grantee or grant, they are excused and are not present for any

discussions regarding the grant or potential grant. They are not allowed

to vote on the grant proposal.

Form 990, Part VI, Section B, Line 15:

The compensation package of the President/CEO is reviewed annually by the

Board of Directors. The President/CEO and key employee salaries are

compared to industry data.

Form 990, Part VI, Section C, Line 19:

The Foundation makes financial and policy information, including Board LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

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Schedule O (Form 990 or Jame of the organization		Care	Four	ndation	of	Greate	r Kans	as	Employe	r identificati 016728	Page on numbe 2
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organizatio	►Compl ►Infor	Related Organizations ete if the organization answered " ▶ Atta mation about Schedule R (Form 99 undation of Greate	Yes" on Form 990, Part IV, li ich to Form 990. 90) and its instructions is at	ine 33, 34, 35b, 36			Or		4. ublic on
Name, addre	n of Disregarded Entities Complete (a) ess, and EIN (if applicable) lisregarded entity	e if the organization answered "Yes" (b) Primary activity	on Form 990, Part IV, line 33. (c) Legal domicile (state o foreign country)	(d)	(e) me End-of-year a	ssets	Direct c	f) ontrolling tity	J
organization	on of Related Tax-Exempt Organiza s during the tax year. (a) e, address, and EIN elated organization	tions Complete if the organization a (b) Primary activity	(c) (c) Legal domicile (state or foreign country)	, Part IV, line 34 be (d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) (f) entity	(e Section 5	rolled
The Community Advi 27-2536603, 2555 G 64108	sory Committee – Grand Blvd, Kansas City, MO	Public Charity	Missouri	501 (c) (3)	Line 7				x

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

Schedule R (Form 990) 2014

Health Care Foundation of Greater Kansas

Schedule R (Form 990) 2014 City

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

(a)	(b)	(c)	(d)		(e)	(f))	. (g)	()	ו)	(i)		(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related,	ant income unrelated, om tax under	Share o inco		end-c	re of f-year sets	Disprop alloca		Code V-UBI amount in bo 20 of Schedu	x managing partner?		Percentag ownershi
		country)		sections	512-514)					Yes	No	K-1 (Form 106	5) Ye	s No	
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Identification of Related Or organizations treated as a co	ganizations Taxable orporation or trust duri	as a Corpo ng the tax y	ration or Trust Co /ear.	omplete if th	ie organizati	on answei	red "Yes	" on Forr	n 990, Pa	urt IV, li	ne 34	because it had	one o	r mor	e relateo
(a)			(b)	(c)	(d)		(e)		(f)		(g)	(h))	(i)

(I) Section 512(b)(13) controlled (a) (D) (0) (u) (e) (I) (9) **WW** Direct controlling Type of entity (C corp, S corp, Percentage ownership Name, address, and EIN Primary activity Share of total Share of Legal domicile of related organization (state or end-of-year entity income entity? foreign or trust) assets country) Yes No

Schedule R (Form 990) 2014

Health Care Foundation of Greater Kansas

Schedule R (Form 990) 2014 City

(6)

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

-						1						
Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				F	Yes	No					
	During the tax year, did the organization engage in any of the following transactions				1. Con-	1.1.1.1						
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity						X					
	Gift, grant, or capital contribution to related organization(s)					X						
	Gift, grant, or capital contribution from related organization(s)						X					
	Loans or loan guarantees to or for related organization(s)						X					
	Loans or loan guarantees by related organization(s)						X					
f	Dividends from related organization(s)				1f		X					
g	Sale of assets to related organization(s)				. 1g		X					
h	Purchase of assets from related organization(s)				. <u>1h</u>		X X					
i Exchange of assets with related organization(s)												
j	j Lease of facilities, equipment, or other assets to related organization(s)											
					1.55							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X					
I.	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X					
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			<u>1m</u>		X					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			<u>1n</u>		X					
	Sharing of paid employees with related organization(s)						X					
р	Reimbursement paid to related organization(s) for expenses				. <u>1p</u>		X					
q	Reimbursement paid by related organization(s) for expenses				. 1q		X					
r	Other transfer of cash or property to related organization(s)				1r		X					
S	Other transfer of cash or property from related organization(s)				1s		X					
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for the above is "Yes," see the above is "Yes," s	ho must complete th	is line, including covered r	elationships and transaction thresholds.								
	(a) Name of related organization	(b)	(c)	(d)								
	Name of related organization	Transaction	Amount involved	Method of determining amount	involved							
		type (a-s)										
~		-	0 000									
(1) 'I	he Community Advisory Committee	B	2,000.	Payment								
(2)												
(3)												
(4)					1							
(5)												
(5)												

Health Care Foundation of Greater Kansas

Schedule R (Form 990) 2014 City

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	(b) Primary activity	(c)	(d)	(e Are	e) all	(f) Share of	(g) Share of	() Dispr	1)	(i) Code V-UPI	(j)	(k)
of entity	Fillinary activity	(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (r org Yes	s sec. c)(3) s.? No	total	end-of-year assets	tior alloca Yes	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
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Schedule R (Form 990) 2014

Health Care Foundation of Greater Kansas 20-0167282 Page 5 City Schedule R (Form 990) 2014 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions). 432165 08-14-14 Schedule R (Form 990) 2014 48

					•	e		(c) IRC		-20 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -			
Org ID	Request #		1 (a) Name and address of o	rganization or g	overn	iment	IRS EIN#	section if applicable	Project Title & Brief Description	Amount Awarded	Grant Type	Type of Activity	
学	2014	APPLICANT	DEFINED GRANTS	(ADGs)			215				ila E	的合理	
735	FY14- 3778	Allen County	One North Washington	lola	ĸs	66749	48-6039815	ntal	Allen County Drug Court Video Provide funds to produce a video for new Drug Court participants to view in order to help orient them to the program and free up the Judge's time for more significant courtroom interactions with the participants. Senior Adult Rehab Services HCF funds will be used to support our Occupational Therapist to assess and provide in-	\$2,475.00	Applicant Defined	Capacity	
16		Alphapointe	7501 Prospect	Kansas City	мо	64132	44-0552486	501c(3)	home low vision rehabilitation services so elderly can remain independent in their own home. Kansas City's Medicine Cabinet	\$31,422.00	Applicant Defined	Capacity	
461	FY14- 3884	Baptist-Trinity Lutheran Legacy Foundation	6675 Holmes Road, Suite 470	Kansas City	мо	64131	23-7432481	501c(3)	Provide short-term emergency medical assistance to low income, underinsured and uninsured individuals.	\$75,000.00	Applicant Defined	Capacity	
553	FY14- 3947 FY14-	Belton School District #124	110 W. Walnut	Belton	мо	64012	44-6001808	Education	Early ACCESS To support a licensed therapist to provide individual and family therapy to pre-school students at Grace Early Childhood Care and Education Center in Belton, Missouri. Benilde Hall Safe Haven To provide intensive case management for chronically homeless veterans in rapid	\$33,370.00	Applicant Defined	Capacity	
383	3903	Benilde Hall	3220 E. 23rd Street	Kansas City	мо	64127	43-1795790	501c(3)	transition to permanent housing.	\$35,000.00	Applicant Defined	Capacity	
39	FY14- 3893	Black Health Care Coalition, Inc.	6675 Holmes Suite 650	Kansas City	мо	64131	43-1515095	501c(3)	Healthy Generations The grant will support patient navigation, outreach and volunteer training services that will provide health prevention services to the medically undeserved.	\$50,000.00	Applicant Defined	Capacity	r
49	FY14- 3549	Cancer Action Inc Cass Community	10520 Barkley, Suite 100	Overland Park	кѕ	66212	48-0650257	501c(3)	Patient Services Program to provide vital patient services, guidance, emotional support and education to cancer patients and their families living in the Kansas City metropolitan area.	\$75,000.00	Applicant Defined	Capacity	-
100 3	FY14- _3805	Health Foundation (formerly Research Belton)	2316 E. Meyer Bivd.	Kansas City	мо	64132	43-1349495	501c(3)	Cass County Dental Clinic - Site Expansion to Harrisonville, Missouri To support salaries, supplies and equipment associated with opening a second safety net dental clinic in Cass County in Harrisonville, Missouri.	\$75,000.00	Applicant Defined	Capacity	
223	FY14- 3550	Child Abuse Prevention Association	503 E. 23rd St	Independence	мо	64055	43-1067711		Safe Children, Strong Families: Enhanced Treatment and Prevention Services for Child Victims of Abuse and Families at Risk of Child Maltreatment Health Care Foundation funding will support therapists, case managers and bilingual staff that will provide trauma-focused mental health services to child victims of abuse and their non-offending family members, prevention-focused in-home case management services to families at risk of child maltreatment, crisis assistance, and Spanish-speaking services in Jackson County.	\$65,000.00	Applicant Defined	Capacity	
126	FY14- 3759	Children's Center for the Visually Impaired	3101 Main Street	Kansas City	мо	64111	44-0574397		Infant/Therapy Program To partially support speech-language, occupational, and physical therapist positions in the Infant/Toddler Therapy Program which is a comprehensive, individualized educational and therapy program for blind or visually impaired infants from birth to age three and their families; services are provided in the home and at the Center.		Applicant		
476	FY14- 3761	Children's Therapeutic Learning Center, Inc., dba Children's TLC	3101 Main Street	Kansas City	мо	64111	44-0616374		Early Therapeutic Intervention To provide medically necessary physical therapy, occupational therapy, and speech- language therapy for young children with disabilities who would otherwise not receive this care due to limitations in insurance coverage.	\$75,000.00 \$43,583.00	Defined Applicant Defined	Capacity Capacity	
105 9		Chwc Inc	2 South 14th Street	Kansas City	ĸs	66102	480934993	501c(3)	My Healthy Neighborhood To support an urban farm that will provide fresh produce, education on healthy food preparation, and instruction on how to grow fruits and vegetables at home. Open Airways: Asthma Education and Policy Change to Promote Better Health	\$24,000.00	Applicant Defined		-
158	FY14- 3908	City of Independence, Health Department	515 S Liberty Street	Independence	мо	64050	44-6000190	ntal	To allow trained staff to provide important asthrma management education to 3rd-5th graders, their families, and the community, as well as promote policy change as it relates to tobacco free campuses.	\$26,000.00	Applicant Defined	Capacity	
634	FY14- 3886	City of Iola, Kansas	2 West Jackson Ave	Iola	KS	66749	48-6039801	ntal	Building Healthy Places, Iola. To construct a nine-hole disc golf course on abandoned flood lands owned by the City of Iola and to make improvements to an existing pickleball court in a city park. The project will also promote the use of these facilities through media and events.	\$25,000.00	Applicant Defined	Capacity	
894		Community Mediation Center	1212 W. Truman Rd.	Independence	мо	64050	43-1890891	501c(3)	Peace by Piece: Solving our Differences for Safe and Healthy Communities To support a Mediation Coordinator position a Conflict Resolution Specialist position to assist Individuals and families at-risk for using violence to solve conflict.	\$47,000.00	Applicant Defined	Capacity	

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Org ID	Request #		1 (a) Name and address of o	reanization or g	overnn	nent	IRS EIN#	(c) IRC section if applicable	Project Title & Brief Description	Amount Awarded	Grant Type	Type of Activity
315	FY14- 3639	COVERSA	1317 W. 13th Terrace Level 3A	Kansas City	мо	64102	43-1918057	501c(3)	Capacity Building and Program Expansion To support operational expenses including the Program Director position and development of long-term sustainability, and support program expansion through contracted on call SANE positions and additional educational program offerings in the Kansas City metro area. Would like to see more law enforcement (financial) support. Staying Healthy at Cristo Rey This grant provides salaries and benefits toward a full-time Counselor, a School Nurse,	\$25,000.00	Applicant Defined	Capacity
402	FY14- 3905	Cristo Rey Kansas City	211 w. Linwood Blvd.	Kansas City	мо	64111	20-2842522	501c(3)	and health room equipment to ensure students have access to healthcare and are able to reach their potential in life.	\$55,000.00	Applicant Defined Applicant Defined \ ADG Discretionar y Funds -	
446	FY14- 3552	Cultivate KC, Inc. (formerly KC Center for Urban Ag)	4223 Gibbs Road	Kansas City	кs	66106	20-2365320	501c(3)	Organizational Development To support organizational development that increases Cultivate's capacity to effect change in the metropolitan food system through planning, evaluation, and program development. Heatthy LitestylesyFarm to school HCF funds will support staff and provide supplies and equipment necessary to Improve childrate for which the hear fits of anod multiking and exercises Improve	\$44,710.00	President/C EO Applicant Defined	Capacity
160	FY14- 3795	DeLaSalle Education Center	3737 Troost	Kansas City	мо	64109	43-0971728	501c(3)	Improve student knowledge of the benefits of good nutrition and exercise; improve eating habits of students and their families; improve access to fresh produce for neighborhood residents; bring more locally grown, fresh produce into the DeLaSalie school cafeteria and other area school cafeterias; and promote the use of locally grown food to the community.	\$40,000.00	Applicant Defined	Capacity
72	FY14- 3638	Developing Potential, Inc.	120 W. Walnut	Independence	мо	64050	43-1661167	501c(3)	Increase Access to Services HCF grant funds will enable Developing Potential to support a full-time nurse to support adults with developmental disabilities who have complex medical needs. Care Coordination Expansion and Capacity Building	\$53,066.00	Applicant Defined	Capacity
247	FY14- 3954 FY14-	Dismas House of Kansas City, Inc.	3100 Main Street	Kansas City	мо	64111	43-0896270	501c(3)	By expanding its additional Care Coordination team's capacity, Dismas House will assist an additional 2,000 underserved clients, for a total of 5,000 annually in navigating through the complex and challenging substance abuse treatment process and obtaining essential resources needed for re-entry into the community. Bike Club continuation	\$50,000.00	Applicant Defined Applicant	Capacity
966	3772 FY14-	Freewheels For Kids Inc	1403 Southwest Blyd.	Kansas City	KS	66103	37-1663934	501c(3)	To support Bike Clubs for youth in Wyandotte County. Gillis Mental Health Services Access Project To support mental health services to uninsured Kansas City residents in the	\$30,847.00	Defined Applicant	
420	FY14- 3891	Gillis Center Inc. Health Care Coalition of Lafayette County d/b/a Health Care Collaborative of Rural Missouri		Kansas City Waverly	MO	64114	43-1765826 30-0349221		This proposal is designed to begin building a rural network health system that meets the US Department of Health and Human Services National Culturally and Linguistically Appropriate Services (CLAS) standards. As a health care leader in Lafayette County, it is important for the Health Care Coalition (HCC) of Lafayette County to conduct an assessment in order to determine the current level of cultural competency to compare to what has been set as the national benchmark standards by CLAS.	\$35,000.00	Defined Applicant Defined	Direct Services
80	FY14-	Health Partnership of Johnson County Homeless Services Coalition of Greater	407 S. Clairborne, Suite 104	Olathe	кs	66061	48-1115529		Expanded Dental Outreach Services To expand dental outreach services for low income/underserved youth. Chronic Inebriate Outreach Coordinator HCF grant funds will be used to support an Outreach Coordinator to work with multiple agencies to identify the chronic inebriate homeless population, to help them	\$75,000.00	Applicant Defined Applicant	
309	FY14-	1 '	3200 Wayne Ave., Suite 202 300 W. Chestnut St.	Kansas City Harrisonville	мо	64109 64701	43-1844751		get supportive services and obtain housing. Nurturing Hope Continued HCF funding will ensure overall safety and security of shelter residents and employees by providing for two people to staff 3 p.m. to midnight and weekends shifts to meet the needs of residents while supporting mental health training.	\$40,266.00	Defined Applicant Defined	Capacity
. 271	FY14-	Hope House, Inc.	P.O. Box 577	Lee's Summit	мо	64063	43-1265685		Accessibility Measures to Meet the Needs of Domestic Violence Survivors with Disabilities By Installing mechanical door operators, and where necessary, replacing doors and thresholds, this project enhances services to domestic violence survivors by increasing the physical accessibility of Hope House's Independence and Lee's Summit campuses.	\$20,000.00	Applicant	

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	lequest		1 (a) Name and address of c	reanization or g	overnr	nent	IRS EIN#	section if	Project Title & Brief Description	Amount Awarded	Grant Type	Type of Activity
	FY14-	Hope Network Of Raytown - DO NOT ADD REQUESTS TO THIS ORG, Changed name to "Mission of		Raytown	MO	64138	26-0240331		Meeting Medical and Dental Needs at the Mission of Hope Clinic The grant would provide salary support for a Nurse Practitioner, part-time dentist and a part-time hygienist that will provide direct medical and dental services to the medically indigent population.	\$20,400.00	Applicant Defined	Capacity
	FY14-	House of Hope, Inc.	10500 E. 350 HWY 301 Broadway Street	Lexington	мо	64067	43-1730519		Family Support Specialist Family Support Specialist Funding will be utilized to support a Family Support Specialist that will provide direct services to families and children effected by domestic and/or sexual violence. Asset Mapping Project	\$40,000.00	Applicant Defined	Capacity
11	FY14- 3926	Inclusion Missouri d/b/a Recreation Council of Greater Kansas City	4600 East 63rd Street	Kansas City	мо	64130	454307462	501c(3)	To develop a Capacity Inventory of recreation opportunities for persons with disabilities and to publish it on the Recreation Council of Greater Kansas City's website along with maps to indicate geographic locations. General Operating Support	\$40,000.00	Applicant Defined	Capacity
53	FY14- 3948	Ivanhoe Neighborhood Council	3700 Woodland	Kansas City	мо	64109	43-1843831	501c(3)	To increase organizational capacity building and implementation of improved	\$40,000.00	Applicant Defined	Capacity
	FY14-								Jackson County CASA and CASA of Johnson and Wyandotte Counties will implement the Youngest Victims Project, a 12-month pilot that will provide case management and volunteer support to		Applicant	
22	3660	Jackson County CASA	2544 Holmes	Kansas City	мо	64108	43-1401328	501c(3)	youth ages 0-5 who are unable to speak for themselves in Court proceedings. Mental Health Counseling To support a licensed mental health therapist and continued work with a consultant	\$30,000.00	Defined	Capacity
96	FY14- 3955	Jewish Family Services	5801 W. 115th Street Sulte 103	Overland Park	кs	66211	44-0545829	501c(3)	to become successfully operational as a Medicare-certified outpatient behavioral health program.	\$40,000.00	Applicant Defined	Capacity
290	FY14- 3664	Kansas Action for Children, Inc.	720 SW Jackson, Ste. 201	Tpopeka	ĸs	66603	48-0879502	501c(3)	Kansas Action for Children General Operating Grant Kansas Action for Children will use general operating funds to increase access to dental care through efforts to establish a mid-level provider, increase access to health coverage through efforts to support Medicaid expansion, increase access to healthy food and beverages for children, and protect funding and/or programs that benefit vulnerable Kansas children and their families.	\$60,000.00	Applicant Defined	Capacity
31	FY14-		PO Box 411211	Kansas City	мо	64141	77-0595867	7 501c(3)	COBTQ ANTI-VIORIC Capacity Building To support LGBTQ anti-violence capacity building efforts by partially funding the Executive Director, Youth and Outreach Coordinator and new Fund Development Coordinator position. This staff will work to maintain organizational sustainability and outreach program expansion, as we continue to identify and react to the needs of the LGBTQ community.	\$46,000.00	Applicant Defined	Capacity
		Violence Project							Healthcare Transformation To support staff in the finance and development departments of the Kansas City CARE Clinic during a period of transformation within the healthcare industry and, correspondingly, at the Kansas City Care Clinic.		-	
101 6	FY14- 3640	Kansas City CARE Clinic	3515 Broadway	Kansas City	мо	64111	43-0967292	2 501c(3)	Additional language added per RH- correspondingly, at the Kansas City Care Clinic.	\$75,000.00	Applicant Defined	
		Kansas City Community	' I						The Giving Grove - Edible Tree Gardens to Improve Access/Health of Underserved Neighborhoods in KC The Kansas City Community Gardens requests a grant in support of the operational and salary costs associated with our newest program, The Giving Grove. This innovative program is designed to inspire neighborhoods, schools, and other non-profits to create edible tree gardens (fruits, nuts, berries), which upon maturity, will provide more than 120,000 lbs of healthy produce annually for hunger relief in low		Applicant	
153	FY14-		6917 Kensington	Kansas City	MO		43-135667		Creating Community Solutions-Kansas City To convene action teams that will move the community's action plan forward and to	\$45,000.00	Defined Applicant	
13	FY14-	Kansas City, Kansas	4301 Holmes Street	Kansas City Kansas City	KS	64110	43-1305770		begin putting the action items in place. NUMC Wearear Camp and Internsings The HCF funds will provide funding for 4 teaching instructors, 1 college intern In Medical Camp, 1 Coordinating Intern in Research Team Internships, 38 student stipends, funds to MCC/Virtual Hospital for providing Simulation Workshops on diagnosis and treatment, medical camp supplies, project and medical boards serving 24 medical camp high school students and 14 high school graduates as medical n research Interns.	\$50,000.00	Applicant Defined	
663	FY14-	Kansas Legal Services	400 State Avenue, Suite 1015	Kansas City	KS	66101	48-087252	B 501c(3)	Kansas-Focused Medical-Legal Partnership HCF funding will support a paralegal position which will provide legal assistance to Iow income Kansans and their families in Allen, Johnson, and Wyandotte Counties that are referred by medical staff at Children's Mercy Hospitals in Kansas City, Kansas, Overland Park, Kansas, and Kansas City, Missouri.	\$12,798.00	HApplicant HCF 2014 Defined	Auditor F

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	#		1 (a) Name and address of o	rganization or go	overnr	nent	IRS EIN#	applicable	Project Title & Brief Description	Amount Awarded	Grant Type	Activity
	FY14 3808		547 South Business Highway 13	Lexington	мо	64067	43-1241723	ntal	Saving Smiles Saving Smiles helps children adopt better oral health habits through annual oral screenings, preventive treatment (fluoride varnish), health education, and referral for treatment/care coordination. Saving Smiles helps the community realize that good oral health is essential for good overall health.	\$22,000.00	Applicant Defined	Capacity
	FY14								Sojourner Health Clinic and Lazarus Ministries Supportive Services To support a safety net health care clinic and supportive services for uninsured and		Applicant	
			e 205 East 9th Street	Kansas City	мо	64106	26-3143007	501c(3)	underserved homeless individuals in downtown Kansas City, Missouri.	\$65,000.00	Defined	Capacity
	FY14	- Lee's Summit Cares,	901 NE Independence Ave.	Lee's Summit	мо	64086	43-1301288	501c(3)	Mental Health Care for Underserved Children To support a mental health therapist position that will continue to provide on-site counseling services to students attending the four lowest income schools in Lee's Summit School District.	\$40,000.00	Applicant Defined	Direct Services
9	FY14 366	Maternal and Child I- Health Coalition of	6400 Prospect Avenue Sulte 216	Kansas City	мо	64132	43-1897000	501c(3)	Breastfeeding KC To support a formative evaluation of the facilitators and barriers to breastfeeding in the greater Kansas City area resulting in the identification of important factors leading to effective interventions, thus increasing the likelihood of making a positive impact on breastfeeding initiation, continuation and exclusivity.	\$65,000.00	Applicant Defined	Capacity
2	FY14 379		er 1740 Jefferson	Kansas City	мо	64108	44-0546343	501c(3)	MRC seeks to reduce the agency's waiting list drastically through this partnership with local accredited universities in the development of the Internship Program which will increase the number of student interns providing mental health services under the supervision of a full-time, clinically licensed social worker paid for by the Health Care Foundation.	\$49,066.00	Applicant Defined	Capacity
02	FY1	Metro Organization 4- Raclal And Economic	For		мо	64111	20-2470054		Documenting Health Disparities for Metro Area Immigrants Metro Organization for Racial and Economic Equity (MORE2), a 501C-3 non-for-profit, based in Kansas City, MO, is requesting \$39,862 in support of staffing and training services to identify health, safety and wellness gaps for immigrants in the Kansas City region, with a particular emphasis on those who are undocumented.	\$25,000.00	Applicant Defined	Capacity
б	FY1 364	1 Counter Sexual Assa		Kansas City	мо	64111	43-1061620	501c(3)	Ensuring Access to Services: Sexual Violence Victim Advocacy and Crisis Line This program will support the continuation of activities designed to ensure victims' access to 24-hour crisis intervention and advocacy services.	\$50,000.00	Applicant Defined	Capacit
	FY1	Mid America Chapte 4- National Multiple	r, 7611 State Line Road, Suite						Navigating MS Direct Financial Services for Individuals Living with MS To suppor a MS Navigator that will provide comprehensive social services to low-		Applicant	
1	377		100	Kansas City	мо	64114	13-5661935	501c(3)		\$25,000.00	Defined	
15	FY1 388			Kansas City	мо	64105	20-1824454	501c(3)	Building a Unified System for Homeless Services and Supports in Metro Kansas City Build a stronger, more unified system of services to help end homelessness for individuals and families in metropolitan Kansas City, Strengthening Health Care Access Through Policy Analysis and Advocacy	\$50,000.00	Applicant Defined	Capacity
58	FY1 377		3534 Washington Ave.	Saint Louis	мо	63103	26-0062334	501c(3)	Funding from the Health Care Foundation will support two staff positions in their advocacy to strengthen public policies that provide funding for critical health and mental health services and which improve the quality of life for all Missourians, particularly the uninsured.	\$75,000.00	Applicant Defined	
78	FY1 393		or 606 East Capitol Avenue	Jefferson City	мо	65101	20-5032836	501c(3)	Building Capacity: Oral Health Policy To enable the Coalition to advance public policy that will support the improvement of the oral health of all Missourians. Strategic Leadership and Policy Advocacy	\$60,000.00	Applicant Defined	Capacit
79			606 East Capitol Avenue	Jefferson City	мо	65101	26-3426303	501c(3)	This grant will allow the Missouri Health Advocacy Alliance to provide strategic leadership for the health advocacy field, enhancing the capacity of Missouri's consumer advocacy organizations to affect policy change to benefit the state's	\$58,000.00	Applicant Defined	Capacit
61	FY1 378		City 4526 Paseo Blvd	Kansas City	мо	64110	43-1864844	501c(3)	Organize organizing Project Organize community support for economic justice, including access to quality, affordable health care. Coordinated Health Care and Outreach for Homeless, Pregnant and Parenting Young	\$40,000.00	Applicant Defined	Lobbyin
1	FY1 39!	4- 66 Mother's Refuge	14400 E 42nd St. S., Ste. #220	Independence	мо	64055	43-1454628	501c(3)	Women and Babies HCF funds will strengthen our ability to provide coordinated health care services, training, and direct care for indigent, homeless, pregnant and parenting young women and infants. Parcetime social worker for mealth issues of nomeless neighbors and support for	\$35,000.00	Applicant Defined	(
92	FY1 2 380	4- 06 N2N	500 W 40th Street [Mailing address: PO Box 32913, Kansas City MO 64171]	Kansas City	мо	64111	26-0346152	501c(3)	prescriptions/health emergencies To provide a part-time social worker to connect homeless and near-homeless neighbors with needed health services/resources and to help pay for prescriptions and other auxiliary health needs for neighbors	\$34,000.00	Applicant	Capacit Auditor

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Org I	Request #		1 (a) Name and address of or	ganization or go	vernn	nent	IRS EIN#	section if applicable	Project Title & Brief Description	Amount Awarded	Grant Type	Type of Activity
241	FY14-		660 Brooklyn Avenue		мо	64124	43-0962293	501c(3)	Breaking the Cycles Breaking the Cycles supports a certified substance abuse counselor program by providing intervention and treatment as vital components for assisting women and their children trapped by domestic violence to improve their quality of life and achieve self-sufficiency.	\$48,787.00 [.]	Applicant Defined	Capacity
241	5755 FY14-	Operation							Electronic Mental Health Records System Grant funding would support conversion to an Electronic Mental Health Records (EMHR) system to assist with collecting, tracking, and analyzing treatment and		Applicant	
123		Breakthrough, Inc.	3039 Troost Avenue	Kansas City	мо	64109	43-0971560	501c(3)	assessment data for clients of OB's Mental Health department. Oral Health Kansas Operations 2014-15 HCF grant funds will ensure Oral Health Kansas continues providing advocacy,	\$22,877.00	Defined	Capacity
230	FY14- 3797	Oral Health Kansas, Inc.	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	501c(3)	education, and public awareness activities designed to Improve the oral health of all Kansans. IClean Air Metro KC	\$45,000.00	Applicant Defined	Capacity
	FY14-	Partners In Public					25 22 59 170	501-(2)	The purpose of the funding is to continue support and generation of grassroots activity to promote 100% smoke-free public places, workplaces, public housing, mental health centers in Johnson County; as well as efforts to encourage policies	\$13,500.00	Applicant	Connection
370		Health, Inc. Partnership for Regional Educational	11875 S. Sunset #300	Olathe	KS	66207	35-2268179	501c(3)	restricting the sale of e-cigarettes to youth in the metro. KC HealthStart PREP-KC proposes the launch of a new initiative, KC HealthStart, that will scale the successful strategies of PREP-KC's Health Sciences Accelerated Academy (HSAA) to prepare many more of Kansas City's urban high school students for careers in Nursing	\$13,500.00	Defined	Capacity
746	FY14- 3883	Preparation-Kansas City	800 W 47th Street, Suite 210	Kansas City	мо	64112	26-0524230	501c(3)	and Allied Health.	\$60,000.00	Defined	Capacity
9	FY14- 3807	Pathways Community Behavioral Healthcare, Inc.	1800 Community Drive	Clinton	мо	64735	43-1032835	501c(3)	2014-2015 Mental Health Programming for Concordia and Santa Fe School Districts Grant funding from the Health Care Foundation of Greater Kansas City will allow Pathways to support the salary and fringe benefit cost of a 1.0 FTE (comprised of two 0.5 FTE clinical staff) position to provide needed behavioral healthcare services to the underserved, underinsured and uninsured students of the Concordia and Santa Fe School Districts.	\$40,000.00	Applicant Defined	Capacity
282	FY14- 3630	Pets For Life, Inc.	7240 Wornall Road	Kansas City	мо	64114	48-0987472	501c(3)	Animal Assisted Therapy for the Underserved and Uninsured To serve more individuals at more facilities with animal assisted therapy	\$7,500.00	Applicant Defined	Capacity
346	FY14- 3949	Reconciliation Services	3101 Troost Ave	Kansas City	мо	64109	36-4580402	501c(3)	RS Opening Doors HCF funding will RS to provide an Intake/Receptionist Specialist and walk-in case management to the most vulnerable in Kansas City while providing the development and administrative support needed to ensure long-term program sustainabity. Emergency Client Assistance/Medical Matters	\$60,000.00	Applicant Defined	Capacity
404	FY14- 3754	Redemptorist Social Services Center Inc	207 West Linwood	Kansas City	мо	64111	26-0054325	501c(3)	To provide multiple types of medical assistance benefitting the medically fragilethe elderly, the underserved and the medically indigent.	\$70,000.00	Applicant Defined	Capacity
98	FY14- 3775	ReDiscover	901 NE Independence Avenue	Lees Summit	мо	64086	23-7169417	501c(3)	To support the purchase of computer equipment to expand the capacity and improve efficiency of the agency. restart Adult Emergency Shelter	\$75,000.00	Applicant Defined	
268	FY14- 3925	reStart, Inc.	918 E. 9th Street	Kansas City	мо	64106	43-1349378	501c(3)	To provide temporary housing and intensive case management to help clients in our Adult Emergency Shelter program access health services, maintain or increase income and exit to sustainable permanent housing.	\$60,000.00	Applicant Defined	Capacity
11	FY14- 3776		PO Box 320599	Kansas City	мо	64132	51-0231573	501c(3)	Trauma-Informed Mental Health Support To support trauma-informed therapeutic services for domestic violence survivors	\$68,000.00	Applicant Defined	Direct Services
206	FY14- 3553	SAFEHOME, Inc.	PO Box 4563	Overland Park	KS	66204	48-0917798	501c(3)	The Children's Program To provide no-cost, expert services for children traumatized by domestic violence. Secondary Trauma Training initiative	\$75,000.00	Applicant Defined	Capacity
103 0		Secondary Trauma Resource Center	4121 W. 74th St	Prairie Village	кs	66208	46-3148012	501c(3)	To support operational costs of providing secondary trauma training and consultation to social service agencies that face a high risk of employee burnout and vicarious traumatazation. Safe and Healthy Schools	\$75,000.00	Applicant Defined	Capacity
103 3	FY14- 3670	Shawnee Mission Education Fdn Southwest Boulevard	7235 Antioch	Shawnee Mission	KS	66204	742823938	501c(3)	To establish and train district administrators, nurses, social workers and teachers in a consistent protocol for identification, response and referral of mental health concerns of students in Shawnee Mission schools. Mental Health Care for Safety Net Patients	\$28,000.00	Applicant Defined	Capacity
29	FY14- 3910	Family Health Care Services of Greater Kansas City	340 Southwest Boulevard	Kansas City	кs	66103	48-1067752	501c(3)	Funding will enable Southwest Boulevard Family Health Care to maintain mental health services so that patients will be able to access mental health care at their medical home.	\$60,000.00	Applicant Defined	Capacity
245	FY14-	Spofford	9700 Grandview Road	Kansas City	мо	64137	44-0546277	501c(3)	Residential Treatment - Psychiatric Care To provide salary support for two psychiatrists who will provide psychiatric evaluation, medication evaluation and management, and treatment recommendations for 125 children receiving intensive residential treatment services.	\$60,000.00	Applicant	Capacity Auditor Ker

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g F	Request #		1 (a) Name and address of or	ganization or ge	overni	ment	IRS EIN#		Project Title & Brief Description	Amount Awarded	Grant Type	
T									Child Assessment Program			
	FY14-								This HCF grant will provide funding to partially support the salaries of three Child		Applicant	
;	3636	Sunflower House, Inc.	15440 W. 65th Street	Shawnee	KS	66217	48-0918698	501c(3)	Assessment Program staff: the receptionist, grants manager, and President and CEO. Recreation and Resilience (R&R) Program	\$42,000.00	Defined	Capacity
									With this funding we will be able to maintain this full time recreational coordinator			
									and expand the benefits of the Recreation and Resilience program by also hiring a part time advocate who can work mainly on weekends. A portion will also allow			
	FY14-								Synergy to purchase youth-focused indoor/ outdoor physical fitness equipment for		Applicant	
0	3895	Synergy Services, Inc.	400 E. 6th Street	Parkville	мо	64152	43-0970674	501c(3)	the Campus. Mental Health Services Program	\$35,000.00	Defined	Capacity
	FY14-								To support four mental health professionals that will provide mental health services		Applicant	
5	3662	The Whole Person Inc	3710 Main Street	Kansas City	мо	64111	43-1157083	501c(3)	to individuals with disabilities.	\$71,636.00	Defined	Capacity
									Support and build upon the gains in health, healthy lifestyles and healthcare access achieved in Allen			
									County in recent years now reflected in improvements in the County Health Rankings.			
									Specifically fund the core operations and grant writing capacity of Thrive Allen County to enhance			
									Allen County's			
									efforts to continue to improve health outcomes for the low income and under-served residents through improved healthcare access, a built environment that supports			
	FY14-								walking and biking as healthy transportation, and policies and programs to promote		Applicant	
8	3811	Thrive Allen County Inc.	12 West Jackson	lola	KS	66749	32-0198379	501c(3)	increased physical activity and healthy nutrition. Healthy Harvest Mobile Market	\$60,000.00	Defined	Capacity
	FY14-	Truman Medical Center						501-(0)	To support the Healthy Harvest Mobile Market that takes high quality, affordable	¢40.000.00	Applicant	
5	3952	Charitable Foundation	2310 Holmes, Suite 735	Kansas City	мо	64108	43-1194064	501c(3)	produce to underserved people in Kansas City. Core Salary Support	\$40,000.00	Defined	Capacity
				ļ					HCF funds will enable Turner House to support salaries of care team members (providers, certified medical assistants, and medical office receptionists) who provide			
	FY14-								health care to uninsured and underserved patients in a Patient-Centered Medical		Applicant	
17	3933	Turner House Clinic Inc. Unified Government of	21 N. 12th Street, Suite 300	Kansas City	KS	66102	48-1151382	501c(3)	Home model. Healthy Campus	\$69,136.00	Defined	Capacity
		Wyandotte						Governme	To support the development of a Healthy Campus in an underserved neighborhood			
06		County/Kansas City, KS	TOT N. The Shareh She DOG	Kapaga City	кs	66101	481194075	ntal Agency	that will improve resident's health through access to exercise and nutritious food resources.	\$50,000.00	Applicant Defined	Canacity
0	3669	- Mayor's Office	701 N. 7th Street, Ste. 926	Kansas City	- K3	66101	481194075	Agency		\$30,000.00	Defined	Capacity
	FY14-	Unified School District	CHECKS SHOULD BE MAILED						Health Innovations To support a Registered Nurse position that will provide health care services to all		Applicant	
84		258-Humboldt	801 New York Street	Humboldt	KS	66748	48-0698395	Education	USD258 staff and students including the uninsured and under-served.	\$37,000.00	Defined	Capacity
									Expanding and Strengthening Trauma Informed Systems in Johnson County Kansas To support staff, training and consulting costs related to integrating trauma informed			
									practices and policies into organizational culture among current Task Force members.			
									The project will also focus on the development of ongoing evaluation mechanisms to			
		United Community							assure improved outcomes among clients and staff and maintain awareness and practice of trauma informed perspectives, and aim to further expand the Task Force			
	FY14-	Services of Johnson	12351 W 96th Terrace, Suite					501-(2)	to include new members who either serve populations who are more likely to have	tco 000 00	Applicant	
3	3783	County	200	Lenexa	KS	66215	48-0914699	501c(3)	trauma histories or who serve children and youth. A partnership between an obesity program and a primary care organization: Healthy	\$60,000.00	Defined	
	FY14-	University of Kansas Medical Center	3901 Rainbow Blvd						Hawks at Turner House Children's Clinic To support the Healthy Hawks program being delivered directly at the Turner House	and the state of the	Applicant	· · · ·
24		Research Institute, Inc.		Kansas City	кs	66103	48-1108830	501c(3)	Children's Clinic and the Bethany Community Center. Improving Touch and Family Health with Nutrition and Gardening Education and	\$65,000.00	Defined	
									Community Action			
									HCF Funds will be used to improve youth and family health in the community by advancing nutrition and gardening practices at an organizational level in area schools			
		University of Missouri							advancing nutrition and gardening practices at an organizational level in area schools and community centers. Training, educational resources, organizational resources,			
	FY14-	Extension Council of							technical assistance, consultation, and advocacy assistance will be provided to		Applicant	
78	3890	Jackson County	1600 NE Coronado Dr	Blue Springs	мо	64014	44-0602985	Education	participating sites.	\$64,561.00	Defined	Capacity
									Expanding Mental Health First Aid in the Kansas City area To support the continued expansion and coordination of Mental Health First Aid and	· · · · · · · · · · · · · · · · · · ·		
	FY14-								Youth Mental Health First Aid in the Kansas City area, with an emphasis on increasing		Applicant	
793	1	Wyandot Inc.	757 Armstrong Ave.	Kansas City,	KS	66101	26-3338038	501c(3)		\$35,000.00	Defined	Contractory in the second s
獻					國際對				85 ADG grants	\$4,000,000.00		and the second
									2014 ADG ADJUSTING ENTRIES	1	L	
								01.09.14	KC Urban Youth Ctr, reduction of grant	(\$2,500.00)	HCF 2014	Auditor R

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Org	Request #		1 (a) Name and address of or	ganization or go	overni	nent	IRS EIN#		Project Title & Brief Description	Amount Awarded	Grant Type	
								10 22 14	Community Health Council of Wyandotte Co, FY10-1663, return of unspent funds	(\$7,000.00)		
								10.22.14	Total 2014 ADG Adjusting Entries	(\$9,500.00)		
								L	Total 2014 ADGs w/Adusting Entries	\$ 3,990,500.00		
		2 - 2 - ²						1	Total 2014 ADGs w/Adusting Entries	\$ 5,990,500.00		
1	201/		ESTYLES GRANTS	1			I	1	1	I		
1	2014			, 			1		Safe Routes to School: A Comprehensive Approach to Policy, Planning and Public			
									Engagement			
									BikeWalkKC was awarded a planning grant in 2012 to run a comprehensive, Safe			
									Routes pilot project at James Elementary. The final report has been completed for this project and BikeWalkKC now seeks funds from the Health Care Foundation to turn the			
									pllot into a full-scale program. By evaluating, altering and expanding the pilot project,			
	FY14-								BikeWalkKC, with the help of the Kansas City Public School District, seeks to ultimately create district-wide policy change that encourages walking and biking to school and		Healthy	
969		BikeWalkKC	4741 Central St., Suite 161	Kansas City	мо	64112	45-3832438	501c(3)	promotes a safe environment with adequate facilities to do so. Assessing Health Impacts in Northwest Independence to Create Safe Environments	\$203,764.00	Lifestyles	
									for Physical Activity			
								Governme	HCF funds will be used to provide staff support and necessary project materials and			
158	FY14- 3574	City of Independence, Health Department	515 S Liberty Street	Independence	мо	64050	44-6000190	ntal Agency	training to conduct a Health Impact Assessment for future sidewalk placement in the Northwest area of Independence.	\$46,136.00	Healthy Lifestyles	
156	5574	nearth Department	ous o clocity offeet						Healthy Communities KC: Healthy Lifestyles			
									Communities Creating Opportunity (CCO) is requesting HCF funding to provide staff			
									support and necessary project materials to address systemic barriers to healthy food access and physical activity by building social capital in the Kansas City metro that			
									reduces obesity rates through 1) increasing public transit resources in Kansas City,			
	-	Communities Creating							Missouri, and 2) improving the social environment and connectedness to resources of targeted low-income communities to increase the likelihood that residents engage in		Healthy	
537	FY14- 3556	Opportunity Organization	2400 Troost Ave #4600	Kansas City	мо	64108	43-1127845	501c(3)	outdoor physical activities.	\$120,000.00	Lifestyles	
									Developmental Disabilities Health Initiative - year 3 HCF funds will be utilized to expand the Developmental Disability Health Initiative to			
		Developmental							Lafayette County to promote nutrition and physical activity for people with			
	FY14-	Disability Services of Jackson County EITAS						Governme	e developmental and intellectual disabilities living in a rural area. In addition, funds will be used to expand number of people with DD participating in rural areas of eastern		Healthy	
912		(EITAS)	8511 Hillcrest Ste. 300	Kansas City	мо	64138	43-1119054	1	Jackson County.	\$90,000.00	Lifestyles	
									Nutrition-Based Food Access in the Homeless and At-Risk Community, Part Two			
									This funding will enable us to continue to build the foundation and systemic changes			
									toward a more nutritious hunger relief system that we started in July 2013. That in			
									turn will have a longer term positive impact on at risk and underserved communities throughout Greater Kansas City especially as related to health outcomes. We showed			
									this as a 24 month project, and building that system will probably require at least that			
									amount of time, but we see this as longer term change in the approach to hunger relief in our communities. The ultimate goal is to implement a best practices model			
	FY14-	Episcopal Community							for a "hunger relief food chain" to address these nutritional needs. This is targeted at		Healthy	
861	3576	Services Inc	11 East 40th Street	Kansas City	мо	64111	43-1525298	501c(3)	all ages, but especially children and seniors. A Winning Game Plan: Connecting education and healthy lifestyles to tennis	\$150,000.00	Lifestyles	
									HCF funding will be used to provide staff support, training, and the necessary project			
	FY14-								materials for Genesis to provide a year-round USTA/National Junior Tennis and Learning (NJTL) program to hundreds of youth that develops the character of young		Healthy	
51	1	Genesis School, Inc.	3800 E. 44th Street	Kansas City	мо	64130	43-1196717	501c(3)	people through tennis, nutrition and education. Healthy Foods	\$55,000.00	Lifestyles	
									Health Care Foundation funding will support health improvements in residents of the			
									Historic East and Marlborough Coalition neighborhoods through better nutrition.			
	FY14-	Greater Kansas City							This will be accomplished by increasing access to nutritional foods in local food deserts, a heavy emphasis on community education and motivational efforts, and		Healthy	
22	1	LINC Inc.	3100 Broadway #1100	Kansas City	мо	64111	43-1676730	501c(3)	steps to address infrastructure barriers. Advocacy for Healthy Eating and Active Living	\$86,200.00	Lifestyles	
									HCF funds will be used to provide staff support and project materials to achieve			
	EV44	Hartwig Legacy							public and private policy changes, and to foster youth advocacy, to increase healthy			
633	FY14- 3605	Foundation d/b/a KC Healthy Kids	650 Minnesota Avenue	Kansas City	кs	66101	20-4613795	501c(3)	eating and active living opportunities - particularly in under-resourced communities - in Greater Kansas City.	\$216,239.00	Healthy Lifestyles	
		Harvesters - The							Healthy Eating and Hunger Advocacy This grant will support Harvesters nutrition education and healthy eating programs as			
	FY14-	Community Food							well as our advocacy efforts to improve people's health by focusing on long-term		Healthy	
199	3557	Network	3801 Topping Avenue	Kansas City	мо	64129	43-1208665	501c(3)	solutions to end hunger.	\$162,890.00	HQFe20144	Auditor R

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rg R D	equest #	· ·	1 (a) Name and address of or	ganization or g	overn	ment	IRS EIN#		Project Title & Brief Description	Amount Awarded	Grant Type	1
		Ivanhoe Neighborhood	T (a) Hame and address of or	Addition of A					Grown in Ivanhoe Project HCF funds will be used to provide staff support and project materials to demonstrate and explore the policy conjunction of healthy lifestyles and the Grown in Ivanhoe	en de la constant de La constant de la const	Healthy	
			3700 Woodland	Kansas City	мо	64109	43-1843831	501c(3)	Project.	\$65,553.00	Lifestyles	
		Jewish Vocational Service	1608 Baltimore	Kansas City	мо	64108	44-0545994	501c(3)	JVS Global Gardens With HCF funds, JVS Global Gardens will have the opportunity to develop plots of land for growing nutritious, affordable food that is accessible to the low-income refugee population in the northeast area of Kansas City, Missouri. HCF funds will ensure an increase in fruit and vegetable consumption, encourage more active lifestyles and will provide better food access to those living in a food desert.	\$69,835.00	Healthy Lifestyles	
		Kansas Association Of Child Care Resource And Referral Agencies dba Child Care Aware of Kansas	1508 East Iron	Salina	KS	67401	48-1102008	501c(3)	Step It Up: A Collaboration for Change HCF funds will be used to provide staff support and project materials to support early childhood professionals as they strive to change health and wellness policies and practice in their family child care business.	\$150,000.00	Healthy Lifestyles	
	FY14- 3609	Kansas City Community Gardens, Inc.	6917 Kensington	Kansas City	мо	64132	43-1356677	501c(3)	Support from the Health Care Foundation of Greater Kansas City for the Kansas City Community Gardens (KCCG) Schoolyard Gardens program will provide staff and supplies to help area schools successfully grow fresh fruits and vegetables in school gardens. A Healthy Lifestyles grant will support technical assistance to schools, deepen garden skills education, encourage parent engagement, and strengthen and formalize a coalition of local school garden advocates to influence policy at the school and school district level.	\$225,000.00	Healthy Lifestyles	
	FY14- 3559	Lafayette County Health Department	547 South Business Highway 13	Lexington	мо	64067	43-1241723	Governme ntal Agency	Smoke free is the New Normal - Tobacco Prevention, Cessation, and Policy HCF funds will be used to promote tobacco prevention and policy change in Lafayette County by providing resources and staff support for a social media campaign, point of sale compliance checks and retailer training, and promotion of tobacco cessation resources. The funds will allow LCHD to work with existing coalitions and organizations to push for clean air policies to change the environment and attitude of community members to make smoke free the "new normal".	\$50,000.00	Healthy Lifestyles	
	FY14- 3561	Menorah Legacy Foundation	8900 State Line Road, Suite 450	Leawood	кѕ	66206	43-6049318	501c(3)	The Kansas City Beans&Greens Program Health Care Foundation Healthy Lifestyle Funding will support the continuation and expansion of Beans&Greens operations throughout the metropolitan Kansas City area in both Kansas and Missouri so that buying and consuming fresh healthy food is the easy choice for low income residents.	\$75,000.00	Healthy Lifestyles	
132	FY14- 3581	Niles Home for Children	1911 E. 23rd Street	Kansas City	мо	64127	44-0565392	501c(3)	Niles Home Neighborhood Access to Healthy Foods To provide staff support, garden supplies and educational materials for the Niles Neighborhood Access to Healthy Foods project, increasing access to healthy foods for iow-income families and improving healthy lifestyles for Niles Home youth and community youth.	\$90,332.00	Healthy Lifestyles	
268	FY14- 3560	reStart, Inc.	918 E. 9th Street	Kansas City	мо	64106	43-1349378	501c(3)	Healthy Choices HCF funding supports salaries, benefits, program supplies and other direct expenses for Healthy Choices, an agency-wide wellness program that 1) provides nutrition education, fitness access and tobacco prevention/cessation programming for homeless individuals and families and 2) develops agency and community resources and policies that encourage healthy eating and active living and reduce tobacco use.	\$85,000.00	Healthy Lifestyles	
722		Rosedale Development Association Inc	1403 Southwest Blvd	Kansas City	КS	66103	48-0886413	501c(3)	Rosedate Healthy Kids HCF fund will be used to expand and continue Rosedale Healthy Kids, a community- based project to improve equitable access to healthy food and opportunities for active living for all who live, work and play in Rosedale, a neighborhood of Kansas City, Kansas.	\$69,051.00	Healthy Lifestyles	
83	FY14- 3562	Tri-County Mental Health Services, Inc.	3100 NE 83rd Street, Suite 1001	Kansas City	мо		43-1556416		Tobacco Prevention Program HCF funds will be used to provide staff support, necessary program materials and media support needed to reduce underage tobacco use among Kansas City youth in Clay and Platte Counties.	\$130,000.00	Healthy Lifestyles	
215	FY14- 3620	Upper Room, Inc.	5930 Swope Parkway	Kansas City	мо	64130	43-1803509	501c(3)	Mary Kelly Center Community Health Initiative HCF funds will be used by Swope Corridor Renaissance/Upper Room, Inc. to provide fitness and nutritional programming at the Mary Kelly Center and engage In health advocacy for residents of the Blue Hills and Town Fork Creek neighborhoods.	\$100,000.00	Healthy Lifestyles	
			ter an an an an at an			1. 1. 1. 1. 1. 1. 1. 1.	Total HLs:	r e d'a	20 Healthy Lifestyles Grants	\$2,240,000.00		
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Org ID	Request #		1 (a) Name and address of or	ganization or g	overni	ment	IRS EIN#	section if	Project Title & Brief Description	Amount Awarded	Grant Type	Type of Activity
		Associated Youth	<u> </u>						Accessible Mental Health Services Associated Youth Services (AYS) is seeking grant funds to help fill a void in accessible, affordable and competent outpatient mental health and psychiatric services for Wyandotte County youth and their families through a collaboration with the Child and Adolescent Psychiatry Program at the University Of Kansas School Of Medicine. We will be reaching an under-served segment of the community that would not ordinarily seek out those services because of stigma, fear or mistrust of the system. Case Management support will help ensure that client's questions and concerns are			
42	FY14- 3724		803 Armstrong	Kansas City	кs	66101	48-0554802	501c(3)	answered and anxiety relieved.	\$91,509.00	Mental Health	
553	FY14-	Belton School District #124	110 W. Walnut	Belton	мо	64012	44-6001808	Education	ACCESS (Appropriate Clinical Care Engaged in a School Setting) HCF funds will support four mental health therapists who will provide school-based Individual and family therapy to the underserved population of Belton School District students. Treatment of Mental Illness in Adult Homeless Males	\$243,637.00	Mental Health Mental	
383		Benilde Hall	3220 E. 23rd Street	Kansas City	мо	64127	43-1795790	501c(3)	To provide mental health treatment to mentally ill homeless men.	\$45,648.00	Health	
147	FY14- 3710	Child Advocacy Services Center, Inc., dba The Children's Place	2 East 59th Street	Kansas City	мо	64113	51-0195216	501c(3)	An HCF grant will help fund a portion of salaries for the clinical staff who deliver clinical remediation services to the most severally abused and neglected young children in Kansas City. These remediation services target and treat developmental delays which are a result of maltreatment, so that clients are prepared to function successfully in traditional preschool and kindergarten classrooms, as well as other social settings.	\$152,700.00	Mental Health	
	FY14-	Child Protection							To support the Child Protection Center's Forensic Interview and Family Support		Mental	
410	3726	Center, Inc.	3101 Broadway, Suite 750	Kansas City	мо	64111	20-4535728	501c(3)	Programs for victims of child sexual and physical abuse and their families. Crisis Services Case Management program	\$155,000.00	Health	ļ
85	FY14- 3711	Comprehensive Mental Health Services, Inc.	17844 E. 23rd Street	Independence	мо	. 64057	43-0949079	501c(3)	To support a Case Manager position that will provide case management services to individuals in crisis who are unable to access the Emergency Room Enhancement	\$50,000.00	Mental Health	
	FY14-	Crittenton Children's							occurring mental illness and substance abuse, as well as the strengthening of family	A	Mental	
148	FY14-	Center DeLaSalle Education Center	10918 Elm Avenue	Kansas City Kansas City	мо	64134	44-0545808	501c(3)	and community systems. Team of Care HCF funds will support DeLaSalle's school-based mental health program that provides therapy, assessment, evaluation, case management, and related mental health services for at least 275 students.	\$81,049.00	Health Mental Health	
	FY14-	First Call Alcohol Drug Prevention and Recovery	9091 State Line Road	Kansas City	мо	64114	44-0641486		Kansas City Recovery-Oriented System of Care (KCROSC) HCF funding will support Kansas City Recovery-Oriented Systems of Care (KCROSC) development of trauma-informed and telehealth resources for uninsured individuals		Mental	
728 420	FY14-	Gillis Center Inc.	8150 Wornall Road	Kansas City	мо	64114	43-1765826		Intake/Assessment Center To establish an Intake and Assessment center for children entering custody or disrupting from placement. The program is designed to shorten the time it takes to achieve permanency, reduce the number of placements while in custody and treat trauma symptoms.	\$275,000.00 \$140,000.00	Health Mental Health	
80	FY14- 3695	Health Partnership of Johnson County	407 S. Clairborne, Suite 104	Olathe	ĸs	66061	48-1115529	501c(3)	Behavioral Health Integration at HPC To support a behavioral health consultant that will be integrated into primary care teams. August mental meaning project	\$50,000.00	Mental Health	
271	FY14- 3679	Hope House, Inc.	P.O. Box 577	Lee's Summit	мо	64063	43-1265685	501c(3)	This project supports two Adult Therapists/Addictions Counselors who provide domestic violence survivors with individual and group therapy, case management, and support groups; an Assessment Specialist who provides mental health assessments and mental health system navigation to survivors with severe mental lilness; and other program related expenses including contracting with an outside consultant to evaluate the program's design to qualify it as best practice for the target	\$116,092.00	Mental Health	
35	FY14- 3715	Jewish Vocational Service	1608 Baltimore	Kansas City	мо	64108	44-0545994	501c(3)		\$100,000.00	Mental Health	
101 6		Kansas City CARE Clinic	3515 Broadway	Kansas City	мо	64111	43-0967292	501c(3)	Behavioral Health Program HCF funds will support the Clinic in continuing to offer integrated behavioral healthcareincluding case management, therapy, and psychiatryto Kansas City's under/uninsured.	\$200,000.00	Mental Health	

	Request						IRS EIN#	(c) IRC section if	Project Title & Brief Description	Amount Awarded	Grant Type	Type of
ID 770	FY14-	Kansas University Endowment	1 (a) Name and address of or	Lawrence	KS	66047 - 3743	48-0547734	501c(3)	Training a New Generation of Providers for Integrated Primary Care To establish the first Primary Care Postdoctoral Fellowship for Psychologists in the KC area, Initiate integrated behavioral health training for Family Medicine Residents, and to place psychology interns alongside medical, nursing, and pharmacy students in the Inter-Professional Training Clinic, thereby establishing a seamless progression of Integrated care training.	\$98,975.00	Mental Health	
145		KidsTLC, inc. (formerly known asTLC for Children and Families, inc.)	480 S. Rogers Road	Olathe	ĸs	66062	48-0774593	501c(3)	The Sanctuary: Crisis Stabilization and Respite Unit Grant funding will support start-up costs for the development and implementation of a crisis stabilization and respite unit for children and youth. Services will provide a short-term and cost-effective alternative to hospital or PRTF placement or juvenile detention, especially for those who are uninsured and underserved. Wireman realiticare Access Project	\$200,000.00	Mental Health	
43	FY14- 3719	Legal Aid of Western Missouri	1125 Grand Blvd., Suite 1900	Kansas City	мо	64106	43-0824638	501c(3)	Assist clients in Jackson, Cass and Lafayette Counties, who have not been able to access mental health care of obtain the full benefit of that care because they have been wrongly denied Medicaid, SSI or other public benefits or have had their benefits wrongly terminated. Legal Aid will represent these clients in SSI and Medicaid appeals cases to get them access to income to support themselves and access to mental healthcare.	\$130,000.00	Mental Health	
202	FY14-	Mattie Rhodes Center		Kansas City	мо	64108	44-0546343		Latino Mental Health HCF funds are requested to support salaries and supplies necessary for the Implementation of Mattie Rhodes Center's Latino Mental Health services which provide bilingual intake, service coordination, therapy, psychiatry and support to the low-Income, predominately Spanish-speaking community, which otherwise	\$237,697.00	Mental Health	-
146	FY14- 3705	Metropolitan Organization to Counter Sexual Assault	3100 Broadway, Suite 400	Kansas City	мо	64111	43-1061620	501c(3)	The goal of this program is to: Improve behavioral health equity for victims of sexual violence and their significant others. This grant will improve the community response to victims and provide counseling to nearly 1,000 children and adults victims of sexual	\$150,000.00	Mental Health	
186	FY14- 3720	Midwest Foster Care & Adoption Association	18600 E. 37th Terrace	Independence	мо	64057	43-1895965	501c(3	To develop family finding services so as to divert more children from entering foster	\$91,286.00	Mental Health	
77	FY14- 3738	National Alliance for the Mentally III of Greater Kansas City	406 W. 34th Street, Suite 603	Kansas City	мо	64111	43-1209702	501c(3	Navigation/Linkage Support Through The Complex Mental Health System HCF support will allow NAMI-KC to provide access and system navigation assistance to individuals with mental illness and their families. Additionally, it will allow NAMI-KC to provide support and education services to consumers, families, providers and the general community. HCF will support program staff and program expenses. Behavioral Health Services Program	\$75,000.00	_ Mental Health	
132	FY14- 3739	Niles Home for Children	1911 E. 23rd Street	Kansas City	мо	64127	44-0565392	501c(3	To provide trauma-specific intervention assessments, psychiatric evaluation and follow up psychiatric consultations, medication review, early intervention, trauma- focused intensive individual, family and group therapy and education, for urban core youth and their families.	\$63,706.00	Mental Health	
123	FY14- 3740	Operation Breakthrough, Inc.	3039 Troost Avenue	Kansas City	мо	64109	43-0971560	501c(3	School-based Family Outreach and Therapy Services	\$103,895.00	Mental Health	
925	FY14- 3723	PACES	757 Armstrong Avenue	Kansas City	кѕ		27-1701100) 501c(3	To hire two licensed mental health therapists in year one and a third therapist in year two to develop an expedited referral process to outreach parents and to provide needed therapy or referrals to other services to benefit K-6th graders in elementary schools identified with greatest needs in USD 500, Kansas City, Kan.; to serve as a resource to teachers and staff in these schools. Capacity Expansion	\$100,000.00	Mental Health	
98	FY14- 3742	ReDiscover	901 NE Independence Avenue	Lees Summit	мо	64086	23-7169417	501c(3	To support the demand for mental health care by providing critical start-up salary	\$199,578.00	Mental Health	
268	FY14- 3689	reStart, Inc.	918 E. 9th Street	Kansas City	мо	64106	43-1349378	3 501c(3	To provide homeless adults, families and unaccompanied youth with on-site, integrated mental health services and referrals to community providers with the goal of helping them improve functioning, increase stability and secure and sustain	\$135,000.00	Mental Health	
206	FY14- 3686	SAFEHOME, Inc.	PO Box 4563	Overland Park	KS	66204	48-0917798	3 501c(3	To support no-cost, expert mental health services for victims of domestic violence and their children.	\$184,910.00	Mental Health	

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ID	#	1	1 (a) Name and address of or	rganization or go	overni	ment	IKS EIN#	applicable	Project Title & Brief Description Strong Tomorrows: Providing Quality, Evidence-Based Mental Health Services for	Amount Awarded	Grant Type	Activity
161	FY14- 3674	Sheffield Place	6604 East 12th Street	Kansas City	мо	64126	43-1532267	501c(3)	Homeless, Mother-led Families To serve homeless children and their families by empowering them to heal from the trauma of their lives and to improve the children's mental health functioning, to improve family functioning, and to improve parenting.	\$77,534.00	Mental Health	
245	FY14- 3691	Spofford	9700 Grandview Road	Kansas City	мо	64137	44-0546277	501c(3)	Residential Treatment To provide salary support for seven residential clinical therapist positions that will provide advanced therapy to the children in our care.	\$65,000.00	Mental Health	
225	FY14- 3684	Sunflower House, Inc.	15440 W. 65th Street	Shawnee	кs	66217	48-0918698	501c(3)	Child Assessment Program-Family Advocacy To support the salary and benefits of one family advocate position to provide ongoing care and support to families with a child recovering from the trauma of child abuse. Children's Mental Health Services	\$36,539.00	Mental Health	
220	FY14- 3700	Synergy Services, Inc.	400 E. 6th Street	Parkville	мо	64152	43-0970674	501c(3)	To support five key Licensed Therapist positions that will provide best practice, evidence based clinical care to children in Synergy's Children's Center, CAC, and Family Care outpatient mental health services. Kansas City Regional Home Visitation Collaborative: Piloting and Formalizing	\$120,000.00	Mental Health	
133	FY14- 3727	The Children's Mercy Hospital	2401 Gillham Rd	Kansas City	мо	64108	44-0605373	501c(3)	Sustainable Funding To provide salary support and creation of a shared, centralized database to reduce family violence and Improve physical and mental health. Integrated behavioral means and chronic means care The purpose of the grant is to maintain and enhance evidence-based behavioral	\$100,000.00	Mental Health	
83	FY14- 3701	Tri-County Mental Health Services, Inc.	3100 NE 83rd Street, Suite 1001	Kansas City	мо	64119	43-1556416	501c(3)	health services for uninsured children and adults residing in Kansas City, Missouri, who live north of the Missouri River while integrating services provided by the Health Care Home. This integration will improve outcomes for those uninsured consumers living with chronic health issues as well as mental health and/or substance abuse issues. Specifically, grant funding will be used for the following evidence-based programs and activities. Complex PISD: Preparing to Heal	\$175,000.00	Mental Health	
165		Truman Medical Center Charitable Foundation	2310 Holmes, Suite 735	Kansas City	мо	64108	43-1194064	501c(3)	To provide access to therapy that will help individuals with Complex PTSD develop emotional, behavioral and interpersonal skills needed to successfully engage in PTSD treatment.	\$115,063.00	Mental Health	
		-4			11	Total Mental Health:	and states of the		34 Mental Health Grants	\$4,250,000.00	1. 19 A	All Carl
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461	FY14-	Baptist-Trinity Lutheran) Kansas City	мо	64131	23-7432481	501c(3)	Kansas City's Medicine Cabinet Provide short-term emergency medical assistance to low income, underinsured and uninsured individuals.	\$75,000.00	Safety Net	
49	FY14- 3830	Cancer Action Inc	10520 Barkley, Suite 100	Overland Park		66212	48-0650257		Patient Services Program to provide vital patient services, guidance, emotional support and education to cancer patients living in the Kansas City metropolitan area. These services will help reduce distress and improve the quality of life for those with cancer in our community.			
100 3		Cass Community Health Foundation (formerly Research Belton)	2316 E. Meyer Blvd.	Kansas City	мо		43-1349495		Cass County Dental Clinic - Belton Site To support a full-time and part-time dentist that will provide oral health services to Medicaid and low-income uninsured children.	\$85,000.00	Safety Net	
546	FY14- 3804	Community Health Center of Southeast Kansas Inc	3011 N. Michigan (Administrative Offices) (Iola clinic address is 1408 East Street, Iola KS 66749)	Pittsburg	кѕ	66762	75-3002264	501c(3)	Meeting the Health Needs of the Uninsured and Underserved of Allen County. HCF funding – directed toward provider salaries – is supporting the provision of primary medical, dental and support services to the low-income uninsured and underserved of Allen County at CHC/SEK's Iola Clinic.	\$170,000.00	Safety Net	
170	FY14- 3843	Cornerstones of Care	300 East 36th Street	Kansas City	мо	64111	43-1689138	501c(3)	Nurse Case Management for Children in Foster Care To provide Nurse Case Management services for children in foster care in Cass and Lafayette counties and to provide Psychotropic Medication Review and Consultation for the Nurse Case Management programs in Cass, Jackson and Lafayette counties in Missouri.	\$150,000.00	Safety Net	
547	FY14- 3841	Duchesne Clinic	636 Tauromee Avenue	Kansas City	кs	66101	48-1009910	501c(3)	Healthcare for the Uninsured Poor of Wyandotte County To provide bilingual primary healthcare, chronic disease management, preventive care, patients education, medication assistance and care coordination for the uninsured poor in Wyandotte County	\$225,000.00	Safety Net	
136	FY14- 3844	El Centro, Inc.	650 Minnesota Avenue	Kansas City	ĸs	66101	36-2904073	501c(3)	Health Navigation As it is difficult for many people to navigate the healthcare system to find quality, affordable healthcare, let alone when you face the barriers of language and culture, the Health Navigation program was born. The grant funds allocated by HCF will allow us to support this vital program in both Wyandotte and Johnson Counties providing culturally-competent health navigation to under-/uninsured people.	\$133,613.00	Safety Net	

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Org ID	#		1 (a) Name and address of o	rganization or g	overnn	nent	IRS EIN#	section if applicable	Project Title & Brief Description	Amount Awarded	Grant Type	Type of Activity
696	FY14- 3821	Jewish Family Services	5801 W. 115th Street Suite 103	Overland Park	кѕ	66211	44-0545829	501c(3)	Older Adult Care Management HCF funding will expand JFS's capacity to provide older adult care management services. This includes funding for one 0.5 FTE care manager and a fund for direct client assistance for out-of-pocket medical expenses (e.g., home modifications, access to durable medical equipment, vision and dental care, and other needs for successful functioning at home). As part of this project, we are also requesting one-year funding for a United Way 211 Older Adult Specialist, and to help JFS and collaborating agencies pilot the first year of the Older Adult Access Network.	\$54,547.00	Safety Net	
35	FY14- 3848	Jewish Vocational Service	1608 Baltimore	Kanaga City		C4100	44.05.4500.4	501-(2)	Refugee-Immigrant Health Access Project To support the position of the Refugee Healthcare Coordinator who assists new		Salety Net	
101	FY14-			Kansas City	MO	64108	44-0545994	501c(3)	refugees in navigating their care. General Medicine and Oral Healthcare HCF grant funds will support the General Medicine and Oral Health Programs of the Kansas City CARE Clinic. These programs improve access to high quality and culturally- competent medical and dental care for underserved adults, with a focus on patients	\$45,000.00	Safety Net	
6	3849	Kansas City CARE Clinic Kansas University	3512 Broadway	Kansas City	мо	64111	43-0967292	501c(3)	with chronic diseases. The Virtual Buildoc Clinic Project Expand services available through the KU Department of Family Medicine affiliated	\$300,000.00	Safety Net	
770	FY14- 3851	Endowment Association	P.O. Box 928	Lawrence	кѕ	66047 - 3743	48-0547734	501c(3)	clinic located at Wyandotte High School in Kansas City, Kansas, utilizing telemedicine systems and equipment.	\$60,176.00	Safety Net	
770	FY14- 3867	Kansas University Endowment Association	P.O. Box 928	Lawrence	кз	66047 - 3743	48-0547734	501c(3)	JayDoc Free Clinic provides needed care for one of the most vulnerable populations in the metropolitan area: the poor and underserved of Wyandotte County. Through the work of this clinic, low-income Wyandotte County residents will have improved access to high-quality health care, which can reduce the overall cost to the health system while providing a service-learning opportunity to students in multiple medical professions.			
336	FY14- 3839	KU Health Partners, Inc.	3901 Rainbow Boulevard MS 4043	Kansas City	кѕ	66160	48-1149398	501c(3)	Silver City Health Center Safety Net Services To support ongoing operations of Silver City Health Center as a nurse-managed patient centered medical home for the medically underserved in Kansas City, Kansas.	\$35,800.00	Safety Net	
43	FY14- 3869	Legal Aid of Western Missouri	1125 Grand Blvd., Suite 1900	Kansas City	мо	64106	43-0824638	501c(3)	Advocates for Family Health Legal Ald will use its experience to continue to advocate for low-income individuals and families who have been improperly denied insurance in the Missouri marketplace under the Affordable Care Act (ACA) or who have been improperly denied coverage by their ACA insurance plan for specific medical treatment. Program staff will also help residents access MO Healthnet under expanded terms of eligibility. Nortmeast and weststed community Heattn Program	\$113,010.00	Safety Net	-
202	FY14- 3852	Mattie Rhodes Center	1740 Jefferson	Kansas City	мо	64108	44-0546343	501c(3)	Northeast and westside community Health Program MRC proposes partnering with Samuel U. Rodgers in establishing a Northeast and Westside Community Health Program. Grant funds will be used to support a Community Health Advocate, a Community Health Worker, and on-site health screenings dedicated to ensuring that the uninsured, predominantly Latino population has access to needed health services.	\$83,732.00	Safety Net	
953	FY14- 3822	Migrant Farmworkers Assistance Fund	PO Box 413223	Kansas City	мо	64141	43-1805495	501c(3)	HCF funds will make it possible for the Migrant Farmworkers Assistance Fund to provide medical case management to underserved and uninsured migrant and seasonal farmworkers in rural Lafayette County, MO, to ensure these individuals acquire health care services they would otherwise not be able to access. Health Homes for Uninsured	\$92,658.00	Safety Net	
98	FY14- 3853	ReDiscover	901 NE Independence Avenue	Lees Summit	мо	64086	23-7169417	501c(3)	To support the demand for Health Care Home Services for uninsured clients by providing critical start-up salary support for clinical and medical directors.	\$200,000.00	Safety Net	
268	FY14- 3871	reStart, Inc.	918 E. 9th Street	Kansas City	мо	64106	43-1349378	501c(3)	Healthy Starts To provide care coordination and health benefits advocacy to homeless men and women in our Adult Emergency Shelter program.	\$93,810.00		
405	FY14-	Riverview Health Services Inc. Saint Lukes Hospital of Kansas City	c/o Saint Luke's Foundation	Kansas City	KS	66101	48-1072716	501c(3)	Riverview Health Services, Inc. The HCF grant will allow Riverview to sustain and expand services that increase access to health care for the uninsured and underinsured by providing referrals to safety net clinics, providing medication and medical supplies, and by providing chronic disease (mostly diabetes) education and self-management support. Care Coordination Program To support the care coordination program that utilizes Community Health Workers to engage with patients with multiple barriers to care in order to improve each patient's	\$93,810,00	Safety Net	
304	FY14-		c/o Saint Luke's Foundation	Kansas City	мо	64111	44-0545297		capacity for better overall health Cancer Care for the Uninsured To support radiation therapy for uninsured cancer patients referred to Saint Luke's	\$200,000.00	Safety Net	
504		Indiada City	TZZJ Darumore Avenue	Kansas City	мо	64111	44-0545297	501c(3)	from Truman Medical Center.	\$100,000.00	Safety Net	

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	FY14-	Samuel U Rodgers Health Center							The purpose of Samuel U. Rodgers Health Center's (SURHC) Foundation grant request is to ensure that pregnant indigent minority women have access to quality prenatal care. SURHC has reached a critical point in our delivery of OB/GYN health care services for indigent minority women in our community who have lost their Medicaid coverage. The project involves every aspect of the IHI Triple Aim Framework, ACCESS, QUALITY and COST. The project benefits the pregnant women who have had their Medicaid coverage taken away from them which will limit or exclude their access to prenatal care. The provision of quality prenatal care creates cost savings that are both short term and long term. Short term savings will result from reducing the use of emergency rooms for prenatal care and increased health of the newborn child and			
863	3872	FOUNDATION, Inc.	825 Euclid Avenue	Kansas City	MO	64124	20-0751739	501c(3)	mother.	\$100,000.00	Safety Net	
									Community-Centered Care Initiative The purpose of the C3 Initiative is to provide a coordinated system of health services and health-related activities for residents of Chouteau Courts and Riverside Gardens public housing developments. C3 is patient-centered and coordinated between Samuel U. Rodgers Health Center, Truman Medical Center, and the Housing Authority of Kansas City.			
									The C3 Initiative has incorporated the IHI Triple Aim into the Initiative, which is enabling SURHC to become proficient in executing the Triple Aim framework to better serve the housing development populations. The Triple Aim model will support the C3s efforts to improve on three priority areas: patient experience, address the specific needs of the residents for access to coordinated quality health care services, while reducing the cost of health care services.			
									In the first year of this Initiative, SURHC worked on smoking cessation programming as it relates to population health. With city requirement for housing developments to be smoke free as of July 1, these programs were important to address during the first phase of funding. Additionally, on-site staff worked with residents through needs assessments, identifying appropriate healthcare provider appointments and where appropriate enrolling in Medicald/ACA marketplace.			
53	1	Samuel U. Rodgers Health Center	P25 Fuelid Aug	Kanan Chu					As we plan for the second phase of implementing the C3 Initiative, programming will expand in year 2. Several community needs have been identified that fit into the Triple AIM goals that include: education on domestic violence, education on parenting skills, sex education classes, screenings and vaccines, and a class on staying healthy during Ramadan. All of these topics have been identified by staff in connection with			
53	38/3	Health Center	825 Euclid Ave	Kansas City	MO	64124	43-0899356	501c(3)	needs we have heard from the community. Providing Oral Health Care to the Uninsured and Vulnerable Project V	\$200,000.00	Safety Net	
94		Seton Center Family & Health Services	2816 East 23rd Street	Kansas City	мо	64127	42 0020000	F04 /21	To provide professional staffing, needy funds, equipment, and program support for oral health care for the uninsured and vulnerable including low-income children, the working poor, older adults, mentally ill, the homeless, and racial and ethnic minorities			
	FY14-	Southwest Boulevard Family Health Care Services of Greater		Indiada City		04127	43-0926003	501c(3)	in the greater Kansas City area. Safety Net Health Care This grant will help to sustain safety net healthcare services - including primary care, dentistry, and supportive services for a medically underserved population, who	\$250,000.00	Safety Net	
29	3874	Kansas City	340 Southwest Boulevard	Kansas City	KS	66103	48-1067752	501c(3)	primarily live in the urban core of Wyandotte County Kansas.	\$250,000.00	Safety Net	
86	FY14- 3836	Swope Health Services	3801 Blue Parkway	Kansas City	мо	64130	43-0957840	501c(3)	Dental Care for Low-Income, Uninsured & Underinsured Families This grant will 1) enable Swope Health Services to maintain its capacity to provide dental services for 7200 low-Income, uninsured and underinsured residents of the Kansas City metropolitan area by retaining a fulltime dentist and a fulltime dental assistant; and 2) add a Care Coordinator that will assist 300 patients with chronic illnesses in accessing the Integrated dental and medical services they need. Homeless Youth Campus Integrated Health Clinic	\$50,000.00	Safety Net	
220	FY14- 3875	Synergy Services, inc.	400 E. 6th Street	Parkville	мо	64152	43-0970674	501c(3)	The requested HCF grant funds will support Synergy's Homless Youth Campus onsite health clinic's key staff positions and a portion of the medical and dental partners'	\$114,000.00	Safety Net	
133		The Children's Mercy Hospital	2401 Gillham Rd	Kansas City	мо	64108	44-0605373	501c(3)	To support clinical staff who provide comprehensive care for children with complex, chronic, special health-care needs.	\$100,000.00	Safety Net	

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ID	#		1 (a) Name and address of o	rganization or p	governn	<u>ient</u>	IRS EIN#		Project Title & Brief Description	Amount Awarded	Grant Type	
									Perinatal Community Initiative (PCI) HCF funds will support a Licensed Master Social Worker (LMSW) to improve perinatal	na popularite de la deserva de la deserv		
	FY14-	Truman Medical Center							mental health outcomes for 125 women and their families through screening, care			
65	3857	Charitable Foundation	2310 Holmes, Suite 735	Kansas City	мо	64108	43-1194064	501c(3)	coordination, and provider and consumer awareness,	\$96,956.00	Safety Net	
									Health Care for Underserved Children HCF funds will enable Turner House to provide coordinated and integrated primary			
	FY14-								medical care, chronic care and preventive oral health care for uninsured and			
		Turper House Clipic Inc.	21 N. 12th Street, Suite 300	Kansas City	кs	66102	48-1151382	501c(3)	underserved children in Wyandotte County, Kansas.	\$225 000 00		
8/	56//	West Central Missouri	ZI N. IZUI Sueet, Suite 500	Kalisas City	- 10	00102	40-1131302	5010(5)	Women's Health Services	\$225,000.00	Safety Net	
	FY14-	Community Action							To provide reproductive health services and STD testing and treatment to men and			
24	3838	Agency	106 W. 4th St.	Appleton City	MO	64724	43-0838410	501c(3)	women that are low-income and/or uninsured.	\$115,000.00	Safety Net	
					7	otal Safety Net			31 Safety Net Grants	\$4,085,176.00		
									Total FDG Grants before adjusting entries:	\$10,575,176.00		
						· · · · · · · · · · · · · · · · · · ·			ADJUSTING ENTRIES		L	
					_				UMKC Miles of Smiles, FY11-2484 return of unspent funds	(\$3,133.69)		
									Reduction to Cornerstones of Care, FY12-2958, due to unspent funds	(\$183.00)		
									The Children's Mercy Hospital, FY09-1555 return of unspent funds	(\$4,739.33)		
+									The Children's Mercy Hospital, FY09-1555 final payment cancelled Shefield Place, FY08-1094 return of unspent funds	(\$21,906.00)		
+								-	Shefield Place, FY08-1094 reduction of grant	(\$6,054.00) (\$15,000.00)		
+					+ +				Legal Aid of Western MO, FY08-1052, return of unspent funds	(\$3,520.00)		
								_	Volded check #15464, Swope Health Services FY09-1388, Final payment never cleared	(\$30,000.00)		
						and a second			Voided check #14507 - St. Luke's Cancer Institute, FY09-1570 , Final payment never	(+//		1
-+								06.02.14	cleared KCMO School District, FY07-580, reduction of grant (final rpt never rec'd and grant	(\$17,236.00)		
								06.04.14	was terminated)	(\$6,000.00)		
								10.01.14	First Call/KC Youth Mercantile Alliance, FY12-2634 reduction of grant	(\$4,816.00)		
									Sunflower House, FY13-3286, reduction of grant	(\$93.00)		
									Legal Aid of Western MO, FY12-2987, final payment cancelled	(\$10,000.00)		
								11.19.14	Legal Aid of Western MO, FY12-2987, return of unspent funds	(\$7,275.00)		
								11.24.14	Developmental Disabilities Services of Jackson Co (EITAS), FY13-3152 reduction of grant	(\$222.20)		
+									UMKC Miles of Smiles, FY11-2484 return of unspent funds	(\$993.00) (\$457.53)		
\neg								12.10.1-	Total 2014 FDG Adjusting Entries	(\$131,406.55)	-	
	1999 1270				and the second second	a second a second a second a second	and the second	AN A DATE OF SMALL				
の戦	and a provide state								Total 2014 FDG Grants w/ Adjusting Entries: 85 Grants	\$10,443,769.45		
$\left\ \cdot \right\ _{1}$	2014	SPECIAL INITIATIV	E/OTHER GRANTS	an a	ind is			学的演		atta da anti-	1968-1977 (* 19	1904 - M
111	FY14-	2014 Healthy Lafayette							2014 Healthy Lafayette Award Melanie Corporan has designated Missouri Valley Community Action Agency to receive the funds		Special Initiatives/	
		Award								\$5,000.00	Other Grants	Direct Service
0									· · ·	+-/-0000	Special	Jervice
0					1 1						Initiatives/	1
109	FY14-	2014 Healthy Allen							2014 Healthy Allen Award Terri Kertzmeier designated Allen County Community		Other	
0 109 9	FY14- 3879	2014 Healthy Allen Award							2014 Healthy Allen Award Terri Kertzmeier designated Allen County Community Foundation to receive the funds	\$5,000.00	Other Grants	
109										\$5,000.00		
109									Foundation to receive the funds After the Harvest Since 2007, HCF has supported gleaning, the distribution of excess produce from farms directly to those in need, through grants to the Society of St. Andrew (SOSA). During that time, HCF has awarded almost \$900,000 which helped to distribute almost 15 million pounds of food have been to food pantries. This fills an important gap in that often food that are free lack nutritious value. In May of 2014, the staff of the local SOSA branch determined a local organization could more efficiently provide	\$5,000.00	Grants	
109									Foundation to receive the funds After the Harvest Since 2007, HCF has supported gleaning, the distribution of excess produce from farms directly to those in need, through grants to the Society of St. Andrew (SOSA). During that time, HCF has awarded almost \$900,000 which helped to distribute almost 15 million pounds of food have been to food pantries. This fills an important gap in that often food that are free lack nutritious value. In May of 2014, the staff of	\$5,000.00	Grants	

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Org ID	Request #		1 (a) Name and address of o	rganization or g	over	ment	IRS EIN#	section if				Type of
						ment			Project Title & Brief Description Kansas City No Violence Alliznce (KC NOVA) Years 2 & 3 This is a two-year capacity building request for core operating support totaling \$250,000. During the first year, \$150,000 will be executed and subsequent support of \$100,000 during year two. As in other epidemics, certain neighborhoods are more susceptible to crime than others. The poorest of neighborhoods are always the most vulnerable. If poverty increases, susceptibility to murder may increase as residents have no job, educational prospects and a lack of opportunity. Providing opportunities can help ward off a murder wave or escalation. Communities can inoculate	Amount Awarded	Grant Type	Activity
									themselves against murder by addressing the underlying risk factors. There is a need for funding to sustain case management services including funds for participant direct services. In order to achieve success, KC NoVA is dedicated to form new partnerships with numerous community leaders and neighborhoods to achieve its goals. The Local Initiative Support Corporation (LISC) collaborates with NoVA as part of a Justice Department, three-year \$1 million grant to focus violence-reduction efforts in a particular Prospect Corridor neighborhood. LISC is funding the efforts to fully fund the social services component and enhance communications effort to ensure that its			
517	FY14- 3960	ArtsTech	1522 Holmes Street	Kansas City	мо	64108	43-1013392	501c(3)	key messages are delivered effectively and strategically. The 2014 KC NoVA budget reflects up to \$4 million of In-kind costs contributed by collaborating law enforcement agencies and the office of the Mayor. KC NoVA has the opportunity to revitalize a community. By creating change we may prevent homicides that may be committed today.	\$250,000.00	Special Initiatives/ Other Grants	Capacity
657	FY14- 3632	City of Kansas City, Missouri, Aim4Peace	4600 E. 63rd Street, LL West	Kansas City	мо	64130	44-6000201	ntal	Violence Prevention Project 2014 AimdPeace is the city of KCMO's violence prevention initiative, housed in the Health Department. AimdPeace is supported by an independent evaluation. The total amount requested under the Health Care Foundation of Greater Kansas City Special Initiative Application is \$300,000 for a twelve month period. Aim4Peace is actively seeking to obtain matching funds beyond city allocations. Funding this grant proposal, the Health Care Foundation of Greater Kansas City will be supporting a unique opportunity for multiple generations to engage with each other by combining an innovative evidence-based intervention and aggressive public outreach campaign		Special Initiatives/ Other	
314	FY14-	Community Health Council of Wyandotte County, Inc.	755 Minnesota Ave	Kansas City	кѕ	66101	01-0674969	Agency 501c(3)	to combat retaliatory violence. Enroll Wyandotte Enroll Wyandotte focuses on community-based marketplace outreach, engaging faith communities, training nonprofit staff/volunteers, and health insurance literacy.	\$300,000.00	Grants Special Initiatives/ Other	Capacity
100 5		ConnectCASS	P.O. Box 984	11					Continued support of ConnectCASS will help to further strengthen the organization's viability and position as a leading education source, convener and promoter of broader issues of health in Cass County. The organization is seeking multi-year funding in order to build internal and external capacity and to allow for opportunities	\$99,900.00	Grants Special Initiatives/ Other	Advocacy
148	FY14-	Crittenton Children's Center	10918 Elm Avenue	Harrisonville Kansas City	мо	64701	43-1828599 44-0545808	501c(3)	to more responsive to community needs. Head Start Trauma Smart Replication Head Start Trauma Smart is a systemic practice model demonstrated over the last four years to effectively address the aftermath of violence and trauma within the context of a natural environment- Head Start classrooms.	\$200,000.00	Grants Special Initiatives/ Other	Capacity Direct
511	1	Curators of the University of Missouri -	University of Missouri - Kansas City Office of Research Services						Planning Effort to Prevent Type 2 Diabetes Mellitus	\$200,000.00	Grants Special Initiatives/ Other	Services
511	3975	UNIKC	5100 Rockhill Road	Kansas City	MO	64110	43-6003859	501c(3)	To initiate a community-wide planning effort of thought leaders around	\$50,000.00	1	Planning

Org			1 (a) Name and address of or	ganization or g	overnm	ient	IRS FIN#	(c) IRC section i			Type of
1111 8	# FY14- 3942		1 (a) Name and address of or 1001 G Street NW 8th Floor	<u>washington</u>	DC	20001	IRS EIN#	<u>applicabi</u> 501c(3)	Project Title & Brief Description Amount Awarded ACA Outreach and Enrollment Kansas Grantmakers in Health (KGIH) funding of \$780,000 to Enroll America will support the organization's following goals: 1. Raise awareness among Kansans through paid media of new health insurance options, availability of financial heip, what's covered, and important enrollment deadlines. 2. Collect the emails of 50,000 Kansans for an email marketing campaign designed to spur enrollment. 3. Drive Kansans to GetCoveredAmerica.org to learn more about financial help and new insurance options. 4. Connect Kansans with the Marketplace or in-person assistance to help them. 5. Provide and regularly update resources and tools. Such tools include the locator (which helps consumers find in-person assistance) and the online calculator for determining estimated monthy premiums (EA research found that consumers who used the calculator were more likely to enroll than consumers and Navigators or CACs (expected through our agreement with the REACH Foundation). 7. Liz Perry will continue to provide support on outreach and enrollment best practices in her role as Regional Manager, and will endeavor to keep Kansas stakeholders up to date on new data and resources coming out of EA National. KGIH Commitments are as follows: Sunflower Foundation \$50,000 \$50,000.00 MCP's Joint Use Project: Public Health Law Center The puppose of our effort is to promote actual joint use agreements by identifying the information and tools which decisions makers need to implement joint use agreements, and developing tools and trainings accordingly. While it is true that the majority of MO school districts do have policies which make joint use agreements theoretically possible, there has been no anal	Grant Type Special Initiatives/ Other Grants	Activity
633	1	Hartwig Legacy Foundation d/b/a KC Healthy Kids Health Care Coalition of Lafayette County d/b/a	650 Minnesota Avenue	Kansas City	кз	66101	20-4613795	501c(3)	policies. The Public Health Law Center has found that the most effective toolkits are developed after research and outreach to the decision makers most likely to use them. They have provided (and will continue to provide) assistance to the KC Healthy Kids team in identifying the questions and process for collecting this information. We (PHC team and partners) will conduct this research/outreach through 12/14. The Public Health Law Center team will analyze the findings and then work with KC Healthy Kids to develop a toolkit and webinar addressing key needs. FURT New Site - Wavering and Concortia HCC of Rural Missouri is requesting \$93,000 to help offset the cost to convert the organization from a Rural Health Clinic to a Federally Qualified Health Center. These	Special Initiatives/ Other Grants Special	Capacity
262	FY14- 3650	Health Care Collaborative of Rural Missouri	608 Missouri	Waverly	мо	64096	30-0349221	501c(3)	Initial costs are not reimbursable via any other method but necessary for the organization to be in compliance with the health center regulations set forth by the Bureau of Primary Health Care. \$75,000.00 . Safety Net Capacity Expansion initiative (Year 6) -	Initiatives/ Other Grants	
80	FY14- 3940	Health Partnership of Johnson County	407 S. Clairborne, Suite 104	Olathe	кѕ	66061	48-1115529	501c(3)	During Year 6 of this initiative, the participating safety net clinics: Kansas City Care Clinic, Swope Health Services (Missouri), Health Partnership of Johnson County and Southwest Boulevard Family Health Care (Kansas) will continue to provide the set of services established in the first year with a focus on primary care, including laboratory and pharmaceutical services \$100,000.00	Special Initiatives/ Other Grants	Capacity

Org ID	Request #		1 (a) Name and address of or	rganization or g	overn	ment	IRS EIN#	(c) IRC section i applicabl	f e Project Title & Brief Description	Amount Awarded	Grant Type	Type of Activity
290	FY14- 3972	Kansas Action for Children, inc.	720 SW Jackson, Ste. 201	Tpopeka	ĸs	66603	48-0879502	501c(3)	Kansas Center for Economic Growth (KCEG) 2014 - As a Matter of Fact: Balanced State Policies Ensure All Kansans Prosper Major tax cuts enacted in Kansas in 2012 and 2013 have caused the state to struggle to generate the kind of economic growth that almost every other state in the nation is experiencing during post-recession recovery. Originally intended to stimulate economic growth throughout the state and serve as a source of greater wealth for all Kansans, the tax cuts have not produced the job growth or broadly shared prosperity across the state as promised. The predicted modest growth and increased reserves were quickly wiped out as we experienced greater revenue losses in the first full year of the tax cuts than the combined losses experienced during the three years of the Great Recession. KCEG will utilize the support provided through this grant to build our outreach capacity to strengthen our ability to elevate the conversation around budget and tax policy and advance responsible policies that improve access to healthcare and other critical services for Kansans.	\$50,000.00	Special Initiatives/ Other	
438	FY14-	Kansas Association for the Medically Underserved	1129 South Kansas, Suite B		ĸs	66612	48-1110925	501c(3)	The Health Reform Resource Project The Health Reform Resource Project provides technical assistance to advocacy organizations, government agencies, and others, conducts public education, and enhances consumer and stakeholder engagement related to health reform and the Affordable Care Act (ACA) in Kansas. The Project will also administer a grant program, jointly funded by the foundations that comprise Kansas Grantmakers in Health (KGiH), to provide resources to Kansas organizations that seek to improve health and health	\$35,000.00	Grants Special Initiatives/ Other Grants	Capacity
275	FY14- 3633	Kansas Children's Service League	1365 N. Custer	Wichita	ĸs	67203	48-0543749	501c(3)	Kansas Power of the Positive The purpose of the Kansas Power of the Positive project (KPoP) is to shift policy, practice, and cultural norms from a perspective that child maltreatment is an issue with negative lifespan consequences that must be remediated towards a public	\$75,000.00	Special Initiatives/ Other Grants	Planning
101 6	FY14- 3941	Kansas City CARE Clinic	3515 Broadway	Kansas City	мо	64111	43-0967292	501c(3)	During Year 6 of this initiative, the participating safety net clinics: Kansas City Care Clinic, Swope Health Services (Missouri), Health Partnership of Johnson County and Southwest Boulevard Family Health Care (Kansas) will continue to provide the set of services established in the first year with a focus on primary care, including laboratory	\$150,000.00	Special Initiatives/ Other Grants	Capacity
13	FY14- 3786	Kansas City Consensus	4301 Holmes Street	Kansas City	мо	64110	43-1305776	501c(3)	HCF 2014 Community Conversation on Health (10th Anniversary Public Engagement) As the Health Care Foundation of Greater Kansas City approaches its tenth year of grantmaking, it is reaching out to its community. The foundation provides grants in the areas of health, mental health, and safety net services. It has already begun to engage providers via a survey, interviews and other methods. Now, the foundation intends to bring consumers to the table to share their own stories directly and to inform the direction for the foundation's coming decades. The purpose of engaging consumers: HCF seeks community perceptions of community health, health barriers and health successes to guide HCF's advocacy, grant making, and community leadership responsibilities.	\$151,123.00	Special Initiatives/ Other Grants Special Initiatives/ Other Grants \ Contracts	
209	FY14- 3653	Kansas City Quality Improvement Consortium, Inc.	6000 N. Oak Trafficway, Suite 300	Kansas City	мо	64118	20-2294428	501c(3)	The purpose of the KC-TUAC program is to provide children suffering from asthma with high quality health care management based upon national guidelines through a cross-setting community-based delivery model. KC-TUAC works with schools, clinics, families and providers to implement evidence based practices and enhance	\$176,392.00	Special Initiatives/ Other Grants	berning
209	FY14- 3654		6000 N. Oak Trafficway, Suite 300	Kansas City	мо	64118	20-2294428		Transitions of Care Registry The purpose of the project is to build and Implement a Transitions of Care Registry that will initially support the management of data for 10,000 Medicare Fee for Service and Dual Eligible patients in the bi-state Metropolitan area. The Registry will facilitate data analysis and reporting for the Community Transitions of Care Program, a project funded by the Centers of Medicare and Medicald Services to reduce all cause readmission rates for the Medicare patients specified above.	\$100,000.00	Special Initiatives/ Other Grants	Planning

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Org	Request							(c) IRC section if				Time of
ID	#		1 (a) Name and address of o	rganization or g	overni	ment	IRS EIN#		Project Title & Brief Description	Amount Awarded	Grant Type	Type of Activity
									The Health Care Foundation of Greater Kansas City (HCF) is asked to contribute \$10,000 to Kansas Public Radio in order to support Bryan Thompson's health reporting for 2012-2015. Bryan Thompson, an Edward R. Murrow and "PRNDI" (from Public Radio News Directors, Inc) award winning Health Reporter, covers stories critical to HCF's mission including raising awareness about health insurance exchanges, Medicaid expansion, KanCare and other public health policies. KPR's audience includes a high percentage of Kansas policymakers.			
110 7	FY14- 3915	Kansas Public Radio (The University of Kansas Center for Research)	University of Kansas 1120 West 11th Street	Lawrence	кѕ	66044	48-1124839		The grant will be funded by a joint grant from four health foundations: • Sunflower Foundation - \$130,00, • United Methodist Health Ministry Fund - \$23,000 • Kansas Health Foundation - \$10,000 • Lice for each		Special Initiatives/ Other	
770	FY14-	Kansas University Endowment Association	P.O. Box 928	Lawrence	KS	66047 - 3743		E04-/2	 HCF - \$10,000 Kansas Action Coalition (KSAC) The Kansas Action Coalition (KSAC) is being awarded \$45,000 to continue its efforts toward improving leadership and advocacy skills among RNs in Kansas. Grant funds will help support the KSAC in accomplishing its project goals for 2014-2015 of building leadership and mentoring skills, and for building advocacy capacity among Kansas RNs. This is essential for improving quality of the healthcare delivery process and estimate to the sential for improving quality of the healthcare delivery process and estimate to the sential for improving quality of the healthcare delivery process and estimate to the sential for improving quality of the healthcare delivery process and estimate to the sential for improving quality of the healthcare delivery process and estimate to the sential for improving quality of the healthcare delivery process and estimate to the sential for improving quality of the healthcare delivery process and estimate to the sential for improving quality of the healthcare delivery process and estimate to the sential for improving quality of the healthcare delivery process and estimate to the sential for improving quality of the healthcare delivery process and estimate to the sential for improving quality of the sential for improving the sential for improving quality of the sential for improving the sential for	\$10,000.00	Grants Special Initiatives/ Other	
430	FY14-	MetroCare	5810 NW Barry Road, Lower Level	Kansas City	MO	64154	48-0547734	501c(3)	patient outcomes. 2014 Access to Primary & Specialty Care (Year 5) - MetroCare, Northland Care & Wylo Care The MetroCARE/Wy-Jo Care partnership seeks funding to continue to provide referral services to medically indigent patients in Greater Kansas City for charitable primary and specialty care.	\$45,000.00	Grants Special Initiatives/ Other	Planning Direct
445	FY14- 3648	Mid-America Regional Council Community Services Corporation	600 Broadway	Kansas City	мо	64105	20-1824454		Regional Health Care Initiative (RHCI) 2014 The HCF grant will allow RHCI to provide education, facilitation and administrative and fiscal support to the Safety Net Collaborative (SNC) and the Metropolitan Mental Health Stakeholders (MMHS) as well as some smaller workgroups including: Oral Health Access Committee, Community Health Workers Committee	\$150,000.00	Grants Special Initiatives/ Other Grants	Services
445	FY14- 3785	Mid-America Regional Council Community Services Corporation	600 Broadway	Kansas City	мо	64105	20-1824454	501c(3)	Community Transformation Grant, Year 3 This is continued funding to support a program initiated through the funds from the Centers for Disease Control Community Transformation Grant.	\$85,000.00	Special Initiatives/ Other	
445	FY14- 3913	Mid-America Regional Council Community Services Corporation	600 Broadway	Kansas City	мо	64105	20-1824454	501c(3)	Outreach Services for Health Insurance Marketplace Navigators and CACs in Greater Kansas City MARC is modestly funded by the REACH Health Care Foundation to provide some support to Kansas City area Certified Application Counselors (CACs) and Navigator organizations to enhance their capacity to enroll area residents in the federal health insurance exchange. Additional funds for the time period September 1, 2014 through May 31, 2015, would be helpful to increase outreach support for these community organizations. MARC CSC has the capacity to provide convening and coordination services, website support, public affairs support for communications and outreach and training services.	\$60,500.00	Grants Special Initiatives/ Other Grants	Planning
172	FY14- 3977	Missouri Coalition for Primary Health Care, dba Missouri Primary Care Association	3325 Emerald Lane	Jefferson City	мо	65109	43-1419937	501c(3)	ICD-10 Educational Trainings - 3-part Series To provide ICD-10 Preparation Awareness Education to organizations within HCF's service area.	\$25,000.00	Special Initiatives/ Other	
610	1	Missouri Foundation for Health	415 South 18th Street, Suite 400	St. Louis	мо	63103-2269	43-1880952	Other	Greater Kansas City Regional Hub Support through Cover Missouri The Missouri Foundation for Health is engaging multiple community partners for this project. Chiefly MFFH will partner with the Mid-America Regional Council (MARC) to serve as the hub coordinator for the greater Kansas City regional hub by facilitating regular meetings, coordinating member organizations' outreach events and collaborating with partners who are engaged in health insurance Marketplace-related work. Member organizations and individuals who are certified to assist with enrollments shall conduct awareness and enrollment events and sessions. These activities will be informed and supported by Health Literacy Missouri for health insurance literacy training, expertise and technical assistance; Community Catalyst for capacity building, staff learning and hub facilitation; Fleishman-Hillard for media and marketing, coalition development and awareness support; StratCommRX for facilitation and information-sharing; and Washington University in St. Louis for	\$30,000.00	Grants Special Initiatives/ Other Grants	Planning

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4	#	1	1 (a) Name and address of o	rganization or g	overnme	ent	IRS EIN#	applicable	Project Title & Brief Description	Amount Awarded	Grant Type	1
	FY14-	Missouri Health							Missouri Medicaid Coalition In Missouri's conservative legislative environment, passage of Medicaid expansion will take a multi-layered approach that will require grassroots work of informing and mobilizing Missouri citizens throughout the state, combined and coordinated with lobbying efforts of many consumer, provider and business groups in the capitol. After much analysis of the 2014 session with a broad spectrum of groups, it is clear that the		Special Initiatives/ Other	
'9	3967	Advocacy Alliance	606 East Capitol Avenue	Jefferson City	мо	65101	26-3426303	501c(3)	grassroots need to play a key and heightened role during 2015. Kansas City Clean Air Project HCF grant funds would support an organizer to mobilize the community to demand	\$113,588.00	Grants Special	Advocac
8	FY14- 3794	Sierra Club Foundation	2818 Sutton Boulevard	Saint Louis	мо	63143	946069890	501c(3)	regulatory action from the State of Missouri to reduce sulfur dioxide pollution in Kansas City.	\$20,000.00	Initiatives/ Other Grants	Capacity
9	FY14- 3938	Southwest Boulevard Family Health Care Services of Greater Kansas City	340 Southwest Boulevard	Kansas City	кs	66103	48-1067752	501c(3)	Safety Net Capacity Expansion (Year 6) During Year 6 of this initiative, the participating safety net clinics: Kansas City Care Clinic, Swope Health Services (Missouri), Health Partnership of Johnson County and Southwest Boulevard Family Health Care (Kansas) will continue to provide the set of services established in the first year with a focus on primary care, including laboratory and pharmaceutical services.	\$75,760.00	Special Initiatives/ Other Grants	Capacity
2		Support Kansas City Inc.	5960 Dearborn Street Suite #200	Mission	KS	66202	31-1717007	501c(3)	SKC 2013-2014 Capacity Building Campaign (Year 2) Year-two funding for our capacity building activities will support adding an accounting professional to meet our demand for services. Every space is occupied (including conversion of our small meeting/training room) and this additional position will require leasing additional office space. Our 2014 service hour projections are ahead of schedule, but to maintain our velocity, we need to recruit qualified staff and provide efficient work space. We have more work to do and we are excited about the opportunities our increased capacity has created for us, further expanding the supporting role we will play in our nonprofit community in 2014!	\$25,000.00	Special Initiatives/ Other Grants	Capacity
	FY14- 3939	, Swope Health Services	3801 Blue Parkway	Kansas City	MO	64130	43-0957840		Safety Net Capacity Expansion Initiative (year 6) During Year 6 of this initiative, the participating safety net clinics: Kansas City Care Clinic, Swope Health Services (Missouri), Health Partnership of Johnson County and Southwest Boulevard Family Health Care (Kansas) will continue to provide the set of services established in the first year with a focus on primary care, including laboratory and pharmaceutical services.	\$97,084.00	Special Initiatives/ Other Grants	Capacity
	FY14-	The Children's Mercy							Support for Missouri Children's Services Subcommittee on Childhood Obesity		Special Initiatives/ Other Grants \ CEO- Approved Special	
3	3784 FY14- 3753	Hospital Topeka Community Foundation	2401 Gillham Rd 5431 SW 29th Street, #300	Kansas City	KS	64108	44-0605373 48-0972106	501c(3)	The KGIH Fund will still provide support for health reform, emphasizing projects that enhance access to care, improve quality and outcomes, and reduce the growth in costs. Grantees will not, however, be limited to those that need support to pursue federal programs through the ACA. Local, regional, and state-based projects that are consistent with the goals of health reform – increasing access to care, enhancing quality and outcomes, and reducing the growth in costs – will be considered for funding, even if they are not designed to support a related application to the federal programs to	\$15,000.00	Initiative Special Initiatives/ Other	Plannin
	FY14-	Truman Medical Center	2310 Holmes, Suite 735	Kansas City	мо	64108	43-1194064		government. TMC Behavioral Health Emergency Department The requested \$400,000 grant would support approximately 500 individuals to receive psychiatric emergency services through the TMC BHED over a one-year period. Due to symptoms associated with mental illness, these individuals experience extreme poverty, limiting their ability to afford psychiatric care. The following section outlines program key components that make up TMC's comprehensive behavioral health emergency system. With HCF's support for direct patient care, TMC BHED patients would receive services that are appropriate to their unique needs. 1) Psychiatric Emergency Services 2) Inpatient Services 3) Homeless Services 4) Substance Abuse Services	\$50,000.00	Grants Special Initiatives/ Other Grants	Plannin Direct Services
6	FY14- 3969	Unified Government of Wyandotte County/Kansas City, KS - - Mayor's Office	701 N. 7th Street, Ste. 926	Kansas City	ĸs	66101	481194075	Governme ntal	Healthy Campus Project (Years 2 & 3) To fund a Project Manager and related expenses for the Healthy Campus, a public/private venture that will address health disparities in the eastern end of urban Kansas City, Kansas. The Healthy Campus includes a grocery store and a YMCA community center. The Project Manager will provide leadership, build and maintain community engagement and champion the vision of the project.		Special Initiatives/ HCF2014 / Grants	

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	Request							section if				Type of
D	H		1 (a) Name and address of o	rganization or p	governi	ment	IRS EIN#	applicable	Project Title & Brief Description	Amount Awarded	Grant Type	Activity
	1								Marketplace Education, Outreach & Enrollment			
									This Grant Application arises from several needs:		1	
									 A lack of Information and awareness of health insurance options 			
									 Misinformation surrounding the Marketplace and the Affordable Care Act 			
									No identified local centralized call center hub for people to call for help, specifically			
									concerning information on Marketplace health insurance options and local resources		1	
									for enrollment.			
								1	Lack of adequate data collection for analysis, especially data captured during the			
									enrollment period.			
									enrollment period.			
									Adams submode to the community is needed to mise suprement excite residents in			
									More outreach to the community is needed to raise awareness, assist residents in receiving education about their medical insurance options, connect residents to local			
	1										Special	
									organizations that can help them enroll in health insurance, or, if not able to afford		Initiatives/	
			801 West 47th Street, Suite						private health insurance or eligible for Medicaid, provide Information and referral to a		Other	
2	3902	Kansas City, Inc.	500	Kansas City	MO	64112	44-0545812	501c(3)	wide variety of community resources to help meet their needs. Bancroft II Implementation Plan	\$106,025.00	Grants	Advocacy
									To support an implementation plan that will promote development of new, LEED		Special Initiatives/	
		Linkson Mainhhauhaad							Platinum, mixed income homes in a low income neighborhood working to establish a		Other	
1		Urban Neighborhood Initiative Inc	2700 E. 18th St., Suite 261	Kansas City	мо	64127	454879810	501c(3)	healthy community	\$50,000.00	Grants	Planning
	3944	Initiative inc	2700 E. 1801 St., Suite 201	Kalisas City		04127	454675010	5010(5)		\$50,000.00	Special	Thanning
											Initiatives/	
1	FY14-	Urban Neighborhood							Core Operations Support		Other	
7	3968	Initiative Inc	2700 E. 18th St., Suite 261	Kansas City	мо	64127	454879810	501c(3)	To support ongoing efforts to build healthy communities in the UNI service area.	\$20,000.00	Grants	Capacity
	3300		2700 1. 2011 01. 0410 202	Kuribub City				1				
ę.	3500			Kurisus City		a contration and a second	$\frac{W^{(n)}_{i}(f_{i}^{(1)}, \sigma)}{f_{i}^{(n)}(\sigma)} d\sigma = \frac{\omega^{(1)}}{H} \frac{f_{i}^{(n)}(\sigma)}{f_{i}^{(n)}} d\sigma$	e je Ostanije	Total: 40 Special Initiative/Other Grants	\$4,275,372.00		$U_{ijk}^{\mathrm{der}/r} \overset{\mathrm{der}}{\to} \overset{\mathrm{der}}{$
	3300	an an thairtean an an thairtean a Thairtean an thairtean				a en tra Angel Cassill	ration from	e je Bačni je	Total: 40 Special Initiative/Other Grants	<u>\$4,275,372.00</u>	adaparda a	
		nga biyi mayani yangara T				a oraș sărga în escăt 	nation freider	e jetështije L	Total: 40 Special Initiative/Other Grants ADJUSTING ENTRIES	<u>\$4,275,372.00</u>		
		ng Synthys Contorna 						 		<u>\$4,275,372.00</u> (\$42,800.00)		
			esettu mile ülte eregi gi -4					<u>Date</u> 10.21.14	ADJUSTING ENTRIES ConnectCass, FY13-3348, reduction of grant Support KC, FY13-3502, return of unspent funds			
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								<u>Date</u> 10.21.14 12.16.14 11.21.14	ADJUSTING ENTRIES ConnectCass, FY13-3348, reduction of grant Support KC, FY13-3502, return of unspent funds MARC FY14-3913 funded add'I amount from Marketplace Coverage Initiative Project, FY14-3825 MO Primary Care Assoc, FY13-3897, funded by transfer from 2013 Marketplace Coverage Initiative FY13-3199	(\$42,800.00) (\$4,790.00)		
								_ <u>Date</u> _ 10.21.14 _ 12.16.14 _ 11.21.14 _ 08.13.14	ADJUSTING ENTRIES ConnectCass, FY13-3348, reduction of grant Support KC, FY13-3502, return of unspent funds MARC FY14-3913 funded add'I amount from Marketplace Coverage Initiative Project, FY14-3825 MO Primary Care Assoc, FY13-3897, funded by transfer from 2013 Marketplace Coverage Initiative FY13-3199 KS Assoc. of the Medically Underserved FY13-3896 funded by transfer from 2013	(\$42,800.00) (\$4,790.00) \$18,087.22 \$75,000.00		
								_ <u>Date</u> _ 10.21.14 _ 12.16.14 _ 11.21.14 _ 08.13.14	ADJUSTING ENTRIES ConnectCass, FY13-3348, reduction of grant Support KC, FY13-3502, return of unspent funds MARC FY14-3913 funded add'I amount from Marketplace Coverage Initiative Project, FY14-3825 MO Primary Care Assoc, FY13-3897, funded by transfer from 2013 Marketplace Coverage Initiative FY13-3199 KS Assoc. of the Medically Underserved FY13-3896 funded by transfer from 2013 Marketplace Coverage Initiative FY13-3199	(\$42,800.00) (\$4,790.00) \$18,087.22		
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								Date 10.21.14 12.16.14 11.21.14 08.13.14 08.13.15	ADJUSTING ENTRIES ConnectCass, FY13-3348, reduction of grant Support KC, FY13-3502, return of unspent funds MARC FY14-3913 funded add'I amount from Marketplace Coverage Initiative Project, FY14-3825 MO Primary Care Assoc, FY13-3897, funded by transfer from 2013 Marketplace Coverage Initiative FY13-3199 KS Assoc. of the Medically Underserved FY13-3896 funded by transfer from 2013 Marketplace Coverage Initiative FY13-3199 Missouri Health Advocacy Alliance FY13-3657 funded by transfer from Medicaid Expansion Initiative FY13-3199	(\$42,800.00) (\$4,790.00) \$18,087.22 \$75,000.00		
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								 	ADJUSTING ENTRIES ConnectCass, FY13-3348, reduction of grant Support KC, FY13-3302, return of unspent funds MARC FY14-3913 funded add'I amount from Marketplace Coverage Initiative Project, FY14-3825 MO Primary Care Assoc, FY13-3897, funded by transfer from 2013 Marketplace Coverage Initiative FY13-3199 KS Assoc. of the Medically Underserved FY13-3896 funded by transfer from 2013 Marketplace Coverage Initiative FY13-3199 Missouri Health Advocacy Alliance FY13-3657 funded by transfer from Medicaid Expansion Initiative FY13-3199 Missouri Primary Care Assoc. FY13-3658 funded by transfer from Medicaid Expansion Initiative FY13-3199 KS University Endowment FY13-3659 funded by transfer from Marketplace Coverage Initiative FY13-3481 KC Consensus FY13-	(\$42,800.00) (\$4,790.00) \$18,087.22 \$75,000.00 \$48,620.00 \$59,200.00 \$45,000.00 \$47,448.00 \$245,765.22		
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