

Health Care Foundation of Greater Kansas City Whistle-Blower and Anti-Retaliation Policy

GENERAL POLICY STATEMENT

Management is responsible for establishing the cultural environment, training employees and board members, assessing fraud risks, implementing internal controls and monitoring activities designed to prevent and detect misappropriation of assets and intentional material misrepresentation of financial or other data or other actions constituting fraud.

Whistle-blower provisions are intended to provide parameters, definition, procedures and protection to those involved in the discovery and or subsequent reporting of violations of the organization's ethical, fraud control, or conflict of interest policies.

It is management's responsibility to communicate this policy to all board members, employees, and volunteers and their responsibility to comply with this policy.

Employees are encouraged to address issues of concern first, with their direct supervisors or the CEO. If issues cannot be resolved, or involve the CEO or are of a fraudulent nature, then escalating them to the Audit Committee is appropriate.

EXAMPLES OF FRAUD AND OTHER UNETHICAL ACTS

- Theft of cash, securities, merchandise, equipment, supplies or other assets.
- Destruction, removal, and/or inappropriate use of records, furniture, fixtures, or other resources.
- Submission of personal or fictitious employee expenses for reimbursement or fictitious or inflated vendor invoices or payroll records for payment.
- Forgery or fraudulent alteration of any check, bank draft, statement, billing, record, form, report, return or other financial document.



- Intentional material misclassification or misrepresentation of revenues, expenses, costs or other data in financial statements, reports, regulatory returns, applications or other communications.
- Accepting or seeking anything of material value from contractors, vendors or others. Exception: Gifts of de minimis value.
- Violations of applicable laws and regulations that govern Foundation operations.
- Violations of ethical behavior as described in the Employee Handbook
- Violations of the Conflict of Interest Policy.
- Planning, facilitating or concealing any of the above.

SCOPE OF POLICY

This policy applies to significant malfeasance, fraud or suspected fraud involving board members, employees, vendors, contractors, grantees and others doing business with the organization.

Irregularities concerning an employee's moral or behavioral conduct should be resolved by departmental management. If there is any question as to whether an action constitutes fraud, contact the Chairman of the Audit Committee for guidance.

Any investigative activity required will be conducted without regard to the suspected wrongdoer's length of service, position/title, or relationship to the organization.

DEFINITION OF A WHISTLE-BLOWER

A whistle-blower is defined as any individual, inside or outside the organization, who provides substantiated information regarding concerns of questionable accounting or auditing matters, fraud, breaches of ethics policies, or conflicts of interest perpetrated by an employee, board member, volunteer, vendor, contractor, grantee or other individual doing business with the organization.



REPORTING RESPONSIBILITIES AND SAFEGUARDS

It is the responsibility of every board member and employee to report, preferably in writing, discovered or suspected unethical or fraudulent activity immediately to the Chairman of the Audit Committee or Board Chairman. Written reports may be submitted securely (anonymously or otherwise) on HCF's website at: <https://hcfgkc.org/whistleblower/>. Submitted reports will be automatically routed to the current Audit Committee Chair and Board Chair. The Audit and Board Chair have authority to forward concerns to management or other governing committees as deemed appropriate. For example, the employee handbook details procedures for associates to report alleged discrimination and harassment violations. This fraud-control and whistle blower policy is not meant to usurp reporting mechanisms in place for concerns extraneous to the scope of this policy.

No reporting party who in good faith reports such a matter will suffer harassment, retaliation, firing, demotion, suspension, or any other adverse consequences by the Health Care Foundation. Any board member or employee who harasses or retaliates against the reporting party is subject to discipline up to and including termination of employment, or removal from board. Additionally, no board member or employee will be adversely affected because they refuse to carry out a directive which constitutes fraud or is a violation of state or federal law.

Any allegation that proves to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense and subject to discipline up to and including termination of employment or removal from board.

CONFIDENTIALITY

All information received from the reporting party will be treated as confidential. Every effort will be made to keep the identity of the reporting party confidential, consistent with the need to conduct an adequate and fair investigation. Allegations will not be discussed with anyone other than those who have a legitimate need to know. It is important to protect the rights of the persons accused, to avoid damaging their reputation should they be found innocent and to protect the organization from potential liability.



The reporting party should be informed of the following:

- Do not contact the suspected individual in effort to determine facts, personally conduct investigations, interviews or interrogations related to the alleged fraudulent activity.
- Do not discuss the case, facts, suspicions, or allegations with anyone unless specifically asked to do so by the investigating body.

INVESTIGATION RESPONSIBILITIES

The Audit Committee has the primary responsibility for investigation of all suspected fraudulent or unethical acts as defined in this policy. The Chair of the Audit Committee will acknowledge receipt of the concern within 10 business days (if it was not submitted anonymously). The Audit Committee has authority to retain outside legal counsel, accountants, private investigators, or any other resource necessary to conduct a thorough investigation. If the investigation substantiates that fraudulent activities have occurred, reports will be issued to appropriate designated personnel and the Board of Directors through the Audit Committee.

Decisions to prosecute or refer the examination results to the appropriate law enforcement and/or regulatory agencies for independent investigation will be made in conjunction with legal counsel, HCF board and executive management, as will final decisions on disposition of a case.

The investigation may include but is not limited to examining, copying and/or removing all or a portion of the contents of computers, computer files, disks, tapes, other electronic storage devices, files, desks, cabinets and other facilities of the organization without prior knowledge or consent of any individual who may use or have custody of such items or facilities when it is within the scope of the investigation.

Communications regarding investigation of alleged activities must be handled with great care and discretion. No information concerning the status of an investigation will be given out. The proper response to any inquiry is: "I am not at liberty to discuss this



matter.” Under no circumstances should any reference be made to “the allegation,” “the crime,” “the fraud,” “the forgery,” “the misappropriation,” or any other specific reference.

TERMINATION/ DISCIPLINARY ACTIONS

If an investigation results in a recommendation to terminate an individual or other appropriate disciplinary actions, the recommendation will be reviewed for approval by the employee’s manager, human resources, President & CEO, Board & Audit Chair, and by legal counsel, before any such action is taken.

ADMINISTRATION

Executive Management is responsible for the administration, revision, and application of this policy. The policy will be reviewed annually and revised as needed under the oversight of the Audit Committee.

