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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization THE REACH HEALTHCARE FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 6700 ANTIOCH, SUITE 200 — Room/suite

City or town, state or country, and ZIP + 4 MERRIAM, KS 66204

D Employer identification number 20-0337230

E Telephone number (913) 432-4196

G Gross receipts $ 8,286,271.

F Name and address of principal officer BRENDA R. SHARPE
6700 ANTIOCH, SUITE 200 MERRIAM, KS 66204

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.REACHHEALTH.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2004 **M** State of legal domicile KS

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO ADDRESS THE HEALTH AND HEALTH CARE NEEDS OF MEDICALLY INDIGENT AND UNDERSERVED RESIDENTS OF ALLEN, JOHNSON & WYANDOTTE COUNTIES IN KS AND CASS, JACKSON, AND LAFAYETTE COUNTIES IN MO.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of employees (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-63,933.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-63,933.

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Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	25,000.	10,000.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,065,139.	-149,979.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-87,734.	-87,665.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,002,405.	-227,644.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,445,018.	4,971,483.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	740,703.	863,183.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,253,364.	1,101,258.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,439,085.	6,935,924.
19	Revenue less expenses Subtract line 18 from line 12	-1,436,680.	-7,163,568.

Net Assets or Fund Balances

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	96,931,327.	112,466,415.
21	Total liabilities (Part X, line 26)	3,473,619.	3,365,926.
22	Net assets or fund balances Subtract line 21 from line 20	93,457,708.	109,100,489.

Part II Signature Block

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

Sign Here

▶ Brenda R Sharpe — Signature of officer — Date ✓ 10/6/10

▶ ✓ Brenda R. Sharpe, President/CEO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date SEP 29 2010 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD, LLP
1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246

EIN ▶

Phone no ▶ 816 221-6300

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Form **990** (2009)

JSA
9E1010 3 000

G19 4

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
INFORM AND EDUCATE THE PUBLIC AND FACILITATE ACCESS TO QUALITY HEALTHCARE FOR POOR AND UNDERSERVED PEOPLE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 1,901,181 including grants of $ 1,695,514) (Revenue $ 0)
MENTAL HEALTH GRANTS ARE AWARDED TO SUPPORT ACCESS TO MENTAL HEALTH SERVICES FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED. THESE GRANTS ADDRESS EARLY INTERVENTION FOR CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH/BEHAVIORAL PROBLEMS, TRAINING FOR AGENCY STAFFS ON COMPLEX TRAUMA, CONNECTING INDIVIDUALS WITH CULTURALLY COMPETENT MENTAL HEALTH SERVICES AND OTHER RELATED WORK. IN 2009, 23 MENTAL HEALTH GRANTS WERE AWARDED.

4b (Code _____) (Expenses $ 1,682,734 including grants of $ 1,500,698) (Revenue $ 0.)
SAFETY NET HEALTH SERVICES GRANTS INCREASE ACCESS TO COMPREHENSIVE PRIMARY CARE FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED. SAFETY NET HEALTH SERVICES GRANTS SUPPORT THE OPERATIONS OF PRIMARY CARE CLINICS THAT SERVE IN LOW-INCOME AND UNINSURED POPULATIONS, CHRONIC DISEASE MANAGEMENT AND REFERRALS TO SPECIALTY HEALTH SERVICES AND OTHER RELATED WORK. IN 2009, 24 SAFETY NET HEALTH SERVICE GRANTS WERE AWARDED.

4c (Code _____) (Expenses $ 1,323,310 including grants of $ 1,115,019) (Revenue $ 0)
SYSTEMIC GRANTS SUPPORT ORGANIZATIONS AND PROGRAMS THAT IMPROVE ACCESS TO AND QUALITY OF HEALTH CARE SERVICES FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED BY WORKING ON PROCESSES AND POLICIES ACROSS MULTIPLE ORGANIZATIONS, SYSTEMS AND SECTORS. ORGANIZATIONS THAT RECEIVE SYSTEMIC GRANTS DO NOT, THEMSELVES, PROVIDE DIRECT PATIENT CARE. IN 2009, 26 SYSTEMIC GRANTS WERE AWARDED.

4d Other program services (Describe in Schedule O)
(Expenses $ 810,253 including grants of $ 660,252) (Revenue $ 0)

4e Total program service expenses ▶ 5,717,478.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securitiesin Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
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		X
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		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States 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	X	
24 a	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 question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25 a	**Section 501(c)(3) and 501(c)(4) 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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, 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? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 13		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 10		
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* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	17		
b	Enter the number of voting members that are independent	1b	17		
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?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply
[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JO YUN 6700 ANTIOCH SUITE 200 MERRIAM, KS 66204
913-432-4196

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- 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 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STANLEY BRAND GRANTS COMMITTEE CHAIRMAN	5.00	X		X				0.	0.	0.
ZENY BUSTILLO-SCHMIDT BOARD MEMBER	5.00	X						0.	0.	0.
HEIDI CASHMAN BOARD MEMBER	5.00	X						0.	0.	0.
PAM CHAPIN BOARD MEMBER	5.00	X						0.	0.	0.
LINDA CLARKSON SECRETARY & BOARD MEMBER	5.00	X		X				0.	0.	0.
JOSHUA FREEMAN, M.D. AT-LARGE MEMBER & BOARD MEMBER	5.00	X		X				0.	0.	0.
FRANK FRIEDMAN VICE CHAIRMAN & BOARD MEMBER	5.00	X		X				0.	0.	0.
SCOTT GLASRUD TREASURER & FIN. COM. CHAIRMAN	5.00	X		X				0.	0.	0.
JACK HOLLAND BOARD MEMBER	5.00	X						0.	0.	0.
ANITA METOYER AT-LARGE MEMBER & BOARD MEMBER	5.00	X		X				0.	0.	0.
TIM MICHEL BOARD MEMBER	5.00	X						0.	0.	0.
SHERRY PAYNE BOARD MEMBER	5.00	X						0.	0.	0.
BOB REGNIER BOARD MEMBER	5.00	X						0.	0.	0.
TOM ROBINETT CHAIRMAN & BOARD MEMBER	5.00	X		X				0.	0.	0.
JANIE SCHUMAKER BOARD MEMBER	5.00	X						0.	0.	0.
GLEN SINGER, M.D. BOARD MEMBER	5.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRENDA BOHATY, D.D.S. BOARD MEMBER	5.00	X						0.	0.	0.
KEN DAVIS BOARD MEMBER	5.00	X						0.	0.	0.
WILLIAM L. BRUNING BOARD MEMBER	5.00	X						0.	0.	0.
KAREN GILPIN BOARD MEMBER	5.00	X						0.	0.	0.
BRENDA R. SHARPE PRESIDENT & CEO	40.00			X				145,243.	0.	42,022.
CHRISTINE M. WICHMAN CFO	24.00			X				31,046.	0.	1,863.
JOANNE R. YUN CFO	32.00			X				35,268.	0.	17,476.
ELIZABETH ANNE TOPPER VP OF PROGRAMS	40.00					X		92,142.	0.	22,509.
1b Total ▶								303,699.	0.	83,870.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCATES MENLO PARK, CA 94025	INVEST. CONSULTANT	131,972.
NYES LEDGE BOSTON, MA 2110	INVESTMENT MANAGER	128,864.

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

Part VIII Statement of Revenue 20-0337230

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,000.			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f ▶		10,000			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,279,933		8,222	1,271,711
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		70		70	
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses	8,583				
	c Rental income or (loss)	-8,583.				
	d Net rental income or (loss) ▶		-8,583		-8,583	
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7,073,828 / 1,592				
	b Less cost or other basis and sales expenses	8,505,332				
	c Gain or (loss)	-1,431,504 / 1,592				
	d Net gain or (loss) ▶		-1,429,912		15,510	-1,445,422
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶		0			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶		0			
	Miscellaneous Revenue	Business Code				
	11a INCOME FROM INVESTMENT PARTNERSHIPS	900099	-79,152		-79,152	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ▶		-79,152			
	12 Total Revenue See instructions ▶		-227,644	0	-63,933	-173,711

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,971,483.	4,971,483.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	272,918.	74,906.	198,012.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	456,892.	386,975.	69,917.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	35,128.	30,492.	4,636.	
9 Other employee benefits	51,110.	44,121.	6,989.	
10 Payroll taxes	47,135.	32,057.	15,078.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	85,384.	2,669.	82,715.	
c Accounting	23,748.		23,748.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	563,634.		563,634.	
g Other	170,073.	164,014.	6,059.	
12 Advertising and promotion	24,336.	24,286.	50.	
13 Office expenses	37,741.	5,153.	32,588.	
14 Information technology	17,996.	10,298.	7,698.	
15 Royalties	0.			
16 Occupancy	152,473.	43,740.	108,733.	
17 Travel	13,904.	7,946.	5,958.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	25,287.	17,030.	8,257.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	63,511.	18,165.	45,346.	
23 Insurance	20,399.		20,399.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BOOKS & SUBSCRIPTIONS	571.	200.	371.	
b EQUIPMENT LEASING	12,419.	186.	12,233.	
c MEMBERSHIP DUES	9,663.	8,240.	1,423.	
d STAFF DEVELOPMENT	3,748.	1,650.	2,098.	
e GRANT REFUNDS/ADJUSTMENTS	-127,052.	-127,052.		
f All other expenses	3,423.	919.	2,504.	
25 **Total functional expenses** Add lines 1 through 24f	6,935,924.	5,717,478.	1,218,446.	0.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		5,793,727.	2	1,854,141.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		24,931.	9	27,101.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 392,574.			
	b	Less accumulated depreciation	10b 178,542.	273,718.	10c	214,032.
	11	Investments - publicly traded securities		73,171,586.	11	90,248,856.
	12	Investments - other securities See Part IV, line 11		17,417,432.	12	20,085,749.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		249,933.	15	36,536.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		96,931,327.	16	112,466,415.
Liabilities	17	Accounts payable and accrued expenses		123,031.	17	139,421.
	18	Grants payable		3,350,588.	18	3,226,505.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		3,473,619.	26	3,365,926.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		93,439,325.	27	109,100,489.
	28	Temporarily restricted net assets		18,383.	28	0.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		93,457,708.	33	109,100,489.
	34	Total liabilities and net assets/fund balances		96,931,327.	34	112,466,415.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
THE REACH HEALTHCARE FOUNDATION	20-0337230

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	90,700	10,146,822	200,000	25,000	10,000	10,472,522.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	90,700	10,146,822	200,000	25,000	10,000	10,472,522
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)						0
6 **Public support.** Subtract line 5 from line 4						10,472,522

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	90,700	10,146,822	200,000	25,000	10,000	10,472,522
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	738,261	1,345,795.	1,574,985	2,024,540	1,271,711.	6,955,292
9 Net income from unrelated business activities, whether or not the business is regularly carried on	27,743.	27,379	90,045	0.	0	145,167
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH. 1	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						17,572,981.

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 59.59 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33 1/3 % support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER	0	0.	0	0.	0	0
TOTALS	0.	0	0.	0	0.	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

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

Name of organization	Employer identification number
THE REACH HEALTHCARE FOUNDATION	20-0337230

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures . . . . . ▶ $

3 Volunteer hours . . . . .

Part 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

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part 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 . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter 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-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group
B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	10,898.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	12,068.	
c Total lobbying expenditures (add lines 1a and 1b)	22,966.	
d Other exempt purpose expenditures	6,912,958.	
e Total exempt purpose expenditures (add lines 1c and 1d)	6,935,924.	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	496,796.	
g Grassroots nontaxable amount (enter 25% of line 1f)	124,199.	
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	0.	0.	21.	496,796.	496,817.
b Lobbying ceiling amount (150% of line 2a, column (e))					745,226.
c Total lobbying expenditures	0.	0.	105.	22,966.	23,071.
d Grassroots nontaxable amount	0.	0.	5.	124,199.	124,204.
e Grassroots ceiling amount (150% of line 2d, column (e))					186,306.
f Grassroots lobbying expenditures	0.	0.	0.	10,898.	10,898.

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)).**

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total Add lines 1c through 1i			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization 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), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, acces sion, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solici t or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custo dian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table

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

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

b If "Yes," explain the arrangement in Part XI V

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,383	93,850.			
b Contributions	10,000	25,000			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	28,383.	100,467			
f Administrative expenses					
g End of year balance	0	18,383			

2 Provide the estimated percentage of the y ear end balance held as

- a Board designated or quasi-endowment ▶ 100.0000 %
- b Permanent endowment ▶ 0.0000 %
- c Term endowment ▶ 0.0000 %

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

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

4 Describe in Part XIV the intended uses of t he organization's endowment funds

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		106,538.	20,650	85,888.
d Equipment		286,036.	157,892	128,144.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				214,032.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other ALT. INV. PARTNERSHIP INTEREST	20,085,749.	FMV
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	20,085,749.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-227,644.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,935,924.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-7,163,568.
4	Net unrealized gains (losses) on investments	4	22,742,416.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	63,933.
9	Total adjustments (net) Add lines 4 through 8	9	22,806,349.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	15,642,781.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	22,015,070.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	22,742,416.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	87,734.		
e	Add lines 2a through 2d			2e	22,830,150.
3	Subtract line 2e from line 1			3	-815,080.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	563,634.		
b	Other (Describe in Part XIV)	4b	23,802.		
c	Add lines 4a and 4b			4c	587,436.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	-227,644.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	6,372,290.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	6,372,290.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	563,634.		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	563,634.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	6,935,924.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

ENDOWNMENT FUNDS

SCHEDULE D, PART V, LINE 4

ENDOWNMENT FUNDS REPRESENT THE TEMPORARILY RESTRICTED NET ASSETS OF THE FOUNDATION. THESE ARE THE UNSPENT PORTION OF HCF GRANTS FOR THE PROJECT READY SMILE INITIATIVE.

FIN 48

SCHEDULE D, PART X, LINE 2

THE FOUNDATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. WITH A FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2006.

RECONCILIATION OF NET ASSETS

SCHEDULE D, PART XI, LINE 8

PARTNERSHIP UBI	$ 63,933
TOTAL	$ 63,933

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 2D

PARTNERSHIP UBI - RENTAL INCOME LOSS	$ 8,583
PARTNERSHIP UBI - ORDINARY INCOME LOSS	$ 79,151
TOTAL	$ 87,734

Part XIV Supplemental Information *(continued)*

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 4B

PARTNERSHIP UBI - INTERSEST & DIVIDENDS	$ 8,222
PARTNERSHIP UBI - CAPITAL GAIN	$ 15,510
PARTNERSHIP UBI - ROYALITIES	$ 70
TOTAL	$ 23,802

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHMENT A			4,971,483				

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 98

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.

SCHEDULE I, PART I, LINE 2

SEE SCHEDULE O

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRENDA R. SHARPE	(i)	145,243.	0.	0.	20,680.	21,342.	187,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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JSA

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Part III Supplemental Information

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

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

ATTACHMENT 2

OTHER PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4D

DESCRIPTION: ORAL HEALTH GRANTS ADDRESS THE ORAL HEALTH CONDITIONS OF INDIVIDUALS WHO ARE POOR AND MEDICALLY UNDERSERVED. ORAL HEALTH GRANTS INCLUDE PREVENTIVE CARE FOR CHILDREN, EMERGENCY SERVICES FOR CHILDREN AND ADULTS, AND OTHER PROJECTS THAT REDUCE BARRIERS TO ORAL HEALTH CARE. IN 2009, 11 ORAL HEALTH GRANTS WERE AWARDED.

EXPENSES: $791,824

GRANTS: $643,817

REVENUES: NONE

DESCRIPTION: MATCHING GIFTS AND MISCELLANEOUS DISCRETIONARY GRANTS

EXPENSES: $18,429

GRANTS: $16,435

REVENUES: NONE

990 REVIEW

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

THE 990 IS REVIEWED BY THE OFFICERS AND ACCOUNTING PERSONNEL. ANY QUESTIONS ARE ADDRESSED AND CORRECTIONS MADE IF NECESSARY. THE 990 IS THEN REVIEWED AND APPROVED BY BOTH THE FINANCE COMMITTEE AND THE FULL BOARD PRIOR TO FILING THE 990. THE 990 REVIEW IS DOCUMENTED IN PUBLICLY

Name of the organization: THE REACH HEALTHCARE FOUNDATION

Employer identification number: 20-0337230

ATTACHMENT 2 (CONT'D)

AVAILABLE MEETING MINUTES.

MONITORING THE CONFLICT OF INTEREST POLICY

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

CONFLICT OF INTEREST DISCLOSURES ARE ANNUALLY MAILED TO THE BOARD OF DIRECTORS, COMMUNITY ADVISORY COMMITTEE, AND STAFF. THE PRESIDENT AND EXECUTIVE COMMITTEE REVIEW AND MONITOR THE ANNUAL DISCLOSURE FORMS AND BRING TO THE ATTENTION OF THE BOARD OR APPROPRIATE COMMITTEE THE DISCLOSED PERSONAL OR PRIVATE INTERESTS. THE BOARD OR COMMITTEE SHALL THEN TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION WHICH MAY INCLUDE POLICY COUNSELING, VOTING EXCLUSION, OR COMMITTEE EXCLUSION.

CEO COMPENSATION REVIEW

FORM 990, PART VI, SECTION B, LINE 15A

IN 2009, A REVIEW WAS CONDUCTED BY THE EXECUTIVE COMMITTEE USING COMPARABILITY DATA OF LIKE-SIZE ORGANIZATIONS. THE PRESIDENT IS SUBJECT TO AN ANNUAL REVIEW COMPLETED BY EVERY BOARD MEMBER. THE BOARD AND CHIEF EXEUCTIVE RELATIONSHIP IS DOCUMENTED IN A FORMAL BOARD POLICY.

OTHER OFFICER AND KEY EMPLOYEE COMPENSATION REVIEW

FORM 990, PART VI, SECTION B, LINE 15B

THE PRESIDENT CONDUCTS AN ANNUAL REVIEW OF THE CHIEF FINANCIAL OFFICER AND EVALUATES COMPENSATION BASED ON PERFORMANCE AND COMPARABILITY OF LIKE-SIZE ORGANIZATIONS.

Name of the organization: THE REACH HEALTHCARE FOUNDATION

Employer identification number: 20-0337230

ATTACHMENT 2 (CONT'D)

AVAILABILITY OF DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON OUR WEBSITE AT WWW.REACHHEALTH.ORG.

PROCESS FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.

SCHEDULE I, PART I, LINE 2

THE GRANTS COMMITTEE HAS ESTABLISHED AND APPROVED A SEPARATE POLICY DOCUMENT OUTLINING THE FOUNDATION'S GRANTS REVIEW, DUE DILIGENCE AND APPROVAL PROCESS IN DETAIL. WITH RESPECT TO THE FINANCIAL CONTROLS INTEGRATED INTO THE GRANTS PROCESS, THE FOLLOWING PARAMETERS AND LEVELS OF AUTHORIZATIONS HAVE BEEN ESTABLISHED:

ALL GRANTS FOR AMOUNTS $30,000 AND BELOW, AND WITHIN THE LIMITS OF THE CURRENT BOARD APPROVED BUDGET, MAY BE REVIEWED AND APPROVED BY THE PRESIDENT AND CEO. ALL GRANTS FOR AMOUNTS GREATER THAN $30,000 AND UP TO $125,000 SHALL BE REVIEWED AND APPROVED BY THE GRANTS COMMITTEE. ALL GRANTS GREATER THAN $125,000 SHALL BE REVIEWED AND APPROVED BY THE GRANTS COMMITTEE, AND THEN SUBMITTED TO THE BOARD OF DIRECTORS FOR ITS REVIEW AND APPROVAL, UNLESS SPECIFIC DISCRETION HAS BEEN OTHERWISE GIVEN TO THE PRESIDENT AND CEO OR GRANTS COMMITTEE BY THE BOARD OF DIRECTORS.

FOR ALL GRANT AWARDS, WITH THE EXCEPTION OF THE FOUNDATION'S EMPLOYEE MATCHING GIFTS PROGRAM, THE FOLLOWING DOCUMENTATION WILL BE MAINTAINED IN THE GRANT FILE AT A MINIMUM:

Name of the organization	Employer identification number
THE REACH HEALTHCARE FOUNDATION	20-0337230

ATTACHMENT 2 (CONT'D)

-AN AGREEMENT OR UNDERSTANDING OUTLINING THE SPECIFICS OF THE FUNDING ARRANGEMENT

-A COPY OF THE ORGANIZATION'S 501(C)(3) FEDERAL TAX DETERMINATION LETTER

-THE BUDGET FOR WHICH THE FUNDING WAS REQUESTED AND IS TO BE USED

-A LIST OF THE GRANTEE'S BOARD OF DIRECTORS WITH ORGANIZATIONAL AFFILIATIONS

-A COPY OF THE ORGANIZATION'S MOST RECENT FEDERAL TAX FORM 990

FOR ALL GRANT AWARDS EXCEEDING $30,000, THE FOLLOWING ADDITIONAL DOCUMENTATION WILL BE REQUIRED AND MAINTAINED IN THE GRANT FILE:

-THE ORGANIZATION'S CERTIFICATE OF INCORPORATION OR NOT-FOR-PROFIT ARTICLES OF INCORPORATION

-A COPY OF THE ORGANIZATION'S MOST RECENT AUDITED FINANCIAL STATEMENTS

-A COPY OF THE ORGANIZATION'S CURRENT, AND UNAUDITED, FINANCIAL STATEMENTS FOR THE PERIOD OF TIME SUBSEQUENT TO THE AUDIT, INCLUDING BOTH A BALANCE SHEET AND INCOME STATEMENT

Name of the organization: THE REACH HEALTHCARE FOUNDATION

Employer identification number: 20-0337230

ATTACHMENT 2 (CONT'D)

-THE ORGANIZATION'S CURRENT DETAILED ORGANIZATIONAL BUDGET AS APPROVED BY THEIR BOARD.

ALL GRANT AWARDS $10,000 AND BELOW ARE ISSUED IN A SINGLE PAYMENT BASED ON THE PRESIDENT AND CEO'S AUTHORIZATION. FOR GRANT AWARDS EXCEEDING $10,000, THE NUMBER OF PAYMENTS, TIMING OF PAYMENTS AND AMOUNTS ARE BASED ON RECOMMENDATIONS BY PROGRAM STAFF AND APPROVED BY THE PRESIDENT AND CEO AND OUTLINED IN THE FULLY EXECUTED GRANT AGREEMENT. FOR THOSE GRANT AWARDS ISSUED IN MULTIPLE INSTALLMENTS, THE RELEASE OF SUBSEQUENT PAYMENTS ARE INITIATED BY STAFF AND APPROVED BY THE PRESIDENT AND CEO CONTINGENT UPON RECEIPT OF A SATISFACTORY INTERIM REPORT AND COMPLIANCE WITH THE SPENDING THRESHOLDS AND OTHER CONTINGENCIES OUTLINED IN THE GRANT AGREEMENT.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE REACH HEALTHCARE FOUNDATION

Employer identification number
20-0337230

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PROJECT READY SMILE, LLC 26-1392850 6700 ANTIOCH, SUITE 200 MERRIAM, KS 66204	ORAL HEALTH	KS	0.	188,792.	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
COMMUNITY HEALTH GROUP 43-1195357 1001 W. 101ST TERR. KANSAS CITY, MO 64131	SUPPORT ORG	MO	501(C)(3)	11C	N/A

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

Schedule R (Form 990) 2009

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
THE REACH HEALTHCARE FOUNDATION TRUST 33-6357400 400 HOWARD STREET SAN FRANCISCO, CA 94105	GRANTOR TRUST	CA	N/A	TRUST	3,725,447	28,030,975	100 0000

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

The REACH Healthcare Foundation
EIN 20-0337230
Form 990, Schedule I, Part II, line 1

Organization	Address	City	ST	Zip	EIN	Project Title	Grant Amount	Paid Amount	Balance	Tax Status	Type of Support
Benilde Hall	3220 East 23rd Street	Kansas City	MO	64127	43-1795790	Access to Mental Health Services	41,000	20,500	20,500	501c(3)	Program
The Children's Place	2 East 59th Street	Kansas City	MO	64113-2116	51-0195216	Clinical Services	72,379	72,379	0	501c(3)	Program
Comprehensive Mental Health Services, Inc	10901 Winner Road	Independence	MO	64052	43-0949079	Mental Health Adulthood Transition Program	73,527	73,527	0	501c(3)	Program
Crittenton Children's Center	10918 Elm Avenue	Kansas City	MO	64134	44-0545808	Head Start Therapeutic Alliance	52,210	52,210	0	501c(3)	Program
Crittenton Children's Center	10918 Elm Avenue	Kansas City	MO	64134	44-0545808	RWJ-Crittenton Joint Venture	250,000	0	250,000	501c(3)	Joint Venture
DeLaSalle Education Center	3740 Forest Avenue	Kansas City	MO	64109	43-0971728	Team of Care	76,006	38,003	38,003	501c(3)	Program
Hope House, Inc	P O Box 577	Lee's Summit	MO	64063	43-1265685	Family Care Center	90,994	45,497	45,497	501c(3)	Program
Kansas City Free Health Clinic	3515 Broadway	Kansas City	MO	64111	43-0967292	Behavioral Health for the Uninsured	32,360	16,180	16,180	501c(3)	Program
KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	Youth Success	80,145	80,145	0	501c(3)	Program
KVC Behavioral HealthCare, Inc	21350 W 153rd	Olathe	KS	66061	48-0770308	KVC's Children and Families Website Upgrade	30,000	30,000	0	501c(3)	Capacity
Mattie Rhodes Center	1740 Jefferson	Kansas City	MO	64108	44-0546343	Latino Mental Health/Kansas Access	83,643	83,643	0	501c(3)	Program
National Alliance on Mental Illness of Greater Kansas City	406 West 34th Street Suite 603	Kansas City	MO	64111	43-1209702	Care Coordinator Expansion	62,910	62,910	0	501c(3)	Program
Niles Home for Children	1911 East 23rd	Kansas City	MO	64127-3701	44-0565392	Critical Security	20,120	20,120	0	501c(3)	Capacity
Niles Home for Children	1911 East 23rd	Kansas City	MO	64127-3701	44-0565392	Niles Youth Psychiatrists	45,760	22,880	22,880	501c(3)	Program
Operation Breakthrough, Inc	3039 Troost Avenue	Kansas City	MO	64109	43-0971560	Child/Family Behavioral Health Program	54,134	54,134	0	501c(3)	Program
ReDiscover	901 Independence Avenue	Lee's Summit	MO	64086	23-7169417	Transitional Living Program	68,460	68,460	0	501c(3)	Program
ReDiscover	901 Independence Avenue	Lee's Summit	MO	64086	23-7169417	Clinical and Medical Directors	100,000	50,000	50,000	501c(3)	Core Operating
reStart, Inc	918 East 9th Street	Kansas City	MO	64106	43-1349378	reStart Mental Health Services	110,625	110,625	0	501c(3)	Program
Safehome, Inc	P O Box 4563	Overland Park	KS	66204	48-0917798	Clinical Counseling and Stabilization Program	90,176	45,088	45,088	501c(3)	Program
Sheffield Place	6604 E 12th Street	Kansas City	MO	64126	43-1532267	Trauma Informed Clinical Services	44,550	22,275	22,275	501c(3)	Program
Southeast Kansas Mental Health Center	304 North Jefferson	Iola	KS	66749	48-0678906	Senior Outreach Project	68,992	0	68,992	501c(3)	Program
Synergy Services, Inc	400 East Sixth Street	Parkville	MO	64152	43-0970674	Children's Center Emergency Shelter Program	80,423	80,423	0	501c(3)	Program
Tri-County Mental Health Services, Inc	3100 NE 83rd Street Suite 1001	Kansas City	MO	64119	43-1556416	Psychiatric Services Access	67,100	67,100	0	501c(3)	Program
						Subtotal - Mental Health grants	1,695,514	1,116,099	579,415		
Cabot Westside Health Center	2121 Summit Street	Kansas City	MO	64108	44-0546280	Cabot Dental Program	47,710	23,855	23,855	501c(3)	Program
Cabot Westside Health Center	2121 Summit Street	Kansas City	MO	64108	44-0546280	Workflow Analysis Cabot Dental Program	29,575	29,575	0	501c(3)	Capacity
Children's Dental Health Project, Inc	2001 L Street NW, Suite 400	Washington	DC	20036	06-1561317	Show Me Healthy Teeth! The Role of Dental Sealants' Summit	4,000	4,000	0	501c(3)	Solicited Grant
Communities in Schools of KCK / Wyandotte County	4601 State Ave , Suite 38	Kansas City	KS	66102	48-1206993	Children's Emergency Dental Fund	40,000	30,000	10,000	501c(3)	Program
Community Health Center of Southeast Kansas, Inc	3011 N Michigan	Pittsburg	KS	66762	75-3002264	Allen County Dental Clinic	95,590	47,795	47,795	501c(3)	Program
Health Partnership Clinic of Johnson County	7171 W 95th Street, Suite 100	Overland Park	KS	66212	48-1115529	Dental Care for Uninsured	41,778	41,778	0	501c(3)	Program
Kansas City Free Health Clinic	3515 Broadway	Kansas City	MO	64111	43-0967292	Integrated Oral Healthcare	71,666	35,833	35,833	501c(3)	Program
Roy J Rinehart Foundation	650 E 25th Street	Kansas City	MO	64108	43-6041456	Study of Hospital ED Data Regarding Dental-Related Complaints	3,000	3,000	0	501c(3)	CEO Discretionary
Score 1 for Health	1750 Independence Ave	Kansas City	MO	64106	20-3773804	Score 1 for Health	99,000	99,000	0	501c(3)	Program
StandUp Blue Springs	PO Box 614	Blue Springs	MO	64013	20-0889555	Dental for Kids	70,840	70,840	0	501c(3)	Program
University of Missouri-Kansas City	5100 Rockhill Rd , AC202	Kansas City	MO	64110	43-6003859	Project Ready Smiles	140,658	70,329	70,329	501c(3)	Solicited Grant
						Subtotal - Oral Health grants	643,817	456,005	187,812		
Greater Kansas City Community Foundation	1055 Broadway, Suite 130	Kansas City	MO	64105-1595	43-1152398	Donna Talkington Memorial Fund	2,500	2,500	0	501c(3)	CEO Discretionary

The REACH Healthcare Foundation
EIN 20-0337230
Form 990, Schedule I, Part II, line 1

Organization	Address	City	ST	Zip	EIN	Project Title	Grant Amount	Paid Amount	Balance	Tax Status	Type of Support
Health Partnership Clinic of Johnson County	7171 W 95th Street, Suite 100	Overland Park	KS	66212	48-1115529	One-time Gift Match - General	25	25	0	501c(3)	Matching Gifts
Nonprofit Connect Network Learn Grow	P O Box 5813 4747 Troost Avenue, Suite 204	Kansas City	KS	64171	43-1121678	Honoree Sponsor - Nonprofit Professional of the Year Category	10,000	10,000	0	501c(3)	CEO Discretionary
Sunflower House, Inc	15440 W 65th Street	Shawnee	KS	66217	48-0918698	One-time Gift Match - General	50	50	0	501c(3)	Matching Gifts-
Sunflower House, Inc	15440 W 65th Street	Shawnee	KS	66217	48-0918698	One-time Gift Match - Education	50	50	0	501c(3)	Matching Gifts
United Way of Greater Kansas City	1080 Washington Street	Kansas City	MO	64105	44-0545812	One-time Gift Match - United for Hope/United to Help Campaign	50	50	0	501c(3)	Matching Gifts
United Way of Greater Kansas City	1080 Washington Street	Kansas City	MO	64105	44-0545812	One-time Gift Match - United for Hope/United to Help Campaign	40	40	0	501c(3)	Matching Gifts
United Way of Greater Kansas City	1080 Washington Street	Kansas City	MO	64105	44-0545812	Pledge Match for 1/1 - 12/31/2009	288	288	0	501c(3)	Matching Gifts
United Way of Greater Kansas City	1080 Washington Street	Kansas City	MO	64105	44-0545812	Pledge Match for 1/1 - 12/31/2009	240	240	0	501c(3)	Matching Gifts
United Way of Greater Kansas City	1080 Washington Street	Kansas City	MO	64105	44-0545812	Pledge Match for 1/1 - 12/31/2009	144	144	0	501c(3)	Matching Gifts
United Way of Greater Kansas City	1080 Washington Street	Kansas City	MO	64105	44-0545812	Pledge Match for 1/1 - 12/31/2009	144	144	0	501c(3)	Matching Gifts
United Way of Greater Kansas City	1080 Washington Street	Kansas City	MO	64105	44-0545812	Pledge Match for 1/1 - 12/31/2009	144	144	0	501c(3)	Matching Gifts
United Way of Greater Kansas City	1080 Washington Street	Kansas City	MO	64105	44-0545812	Pledge Match for 1/1 - 12/31/2009	1,800	1,800	0	501c(3)	Matching Gifts
United Way of Greater Kansas City	1080 Washington Street	Kansas City	MO	64105	44-0545812	Pledge Match for 1/1 - 12/31/2009	960	960	0	501c(3)	Matching Gifts
						Subtotal - Other grants	**16,435**	**16,435**	**0**		
Duchesne Clinic	636 Tauromee	Kansas City	KS	66101	48-1009910	Healthcare for the Uninsured Poor	100,000	100,000	0	501c(3)	Core Operating
Duchesne Clinic	636 Tauromee	Kansas City	KS	66101	48-1009910	Enhancement of Fundraising/Development Capacity	15,600	15,600	0	501c(3)	Capacity
Health Care Foundation of Greater Kansas City	2700 East 18th Street, Suite 220	Kansas City	MO	64127	20-0167282	HPV Initiative Phase II	100,000	100,000	0	501c(3)	Funded Initiative
Health Partnership Clinic of Johnson County	7171 W 95th Street, Suite 100	Overland Park	KS	66212	48-1115529	Medical Home for Uninsured	100,000	100,000	0	501c(3)	Core Operating
Heart To Heart International Inc	401 S Clairborne Ste 302	Olathe	KS	66062	48-1108359	Kansas City Diabetes Partnership Initiative	93,320	93,320	0	501c(3)	Program
Kansas City Free Health Clinic	3515 Broadway	Kansas City	MO	64111	43-0967292	Healthcare for the Uninsured	100,000	50,000	50,000	501c(3)	Core Operating
Kansas City Kansas School Foundation For Excellence	4601 State Ave	Kansas City	KS	66102	48-1092627	One Stop Shop - Health Screening & Immunizations	3,000	3,000	0	501c(3)	CEO Discretionary
KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	Silver City Health Center	100,000	100,000	0	501c(3)	Core Operating
KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	JayDoc Free Clinic	100,000	100,000	0	501c(3)	Core Operating
KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	Silver City Health Center	5,200	5,200	0	501c(3)	Capacity
Medical Society of Johnson & Wyandotte Counties Foundation, Inc	6405 Metcalf Avenue, Suite 507	Shawnee Mission	KS	66202	56-2552704	Wy/Jo Care	53,190	26,595	26,595	501c(3)	Program
MetroCARE of Greater Kansas City	315 Nichols Road, Suite 250	Kansas City	MO	64112	26-0434271	MetroCARE of Greater Kansas City	33,200	33,200	0	501c(3)	Program
ReDiscover	901 Independence Avenue	Lee's Summit	MO	64086	23-7169417	Advanced Practice Nurse	76,620	0	76,620	501c(3)	Program
reStart, Inc	918 East 9th Street	Kansas City	MO	64106	43-1349378	reStart, Inc Safety and Security Plan	10,598	10,598	0	501c(3)	Capacity
Riverview Health Services, Inc	722 Reynolds Ave	Kansas City	KS	66101	48-1072716	Parish Nurse Access to Health Services	100,000	100,000	0	501c(3)	Core Operating
Samuel U Rodgers Health Center, Inc	825 Euclid	Kansas City	MO	64124	43-0899356	SURHC Core Operating Support	100,000	100,000	0	501c(3)	Core Operating
Samuel U Rodgers Health Center, Inc	825 Euclid	Kansas City	MO	64124	43-0899356	Women's Health Access to Care	123,750	61,875	61,875	501c(3)	Program
Synergy Services, Inc	400 East Sixth Street	Parkville	MO	64152	43-0970674	Homeless Youth Campus Onsite Clinic	33,000	16,500	16,500	501c(3)	Program
TLC for Children and Families, Inc	480 Rogers Road	Olathe	KS	66062-1706	48-0774593	PRTF Nursing Structure Expansion	43,812	21,906	21,906	501c(3)	Program
Truman Heartland Community Foundation	300 N Osage	Independence	MO	64050	43-1482136	Administrative Support Grant	31,000	31,000	0	501c(3)	Core Operating
Turner House Children's Clinic	21 N 12th Street, Suite 300	Kansas City	KS	66102	48-1151382	Health Care for Underserved Children	100,000	100,000	0	501c(3)	Core Operating
Turner House Children's Clinic	21 N 12th Street, Suite 300	Kansas City	KS	66102	48-1151382	Clinic Operations and Brand Enhancements	29,929	29,929	0	501c(3)	Capacity
University of Missouri-Kansas City	5100 Rockhill Rd , AC202	Kansas City	MO	64110	43-6003859	Sojourner Clinic	31,332	31,332	0	501c(3)	Core Operating
Westport Cooperative Services, Inc	201 Westport Rd	Kansas City	MO	64111	43-0902804	Building Capacity for Better Services for Seniors	17,147	17,147	0	501c(3)	Capacity
						Subtotal - Safety Net Services grants	**1,500,698**	**1,247,202**	**253,496**		
Communities Creating Opportunity	5814 Euclid Ave	Kansas City	MO	64130	43-1127845	Faith-based Healthcare Advocacy Coalition	83,181	83,181	0	501c(3)	Program

The REACH Healthcare Foundation
EIN 20-0337230
Form 990, Schedule I, Part II, line 1

Organization	Address	City	ST	Zip	EIN	Project Title	Grant Amount	Paid Amount	Balance	Tax Status	Type of Support
Communities Creating Opportunity	5814 Euclid Ave	Kansas City	MO	64130	43-1127845	Faith and Families Summit on the Capitol	2,750	2,750	0	501c(3)	Advocacy/Public Policy
Communities Creating Opportunity	5814 Euclid Ave	Kansas City	MO	64130	43-1127845	CCO Kansas Healthcare Advocacy	10,000	10,000	0	501c(3)	Advocacy/Public Policy
Community Health Council of Wyandotte County	755 Minnesota Ave	Kansas City	KS	66101	01-0674969	FQHC Project	5,000	5,000	0	501c(3)	CEO Discretionary
Community Health Council of Wyandotte County	755 Minnesota Ave	Kansas City	KS	66101	01-0674969	Provide technical assistance to continue to develop an effective FQHC operational model in Wyandotte County	5,000	5,000	0	501c(3)	CEO Discretionary
Institute for International Medicine	6700 Troost Avenue, Ste 224	Kansas City	MO	64131	75-3128625	2009 Cross Cultural Competency in Healthcare Symposium	7,000	7,000	0	501c(3)	CEO Discretionary
Kansas Association for the Medically Underserved	1129 S Kansas Suite B	Topeka	KS	66612	48-1110925	Annual Primary Care Conference	5,000	5,000	0	501c(3)	CEO Discretionary
Kansas Department of Health & Environment	1000 SW Jackson Suite 300	Topeka	KS	66612	48-6029925	Kansas HIE Planning	30,000	30,000	0		Joint Venture
Kansas Health Consumer Coalition, Inc	534 S Kansas, Suite 1220	Topeka	KS	66603	73-1733371	Kansas Health Consumer Coalition Operations	100,000	100,000	0	501c(3)	Core Operating - Advocacy
Kansas Health Consumer Coalition, Inc	534 S Kansas, Suite 1220	Topeka	KS	66603	73-1733371	Advocacy and Social Networking	8,950	8,950	0	501c(3)	Advocacy/Public Policy
Kansas Health Institute	212 SW Eighth Avenue, Suite 300	Topeka	KS	66603-3936	48-1148972	Child Trauma Planning Grant	30,000	30,000	0	Other	Solicited Grant
Mid-America Regional Council	600 Broadway, Ste 200	Kansas City	MO	64105	43-0976432	Afterhours Expansion	200,000	200,000	0		Joint Venture
Mid-America Regional Council Community Services Corporation	600 Broadway, Suite 200	Kansas City	MO	64105	20-1824454	Kansas City Coalition for CHIP Enrollment	2,500	2,500	0	501c(3)	CEO Discretionary
Mid-America Regional Council Community Services Corporation	600 Broadway, Suite 200	Kansas City	MO	64105	20-1824454	KC BHIE Development	30,000	30,000	0	501c(3)	Capacity
The Missouri Budget Project	3534 Washington Ave	Saint Louis	MO	63103	26-0062334	Advocacy Strengthening Capacity	9,518	9,518	0	501c(3)	Advocacy/Public Policy
Missouri Coalition For Primary Health Care dba Missouri Primary Care Association	3325 Emerald Lane	Jefferson City	MO	65109	43-1419937	Missouri Primary Care Association	100,000	50,000	50,000	501c(3)	Core Operating - Advocacy
Missouri Coalition For Primary Health Care dba Missouri Primary Care Association	3325 Emerald Lane	Jefferson City	MO	65109	43-1419937	Building a Culture of Advocacy	1,000	1,000	0	501c(3)	Advocacy/Public Policy
Oral Health Kansas, Inc	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	Oral Health Kansas Operations	100,000	100,000	0	501c(3)	Core Operating - Advocacy
Oral Health Kansas, Inc	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	Dental Champions Leadership Program - Class 4	20,000	20,000	0	501c(3)	Joint Venture
Oral Health Kansas, Inc	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	Oral Health Workforce Reform Meeting	1,000	1,000	0	501c(3)	CEO Discretionary
Oral Health Kansas, Inc	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	Technology Enhancements for Awareness and Community Collaboration	7,825	7,825	0	501c(3)	Advocacy/Public Policy
Qualis Health	10700 Meridian Avenue North, Suite 100	Seattle	WA	98133	91-1072875	Medical Home - Phase II	199,758	199,758	0	501c(3)	Solicited Grant
Thrive Allen County, Inc	2 East Jackson Ave	Iola	KS	66749	32-0198379	Countywide Advocacy for Better Health	100,000	50,000	50,000	501c(3)	Core Operating - Advocacy
Thrive Allen County, Inc	2 East Jackson Ave	Iola	KS	66749	32-0198379	Allen County Visit	1,673	1,673	0	501c(3)	Advocacy/Public Policy
Thrive Allen County, Inc	2 East Jackson Ave	Iola	KS	66749	32-0198379	Humboldt Healthy Smiles	4,864	4,864	0	501c(3)	Advocacy/Public Policy
United Way of Greater Kansas City	1080 Washington Street	Kansas City	MO	64105	44-0545812	United for Hope/United to Help Campaign	50,000	50,000	0	501c(3)	Joint Venture
						Subtotal - Systemic grants	**1,115,019**	**1,015,019**	**100,000**		
						Total 2009 grants	**$4,971,483**	**$3,850,760**	**$1,120,723**		

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No 1545-1709

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

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

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

Electronic Filing *(e-file)* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	THE REACH HEALTHCARE FOUNDATION	20-0337230
	Number, street, and room or suite no If a P O box, see instructions 6700 ANTIOCH, SUITE 200	
	City, town or post office, state, and ZIP code For a foreign address, see instructions MERRIAM, KS 66204	

Check type of return to be filed (file a separate application for each return)

[X]	Form 990	[ ]	Form 990-T (corporation)	[ ]	Form 4720
[ ]	Form 990-BL	[ ]	Form 990-T (sec 401(a) or 408(a) trust)	[ ]	Form 5227
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 6069
[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 8870

- The books are in the care of ▶ JO YUN

Telephone No ▶ 913 432-4196 FAX No ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$	0.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$	0.
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$	0.

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

JSA
9F8054 2 000

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

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

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	THE REACH HEALTHCARE FOUNDATION	20-0337230
	Number, street, and room or suite no If a P O box, see instructions 6700 ANTIOCH, SUITE 200	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions MERRIAM, KS 66204	

Check type of return to be filed (File a separate application for each return)

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041- A	[ ] Form 6069
[ ] Form 990-B L	[ ] Form 990-T (sec 401(a) or 408(a) tr ust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-E Z	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

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

- The books are in the care of ▶ JO YUN
  Telephone No ▶ 913 432-4196 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . ▶ [ ] If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/2010

5 For calendar year 2009 , or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$	0.
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment System) See instructions	8c	$	0.

Signature and Verification

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

Signature ▶ COPY Title ▶ Date ▶

BKD, LLP
1201 WALNUT, SUITE 1700
KANSAS CITY, MO 64106-2246