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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) | OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div> |
| | The organization may have to use a copy of this return to satisfy state reporting requirements | |

| | | | | | | | | | |
|--|--|--|---|--|--|--|---|--|--|
| A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 | | | | | | | | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | Please use IRS label or print or type. See Specific Instructions. | C Name of organization SWOPE HEALTH SERVICES | | | | D Employer identification number 43-0957840 | | |
| | | | Doing Business As | | | | E Telephone number (816) 627-2191 | | |
| | | | Number and street (or P.O. box if mail is not delivered to street address) 3801 BLUE PARKWAY | | | Room/suite | G Gross receipts \$ 39,833,380 | | |
| | | | City or town, state or country, and ZIP + 4 KANSAS CITY, MO 64130 | | | | | | |
| | | F Name and address of principal officer Verneda Robinson 3801 BLUE PARKWAY KANSAS CITY, MO 64130 | | | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| | | | | | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | | | |
| | | | | | | H(c) Group exemption number ▶ | | | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | | | | | | |
| J Website: ▶ WWW.SWOPECOMMUNITY.ORG | | | | | | | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | | | | L Year of formation 1969 | | M State of legal domicile MO | |

Part I Summary

| | | | | |
|-----------------------------|----------|---|--|----------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities SWOPE HEALTH SERVICES PROVIDES PRIMARY COMPREHENSIVE AMBULATORY HEALTH AND BEHAVIORAL HEALTH CARE SERVICES TO THE MEDICALLY UNINSURED, UNDERINSURED AND HOMELESS POPULATION OF THE GREATER KANSAS CITY AREA | | |
| | 2 | Check this box <input type="checkbox"/> 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 | 1 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 1 |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 51 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 15,504,267 | Current Year 13,766,050 |
| | 9 | Program service revenue (Part VIII, line 2g) | 25,655,799 | 24,189,535 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -543,650 | 401,360 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 52,897 | 1,110,691 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 40,669,313 | 39,467,636 |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 23,119,659 | 25,445,480 |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b | | Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0 | | |
| 17 | | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 13,252,243 | 11,794,213 |
| 18 | | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 36,371,902 | 37,239,693 |
| 19 | | Revenue less expenses Subtract line 18 from line 12 | 4,297,411 | 2,227,943 |
| Net Assets or Fund Balances | | | | Beginning of Current Year |
| | 20 | Total assets (Part X, line 16) | 32,993,678 | 36,859,741 |
| | 21 | Total liabilities (Part X, line 26) | 3,096,633 | 4,021,652 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 29,897,045 | 32,838,089 |

| | |
|----------------|------------------------|
| Part II | Signature Block |
|----------------|------------------------|

| | | | | | |
|---------------------------------|---|--|--------------------|---|--|
| Sign Here | 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 | | | | |
| | ***** Signature of officer | | 2010-11-10 Date | | |
| | Verneda Robinson PRESIDENT Type or print name and title | | | | |
| Paid Preparer's Use Only | Preparer's signature  Connie Henderson | | Date | Check if self-employed <input checked="" type="checkbox"/> | Preparer's identifying number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4  RSM MCGLADREY INC 4801 MAIN STREET SUITE 400 KANSAS CITY, MO 64112 | | | EIN  | |
| | | | | Phone no  (816) 753-3000 | |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SWOPE HEALTH SERVICES (SHS) IMPROVES THE WELL BEING OF INDIVIDUALS AND FAMILIES BY DELIVERING QUALITY COMPREHENSIVE PHYSICAL AND BEHAVIORAL HEALTH CARE SERVICES. WE COORDINATE SERVICES FOR THE NEEDS OF ALL WHO SEEK CARE REGARDLESS OF SOCIO-ECONOMIC STATUS. WE PARTNER FOR CREATIVE SOLUTIONS TO MEET THE DIVERSE NEEDS OF INDIVIDUALS, FAMILIES, AND COMMUNITIES.

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.

(Code) (Expenses \$ 32,771,517 including grants of \$) (Revenue \$)

In 2009, SHS PROVIDED MEDICAL, DENTAL AND/OR BEHAVIORAL HEALTH CARE TO NEARLY 74,000 PATIENTS WHO RECEIVED SOME 360,000 UNITS OF SERVICE - OR AN AVERAGE OF 4.8 UNITS PER PATIENT - IN THE FORM OF PROVIDER VISITS AND OTHER DIRECT SERVICES MORE THAN EIGHT IN TEN OF OUR PATIENTS WHO REPORTED INCOME LIVED AT OR BELOW THE FEDERAL POVERTY LEVEL. FOR A SINGLE MOM WITH TWO CHILDREN, THAT REPRESENTS A MAXIMUM OF \$1,525 A MONTH OR \$18,310 A YEAR - HARDLY ENOUGH TO LIVE ON MUCH LESS PAY FOR HEALTH CARE. SHS SERVED VIRTUALLY EVERY RACIAL AND ETHNIC GROUP. MORE THAN HALF OF SHS' PATIENTS ARE AFRICAN AMERICAN; NEARLY A QUARTER ARE WHITE; AND MOST OF THE REST ARE HISPANIC/LATINO OR AMERICAN INDIAN/ALASKA NATIVE. FREE AND LOW-COST MEDICATIONS: SHS SECURED FOR ITS PATIENTS APPROXIMATELY \$1.4 MILLION IN FREE AND VERY LOW-COST MEDICATIONS THROUGH TWO PHARMACEUTICAL PATIENT ASSISTANCE PROGRAMS AND ITS OWN "SWOPE CARE" IN-HOUSE PRESCRIPTION ASSISTANCE PROGRAM. THIS WAS CRITICAL TO MAINTAINING THE HEALTH OF THE NEARLY SIX IN TEN PATIENTS WHO HAVE NO HEALTH INSURANCE TO PURCHASE PRESCRIBED MEDICATIONS AS WELL AS MANY OF THE REST OF SHS' PATIENTS WHO ARE WOEFULLY UNDERINSURED. MATERNAL AND CHILDREN'S SERVICES: PREGNANT WOMEN IN SHS' TARGET SERVICE AREA OFTEN DO NOT RECEIVE EARLY AND CONSISTENT PRENATAL CARE. AS A RESULT, THEY ARE MORE LIKELY THAN OTHER PREGNANT WOMEN TO LOSE THEIR BABIES OR DELIVER PREMATURE AND/OR LOW-BIRTH-WEIGHT INFANTS WITH DEVELOPMENTAL DELAYS AND OTHER EXPENSIVE AND DEBILITATING LONG-TERM HEALTH AND SOCIAL PROBLEMS. SHS PROVIDES INTENSIVE CASE MANAGEMENT AND RELATED SUPPORT SERVICES DESIGNED TO IDENTIFY, ENROLL AND KEEP PREGNANT WOMEN IN ITS PRENATAL PROGRAM. IN 2008, SHS ADDED A FULL-TIME WOMEN'S HEALTH SPECIALIST TO ITS OB/GYN STAFF TO IMPROVE ACCESS TO PRENATAL SERVICES. SHS HAS REPORTED THAT WOMEN IN ITS PRENATAL PROGRAM EXPERIENCE A LOWER INCIDENCE OF NEGATIVE OUTCOMES, FIFTEEN PERCENT LOWER THAN THE GENERAL POPULATION. SHS SUPPORTS NEW MOTHERS AFTER BIRTH THROUGH A VARIETY OF PROGRAMS AND SERVICES. FOR EXAMPLE, IT OFFERS CLASSES AND ONE-TO-ONE COUNSELING TO ENCOURAGE WOMEN TO BREASTFEED THEIR BABIES, A STRATEGY THAT IS NOT ONLY COST-SAVING BUT THAT PROVIDES A HOST OF LONG-TERM HEALTH BENEFITS TO BOTH THE MOTHER AND CHILD. SHS PROVIDED HEALTH CARE SERVICES TO MORE THAN 11,000 CHILD AND ADOLESCENT PATIENTS, TREATING EVERYTHING FROM SPRAINS AND CUTS TO COLDS AND THE FLU TO CHRONIC CONDITIONS SUCH AS ASTHMA. BECAUSE THERE ARE SO MANY THINGS THAT CAN IMPAIR THE PHYSICAL, SOCIAL AND INTELLECTUAL DEVELOPMENT OF A CHILD, SHS MAKES EVERY EFFORT TO IDENTIFY THESE POTENTIAL PROBLEMS EARLY SO APPROPRIATE TREATMENT CAN BE INITIATED BEFORE A DEVELOPMENTAL PROBLEM BECOMES A PERMANENT DISABILITY. IN 2009, SHS PROVIDED EARLY SCREENINGS, KNOWN AS EPSDT (EARLY PERIODIC SCREENING DIAGNOSES AND TESTING) EXAMINATIONS, TO MORE THAN 4,000 CHILDREN. TO PROVIDE CHILDREN IN A HIGH-CRIME URBAN AREA WITH A SAFE AND EXCITING HALLOWEEN EXPERIENCE, SHS SPONSORED TRICK-OR-TREAT AT THE SHOPS ON BLUE PARKWAY. THE MORE THAN 1,500 CHILDREN WHO ATTENDED THIS ANNUAL EVENT IN 2009 RECEIVED LOTS OF TASTY GOODIES AS WELL AS TOOTH BRUSHES TO PREVENT TOOTH DECAY. ADULT MEDICAL SERVICES: SHS HAS TAKEN A GIANT STEP TOWARD IMPROVING THE LONG-TERM HEALTH OF ITS PATIENTS BY MORE CLOSELY MONITORING THOSE WITH DIABETES AND CARDIOVASCULAR DISEASE, TWO HIGH-RISK CHRONIC DISEASES THAT AFFECT A DISPROPORTIONATE SHARE OF ITS PATIENTS. IF NOT PROPERLY MANAGED, DIABETES AND CARDIOVASCULAR DISEASE CAN LEAD TO HEART DISEASE, STROKE AND A NUMBER OF OTHER SERIOUS AND VERY EXPENSIVE-TO-TREAT CONDITIONS. IN 2008, SHS ENHANCED ITS CHRONIC DISEASE MANAGEMENT PROGRAM BY ADDING A CHRONIC DISEASE MANAGEMENT NURSE WHO WORKS ONE-TO-ONE WITH PATIENTS. THIS NURSE MONITORS THE CRITICAL INDICATORS OF PATIENTS' CHRONIC DISEASES, EXPLAINS THE IMPORTANCE OF ADHERING TO MEDICATION REGIMENS, AND ADVISES PATIENTS ABOUT DIET, EXERCISE AND OTHER LIFESTYLE CHANGES THAT ARE KNOWN TO SLOW THE PROGRESSION OF THEIR DISEASE. THE RESULT: THIS NURSE HELPED 1,500 PATIENTS IMPROVE THE QUALITY OF THEIR LIVES IN 2009. THE HOMELESS: IN 2009, SHS ASSISTED SOME 3,700 HOMELESS PEOPLE WITH HEALTH CARE, HOUSING AND OTHER ESSENTIAL SERVICES. SHS STAFF MEMBERS GO TO WHERE THE HOMELESS GATHER, ASSESSING THEIR BASIC NEEDS IN THE FIELD AND INVITING THEM TO VISIT SHS' DEDICATED CLINIC FOR THE HOMELESS AT ITS BLUE PARKWAY COMPLEX. INTAKES ARE PROVIDED TO HELP DETERMINE WHAT SERVICES ONE MIGHT NEED AND WHAT SERVICES ONE MIGHT QUALIFY FOR. CASE MANAGERS HELP TO ASSIST THOSE WHOM NEED HELP OBTAINING PHYSICAL AND MENTAL HEALTH TREATMENT AS WELL AS HOUSING, TRANSPORTATION, AND FINANCIAL ASSISTANCE. DENTAL CARE: GOOD DENTAL CARE IS A PREREQUISITE TO GOOD HEALTH. IN FACT, STUDIES SHOW THAT CHILDREN WITH POOR ORAL HYGIENE ARE AT INCREASED RISK FOR HEART DISEASE, STROKE AND A NUMBER OF OTHER ILLNESSES LATER IN LIFE. UNFORTUNATELY, MOST LOW-INCOME PEOPLE DO NOT RECEIVE ADEQUATE DENTAL CARE, AND PUBLIC INSURANCE PROGRAMS, SUCH AS MEDICAID AND MEDICARE, INCREASINGLY LIMIT THE DENTAL SERVICES THEY WILL COVER. IN 2009, SHS PROVIDED COMPREHENSIVE DENTAL CARE (SCREENINGS, EXAMINATIONS, X-RAYS, FILLINGS, EXTRACTIONS, ETC.) TO NEARLY 9,400 ADULTS AND CHILDREN. TO REACH MORE CHILDREN IN HIGH-NEED AREAS, SHS PURCHASED AND EQUIPPED A VAN THAT OPERATES AS A MOBILE DENTAL CLINIC. THE SHS MOBILE DENTAL UNIT SERVED 550 CHILDREN IN GRADES K-6 IN THE OSAGE SCHOOL DISTRICT AS WELL AS YOUNGSTERS IN AREA HEAD START PROGRAMS. MOBILE HEALTH CARE: BESIDES THE SHS MOBILE DENTAL UNIT, SHS HAS A MOBILE MEDICAL UNIT, A WELL-EQUIPPED CLINIC ON WHEELS STAFFED WITH MEDICAL PROFESSIONALS WHO DELIVER PRIMARY AND PREVENTIVE HEALTH CARE AND SCREENINGS TO PEOPLE WHO MAY HAVE TROUBLE GETTING TO ONE OF THE SHS CLINICS. IN 2009, SHS UTILIZED MOBILE MEDICAL UNITS ENABLING SHS TO SERVE PATIENTS, MANY OF WHOM LIVE IN RURAL AREAS WITH LIMITED ACCESS TO PRIMARY CARE PROVIDERS. BEHAVIORAL HEALTH: STUDIES INDICATE THAT AS POVERTY INCREASES, SO DOES DEPRESSION, MENTAL ILLNESS AND SUBSTANCE ABUSE. IN TODAY'S TROUBLED ECONOMY, WHERE THE POOR ARE RAPIDLY LOSING ECONOMIC GROUND GAINED IN PREVIOUS DECADES, IT'S NOT SURPRISING THAT A RECORD NUMBER OF PEOPLE IN THE SHS URBAN CORE TARGET AREA ARE SEEKING MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. IN 2009, SHS PROVIDED MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES TO MORE THAN 16,000 PEOPLE WHO HAD NOWHERE ELSE TO TURN. THIS CARE INCLUDED OUTPATIENT THERAPY AND SUPPORT SERVICES FOR THOSE EXPERIENCING SHORT-TERM CRISES AS WELL AS INTENSIVE LONG-TERM SUPPORT PROGRAMMING FOR THOSE WITH SCHIZOPHRENIA OR OTHER SERIOUS AND PERSISTENT MENTAL ILLNESSES. THROUGH IMANI HOUSE AND OTHER PROGRAMS, SHS OFFERS STRUCTURED ADDICTION RECOVERY PROGRAMS ON BOTH AN OUTPATIENT AND INPATIENT BASIS. SHS HELPED TO ESTABLISH AND CURRENTLY OVERSEES MENTAL HEALTH COURT IN KANSAS CITY, JACKSON COUNTY. THESE COURTS ARE A HUMANE AND ECONOMICALLY VIABLE ALTERNATIVE TO THE GROWING TREND OF INCARCERATING PEOPLE WHOSE NON-VIOLENT, MINOR CRIMINAL OFFENSES ARE MORE THE RESULT OF MENTAL ILLNESS THAN AN INTENT TO CAUSE HARM. IN 2008, THE POST-DISCHARGE RECIDIVISM RATE AMONG THOSE WHO COMPLETED THEIR LOCAL MENTAL HEALTH COURT-IMPOSED TREATMENT PLAN WAS 8.7 PERCENT, COMPARED TO 40 PERCENT OR HIGHER FOR THOSE NOT CHANNELLED INTO AN AREA MENTAL HEALTH COURT. ADDITIONALLY, THE COST OF MENTAL HEALTH CARE TREATMENT IS TYPICALLY CONSIDERABLY LESS THAN THE COST OF INCARCERATION, WHICH AVERAGES ABOUT \$29,000 A YEAR. TO ENSURE THAT PATIENTS AT AREA COMMUNITY MENTAL HEALTH CENTERS (CMHCs) HAD ACCESS TO MEDICAL CARE, IN 2009 SHS PROVIDED HEALTH SERVICES TO PATIENTS AT TWO LOCAL CMHCs VIA OUR MOBILE MEDICAL UNIT. THIS IS IMPORTANT BECAUSE EIGHT IN TEN PEOPLE WITH MENTAL HEALTH/SUBSTANCE ABUSE PROBLEMS ALSO HAVE SERIOUS MEDICAL CONDITIONS, SUCH AS DIABETES AND HYPERTENSION, WHICH OFTEN GO UNTREATED, CREATING A ONE-STOP, INTEGRATED HEALTH CARE SYSTEM. IN 2008, SHS MADE SIGNIFICANT PROGRESS IN DEVELOPING AND IMPLEMENTING A MODEL FOR A FULLY INTEGRATED HEALTH CARE DELIVERY SYSTEM. THE REASON: WHEN PATIENTS MUST TRAVEL TO DIFFERENT SITES ON DIFFERENT DAYS TO GET ALL THE MEDICAL, DENTAL AND BEHAVIORAL HEALTH CARE THEY NEED - THE NORM IN MOST HEALTH CARE SYSTEMS - THEY OFTEN FAIL TO KEEP ONE OR MORE APPOINTMENTS. SHS' INTEGRATED MODEL ALLOWS PATIENTS TO RECEIVE MEDICAL, DENTAL AND BEHAVIORAL HEALTH CARE AT ONE FACILITY DURING A SINGLE VISIT, THEREBY SAVING THEM TIME AND MAXIMIZING THE USE OF SHS' RESOURCES. SHS CONTINUED TO BUILD UPON THE INTEGRATED HEALTHCARE SYSTEM DEVELOPMENT IN 2009 INCLUDING DISCUSSIONS WITH KEY STAKEHOLDERS IN THE COMMUNITY INCLUDING EXPANDING MEDICAL SERVICES IN DIFFERENT GEOGRAPHIC AREAS AROUND KANSAS CITY.

| | |
|----|---|
| 4a | (Code) (Expenses \$ 32,771,517 including grants of \$) (Revenue \$) |
| 4b | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
| 4d | Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses\$ 32,771,517 |

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 | Yes |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2 | Yes |
| 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 | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4 | Yes |
| 5 | Section 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 | No |
| 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 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | No |
| 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 | No |
| 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 | No |
| 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 | Yes |
| | ◆ 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 securities in 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 | No |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | Yes | No |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  | 12A | Yes |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| 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 | Yes |
| 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 U S ? If "Yes," complete Schedule F, Part II  | 15 | No |
| 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 U S ? If "Yes," complete Schedule F, Part III  | 16 | No |
| 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 | No |
| 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 | Yes |
| 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 | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | No |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| 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 | | |
| 25a | 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| 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 owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35 | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 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 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

| | | | Yes | No |
|---|--|---|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a97 | 1c | Yes |
| | b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a511 | 2b | Yes |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 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 | Yes | |
| | b If "Yes," enter the name of the foreign country: CJ 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 | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes" to line 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 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | 7f | | No |
| 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 lines 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 | 14 | |
| b | Enter the number of voting members that are independent . . . | 1b | 13 | |
| 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 | | No |
| 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 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? . . . | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 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 | 9 | | No |

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 | Yes | |
| 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 | Yes | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| 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 | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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 | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, 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 | | No |
| 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▶ |
| 18 | Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ GREGORY ADAMS 3801 BLUE PARKWAY KANSAS CITY, MO 64130 (816) 627-2013 |

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

• 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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

| | | | |
|-----------------|-----------|-----------|---------|
| 1b Total | 2,533,467 | 1,208,140 | 312,464 |
|-----------------|-----------|-----------|---------|

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▶33

| | | | |
|----------|---|------------|-----------|
| | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | No |

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 |
|---|--------------------------------|---------------------|
| IBM CORPORATION PO BOX 676673 DALLAS, TX 752676673 | MAINTENANCE SERVICES | 249,329 |
| BURTIN & ASSOCIATES INC 5227 BLUE PARKWAY KANSAS CITY, MO 64130 | BUILDING CLEANING SERVICES | 199,082 |
| CERNER PHYSICIAN PRACTICE PO BOX 412732 KANSAS CITY, MO 641412732 | PROFESSIONAL SERVICES | 178,442 |
| LABORATORY CORPORATION OF AMERICA PO BOX 12140 BURLINGTON, NC 272162140 | PROFESSIONAL SERVICES | 165,000 |
| FAVORITE HEALTHCARE STAFFING PO BOX 803356 KANSAS CITY, MO 641803356 | STAFFING SERVICES | 136,886 |

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▶7

Part VIII

Statement of Revenue

| | | | | (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 | 35,518 | | | | | |
| | d | Related organizations | 1d | | | | | | |
| | e | Government grants (contributions) | 1e | 11,520,363 | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,210,169 | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ _____ | | | | | | | |
| | h | Total. Add lines 1a-1f | | 13,766,050 | | | | | |
| Program Service Revenue | | | Business Code | | | | | | |
| | 2a | GRANTS & CONTRACTS REV | 621,400 | 11,746,221 | 11,746,221 | | | | |
| | b | PATIENT CARE | 621,400 | 9,185,483 | 9,185,483 | | | | |
| | c | SETTLEMENTS | 621,400 | 3,257,831 | 3,257,831 | | | | |
| | d | | | | | | | | |
| | e | | | | | | | | |
| | f | All other program service revenue | | | | | | | |
| | g | Total. Add lines 2a-2f | | 24,189,535 | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 292,836 | | | 292,836 | | |
| | 4 | Income from investment of tax-exempt bond proceeds . . | | | | | | | |
| | 5 | Royalties | | | | | | | |
| | 6a | Gross Rents | (i) Real | (ii) Personal | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | b | Less rental expenses | | | | | | | |
| | c | Rental income or (loss) | | | | | | | |
| | d | Net rental income or (loss) | | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | | |
| | | | 356,979 | | | | | | |
| | | | 248,455 | | | | | | |
| | | | 108,524 | | | | | | |
| | b | Less cost or other basis and sales expenses | | | | | | | |
| | c | Gain or (loss) | | | | | | | |
| | d | Net gain or (loss) | | 108,524 | | | 108,524 | | |
| | 8a | Gross income from fundraising events (not including \$ 35,518 of contributions reported on line 1c) See Part IV, line 18 | a | 109,852 | | | | | |
| | | | b | Less direct expenses | 117,289 | | | | |
| | | | c | Net income or (loss) from fundraising events . . | -7,437 | | | -7,437 | |
| 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | | | | |
| | | b | Less direct expenses | | | | | | |
| | | c | Net income or (loss) from gaming activities . . | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | | | | | | | |
| | | b | Less cost of goods sold | | | | | | |
| | | c | Net income or (loss) from sales of inventory . . | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | | |
| 11a | MISCELLANEOUS REVENUES | 900,099 | 1,118,128 | 1,118,128 | | | | | |
| b | | | | | | | | | |
| c | | | | | | | | | |
| d | All other revenue | | | | | | | | |
| e | Total. Add lines 11a-11d | | 1,118,128 | | | | | | |
| 12 | Total revenue. See Instructions | | 39,467,636 | 25,307,663 | 0 | 393,923 | | | |

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 | | | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 20,387,997 | 18,047,410 | 2,340,587 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,038,963 | 1,038,963 | | |
| 9 | Other employee benefits | 2,615,538 | 2,615,538 | | |
| 10 | Payroll taxes | 1,402,982 | 1,402,982 | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 1,331,714 | 1,121,341 | 210,373 | |
| b | Legal | 46,798 | | 46,798 | |
| c | Accounting | 73,400 | | 73,400 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 559,735 | 559,735 | | |
| 12 | Advertising and promotion | 134,555 | 134,555 | | |
| 13 | Office expenses | 4,602,773 | 4,465,499 | 137,274 | |
| 14 | Information technology | 429,579 | 429,579 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,966,590 | 670,828 | 1,295,762 | |
| 17 | Travel | 299,610 | 288,079 | 11,531 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 191,481 | 191,481 | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 975,853 | 901,990 | 73,863 | |
| 23 | Insurance | 199,690 | 199,690 | | |
| 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 | Miscellaneous | 358,211 | 79,623 | 278,588 | |
| b | Construction & other co | 341,840 | 341,840 | | |
| c | Memberships and dues | 277,581 | 277,581 | | |
| d | Community activities | 4,803 | 4,803 | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 37,239,693 | 32,771,517 | 4,468,176 | 0 |
| 26 | Joint costs. Check here <input type="checkbox"/> 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) | | (B) |
|-----------------------------|---|---|-----|------------|------------|-------------------|------------|-------------|
| | | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | | 10,198,525 | 2 | 18,754,416 |
| | 3 | Pledges and grants receivable, net | | | | 2,443,504 | 3 | 2,157,460 |
| | 4 | Accounts receivable, net | | | | 416,139 | 4 | 365,145 |
| | 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 | | | | 177,511 | 8 | 156,677 |
| | 9 | Prepaid expenses and deferred charges | | | | 27,866 | 9 | 81,374 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 29,087,940 | 14,130,858 | 10c | 13,950,363 | |
| | b | Less accumulated depreciation | 10b | 15,137,577 | | | | |
| | 11 | Investments—publicly traded securities | | | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 44,203 | 13 | 44,203 |
| | 14 | Intangible assets | | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | | 5,555,072 | 15 | 1,350,103 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | | 32,993,678 | 16 | 36,859,741 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | | 2,905,483 | 17 | 3,689,254 |
| | 18 | Grants payable | | | | | 18 | |
| | 19 | Deferred revenue | | | | 191,150 | 19 | 332,398 |
| | 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 | | | | 3,096,633 | 26 | 4,021,652 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | | |
| | 27 | Unrestricted net assets | | | | 29,897,045 | 27 | 32,838,089 |
| | 28 | Temporarily restricted net assets | | | | | 28 | |
| | 29 | Permanently restricted net assets | | | | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 | | | | 29,897,045 | 33 | 32,838,089 |
| | 34 | Total liabilities and net assets/fund balances | | | | 32,993,678 | 34 | 36,859,741 |

Part XI Financial Statements and Reporting

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . . | | No |
| b Were the organization's financial statements audited by an independent accountant? | Yes | |
| c If "Yes," to 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 | Yes | |
| 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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? | Yes | |
| 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 . . . | Yes | |

SCHEDULE A

(Form 990 or 990EZ)

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 SWOPE HEALTH SERVICES | Employer identification number 43-0957840 |
|---|--|

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 **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?

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (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 IRC 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.") | 12,749,302 | 14,165,786 | 14,502,481 | 15,504,267 | 13,766,050 | 70,687,886 |
| 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 | 12,749,302 | 14,165,786 | 14,502,481 | 15,504,267 | 13,766,050 | 70,687,886 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 70,687,886 |

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 | 12,749,302 | 388,378 | 14,502,481 | 15,504,267 | 13,766,050 | 70,687,886 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 187,153 | 388,378 | 442,886 | 64,390 | 292,836 | 1,375,643 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | 1,500,757 | 1,235,609 | 147,191 | 12,312 | 1,118,128 | 4,013,997 |
| 11 Total support (Add lines 7 through 10) | | | | | | 76,077,526 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | 107,436,288 |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 | 92 920 % |
| 15 | Public Support Percentage for 2008 Schedule A, Part II, line 14 | 15 | 91 820 % |
| 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 the 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 IIISupport Schedule for Organizations Described in IRC 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 |
|---|----------|----------|----------|----------|----------|-----------|
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6Total. Add lines 1 through 5 | | | | | | |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| bAmounts 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 | | | | | | |
| cAdd lines 7a and 7b | | | | | | |
| 8Public 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 |
|--|----------|----------|----------|----------|----------|-----------|
| 9Amounts from line 6 | | | | | | |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| cAdd lines 10a and 10b | | | | | | |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13Total support (Add lines 9, 10c, 11 and 12.) | | | | | | |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--|
| 17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | |
| 19a33 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 | | |
| b33 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 | | |
| 20Private 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. 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

Additional Data

Software ID:

Software Version:

EIN: 43-0957840

Name: SWOPE HEALTH SERVICES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| EDWARD RICHARD JONES BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| RUPERT G THOMAS BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| CHARLOTTE M TILLMAN BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM M WASHINGTON BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| LESLIE E BECKER MD BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| DANA TIPPIN CUTLER BOARD MEMBER, SECRETARY | 2 00 | X | | X | | | | 0 | 0 | 0 |
| JUDGE LISA WHITE HARDWIC BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| DAVID WARM TREASURER | 2 00 | X | | X | | | | 0 | 0 | 0 |
| CAROL MARINOVICH BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| SHARON JACKSON BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| IRENE CAUDILLO BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| WYNN PRESSON BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| E FRANK ELLIS CHAIRMAN (Sch J Pt III) | 8 00 | X | | X | | | | 0 | 892,683 | 34,409 |
| DAVID ODEGARD BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| JIMMY BROWN VP OPERATIONS | 50 00 | | | X | | | | 182,771 | 0 | 18,890 |
| NAIMISH PATEL VP, FINANCE | 50 00 | | | X | | | | 166,594 | 0 | 19,150 |
| VERNEDA ROBINSON PRESIDENT | 50 00 | | | X | | | | 304,284 | 0 | 21,489 |
| OTIS LATIMER MEDICAL DIRECTOR | 50 00 | | | | X | | | 236,356 | 0 | 17,931 |
| WILLIAM ARNIE PANKEY CHIEF MEDICAL DIRECTOR | 50 00 | | | | X | | | 240,695 | 0 | 28,195 |
| GLORIA BROWNELL JOSEPH VP-BH ADMIN | 50 00 | | | | X | | | 162,602 | 0 | 14,158 |
| DHANALAKSHMI RENGACHARY OB-GYN DEPT CHAIR | 40 00 | | | | | X | | 344,447 | 0 | 18,713 |
| JAMES TRUE Psychiatrist | 40 00 | | | | | X | | 239,836 | 0 | 33,747 |
| NELSON JOHNSON PHYSICIAN | 40 00 | | | | | X | | 229,714 | 0 | 23,438 |
| DAVID DEMBINKSKI ADULT MED DEPT CHAIR | 40 00 | | | | | X | | 232,238 | 0 | 25,675 |
| NALLU REDDY PHYSICIAN | 40 00 | | | | | X | | 193,930 | 0 | 25,553 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| BARRETT HATCHES FORMER PRESIDENT | 0 00 | | | | | | X | 0 | 315,457 | 31,116 |

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

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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) or Form 990-EZ, line 35a (regarding proxy tax), then

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

| | |
|---|--|
| Name of the organization SWOPE HEALTH SERVICES | Employer identification number 43-0957840 |
|---|--|

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 funtion 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 State 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) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 21,266 | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 21,266 | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 37,335,716 | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 37,356,982 | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | 1,000,000 | | | | | | | | | | | | | |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | | 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 | | |
| 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 | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 250,000 | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | 0 | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | 0 | | | | | | | | | | | | | |
| 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 19,130 | 28,053 | 30,863 | 21,266 | 99,312 |
| d Grassroots non-taxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | | | | | |

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

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Inspection

| | |
|---|--|
| Name of the organization SWOPE HEALTH SERVICES | Employer identification number 43-0957840 |
|---|--|

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? <div>YesNo</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div>YesNo</div> | |

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) <div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div><div><input type="checkbox"/> Preservation of an historically importantly land area</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of a certified historic structure</div><div><input type="checkbox"/> Preservation of open space</div></div> |
| 2 | Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year |
| | |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? <div>YesNo</div> |
| 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)? <div>YesNo</div> |
| 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 accession 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 solicit 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, custodian 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 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 XIV

Part V

Endowment Funds. Complete if the 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 | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIV the intended uses of the 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 | | 851,955 | | 851,955 |
| b Buildings | | 19,749,305 | 8,079,921 | 11,669,384 |
| c Leasehold improvements | | 45,175 | 5,271 | 39,904 |
| d Equipment | | 3,041,500 | 2,744,017 | 297,483 |
| e Other | | 5,400,005 | 4,308,368 | 1,091,637 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 13,950,363 |

Schedule D (Form 990) 2009

Part XI

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

| | | | |
|----|---|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 39,467,636 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 37,239,693 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 2,227,943 |
| 4 | Net unrealized gains (losses) on investments | 4 | 713,101 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 713,101 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 2,941,044 |

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 | 39,608,255 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | 23,330 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 117,289 |
| e | Add lines 2a through 2d | 2e | 140,619 |
| 3 | Subtract line 2e from line 1 | 3 | 39,467,636 |
| 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 | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 39,467,636 |

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 37,380,312 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 23,330 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | 117,289 |
| e | Add lines 2a through 2d | 2e | 140,619 |
| 3 | Subtract line 2e from line 1 | 3 | 37,239,693 |
| 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 | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 37,239,693 |

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, 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.

| Identifier | Return Reference | Explanation |
|--|---|---|
| Part X | Description of Uncertain Tax Positions Under FIN 48 | Uncertain tax provisions, if any, are recorded in accordance with FASB ASC 740, Income Taxes (previously FIN 48). FASB ASC 740 requires the recognition of a liability for tax positions taken that do not meet the more-likely-than-not standard that the position will be sustained upon examination by the taxing authorities. There is no liability for uncertain tax positions recorded at December 31, 2009, nor was there a liability as of January 1, 2009. |
| Part XII, Line 2d - Other Adjustments | | SPECIAL EVENT EXPENSES 117289 |
| Part XIII, Line 2d - Other Adjustments | | SPECIAL EVENT EXPENSES 117289 |

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Schedule F-1 (Form 990) if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
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- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ☐
- 3 Enter total number of other organizations or entities ☐

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
SWOPE HEALTH SERVICES

Employer identification number
43-0957840

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and e-mail solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
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| Total ▶ | | | | | | |

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| Revenue | | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events | |
|-----------------|--|--|----------------------|---------------------|------------------|----------------------|---------|
| | | | <u>ANNUAL DINNER</u> | <u>JAZZ CONCERT</u> | | (Add col (a) through | |
| | | | (event type) | (event type) | (total number) | col (c)) | |
| | 1 | Gross receipts | 119,440 | 25,930 | | 145,370 | |
| | 2 | Less Charitable contributions | 35,518 | 0 | | 35,518 | |
| 3 | Gross income (line 1 minus line 2) | 83,922 | 25,930 | | 109,852 | | |
| Direct Expenses | 4 | Cash prizes | | | | | |
| | 5 | Non-cash prizes | | | | | |
| | 6 | Rent/facility costs | | | | | |
| | 7 | Food and beverages | | | | | |
| | 8 | Entertainment | | | | | |
| | 9 | Other direct expenses | 83,922 | 33,367 | | 117,289 | |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | | 117,289 |
| | 11 | Net income summary Combine lines 3, column d, and line 10. ▶ | | | | | -7,437 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|-----------------|---|---|---|---|---|
| | | | | | (Add col (a) through col (c)) |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | |
| | 8 | Net gaming income summary Combine lines 1, column d, and line 7 ▶ | | | |

| | | Yes | No |
|-----|---|-----|----|
| 9 | Enter the state(s) in which the organization operates gaming activities _____ | | |
| a | Is the organization licensed to operate gaming activities in each of these states? | 9a | |
| b | If "No," Explain _____ _____ | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | |
| b | If "Yes," Explain _____ _____ | | |
| 11 | Does the organization operate gaming activities with nonmembers? | 11 | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | |

| | | | |
|---|--|------------|-----------|
| | | Yes | No |
| 13 | Indicate the percentage of gaming activity operated in | | |
| a | The organization's facility 13a | | |
| b | An outside facility 13b | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| Name ► _____ | | | |
| Address ► _____ | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ | | |
| c | If "Yes," enter name and address | | |
| Name ► _____ | | | |
| Address ► _____ | | | |
| 16 | Gaming manager information | | |
| Name ► _____ | | | |
| Gaming manager compensation ► \$ _____ | | | |
| Description of services provided ► _____ | | | |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | | |
| 17 | Mandatory distributions | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____ | | |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
SWOPE HEALTH SERVICES

Employer identification number
43-0957840

Part I

Questions Regarding Compensation

| | Yes | No |
|--|-----|----|
| <div>1a</div> <div>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</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div> | | |
| <div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div> | | |
| <div>2</div> <div>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?</div> | | |
| <div>3</div> <div>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</div> <div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div> | | |
| <div>4</div> <div>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</div> | | |
| <div>a</div> <div>Receive a severance payment or change-of-control payment?</div> | | No |
| <div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> | Yes | |
| <div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div> | | No |
| <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div> | | |
| <div>5</div> <div>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</div> | | |
| <div>a</div> <div>The organization?</div> | | No |
| <div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 5a or 5b, describe in Part III</div> | | No |
| <div>6</div> <div>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</div> | | |
| <div>a</div> <div>The organization?</div> | | No |
| <div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 6a or 6b, describe in Part III</div> | | No |
| <div>7</div> <div>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</div> | | No |
| <div>8</div> <div>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</div> | | No |
| <div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div> | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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 | | | | |
| E FRANK ELLIS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 542,959 | 0 | 349,724 | 10,790 | 28,827 | 932,300 | 0 |
| JIMMY BROWN | (i) | 175,797 | 0 | 6,974 | 5,482 | 20,191 | 208,444 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NAIMISH PATEL | (i) | 161,062 | 0 | 5,532 | 3,558 | 22,875 | 193,027 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VERNEDA ROBINSON | (i) | 295,114 | 0 | 9,170 | 1,261 | 23,391 | 328,936 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| OTIS LATIMER | (i) | 229,574 | 0 | 6,782 | 2,107 | 19,248 | 257,711 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WILLIAM (ARNIE) PANKEY | (i) | 234,931 | 0 | 5,764 | 7,321 | 27,437 | 275,453 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| GLORIA BROWNELL JOSEPH | (i) | 152,670 | 0 | 9,932 | 6,238 | 7,974 | 176,814 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DHANALAKSHMI RENGACHARY | (i) | 333,207 | 0 | 11,240 | 8,598 | 10,169 | 363,214 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JAMES TRUE | (i) | 235,933 | 0 | 3,903 | 7,492 | 26,309 | 273,637 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NELSON JOHNSON | (i) | 226,359 | 0 | 3,355 | 0 | 23,492 | 253,206 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DAVID DEMBINKSKI | (i) | 231,073 | 0 | 1,165 | 6,451 | 19,278 | 257,967 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NALLU REDDY | (i) | 192,989 | 0 | 941 | 5,305 | 20,302 | 219,537 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BARRETT HATCHES | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 304,598 | 0 | 10,859 | 9,657 | 28,958 | 354,072 | 0 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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.

| Identifier | Return Reference | Explanation |
|--------------------------|------------------|--|
| Supplemental Information | Part III | Schedule J, Part II, E. Frank Ellis. E. Frank Ellis was the Chief Executive Officer and Chairman of FirstGuard Health Plan, Inc. (FirstGuard), a for-profit insurance company and subsidiary of SCE with revenues of in excess of \$245,340,000 in 2003. SCE sold FirstGuard in 2004. FirstGuard established a supplemental executive retirement plan (SERP) for Mr. Ellis in recognition of his long service with the company, taking into account both his prior service and anticipated future service. In connection with the sale of FirstGuard in 2004, FirstGuard allocated one-half of the estimated SERP obligation to a rabbi trust established with respect to the SERP, and SCE assumed the balance of the SERP obligation. Mr. Ellis received \$335,000 distribution from the SERP in 2009 in accordance with the terms of that plan. Prior to this distribution, SCE's Compensation Committee retained independent legal counsel, and also engaged an independent compensation consultant to advise and assess the reasonableness of compensation paid pursuant to the FirstGuard sale. Mr. Ellis did not participate in the Compensation Committee's deliberations on that topic. |

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 SWOPE HEALTH SERVICES | Employer identification number 43-0957840 |
|---|--|

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| Form 990, Part VI, Section A, line 6 | | THE ORGANIZATION HAS A SOLE MEMBER SWOPE COMMUNITY ENTERPRISES, A NONPROFIT 501(C)(3) ORGANIZATION |
| Form 990, Part VI, Section A, line 7a | | THE ORGANIZATION HAS A SOLE MEMBER SWOPE COMMUNITY ENTERPRISES, A NONPROFIT 501(C)(3) ORGANIZATION, WHO APPROVES ALL DIRECTORS |
| Form 990, Part VI, Section A, line 7b | | THE ORGANIZATION HAS A SOLE MEMBER SWOPE COMMUNITY ENTERPRISES, A NONPROFIT 501(C)(3) ORGANIZATION, WHO APPROVES ALL MATERIAL TRANSACTIONS OF SHS |
| Form 990, Part VI, Section B, line 11 | | The organization presents and discusses a draft of its Form 990 with the organization's senior management, as well as the Executive Finance Committee of the Board of Directors The remaining board members are provided with a copy for review and comment, as well Comments and questions of the reviewing individuals are addressed by those responsible for preparing the Form 990, and appropriate modifications are made to the draft before it is filed |
| Form 990, Part VI, Section B, line 12c | | All directors, officers and key employees are required to complete the conflict of interest disclosure form and provide periodic updates to the form as may be necessary All completed forms and period updates are provided to general counsel for the corporation for review and submission to members of the board of directors Conflicts identified through this process will require recusal of the director, officer, or key employee where appropriate |
| Form 990, Part VI, Section B, line 15 | | The organization's governance process for determining compensation of the President/CEO includes an annual review of such compensation by the company's Board of Directors In carrying out this annual review , the board retains independent counsel and engages an independent compensation consultant to advise and assess the reasonableness of the compensation of the President/CEO, who does not participate in this review of his/her own compensation The board also considers recommendations from the Compensation Committee of the Board of Directors of Sw ope Community Enterprises, which also retains independent counsel and engages an independent compensation consultant to advise and assess the reasonableness of the compensation of various members of management across the SCE member companies, including the SHS President/CEO The SCE Compensation Committee met five times in 2009 and considered comparability data related to the base and total compensation paid to similarly situated executives at similar entities, as presented by its independent compensation consultant and contemporaneously documented its decisions and deliberations |
| Form 990, Part VI, Section C, line 19 | | The governing documents, conflict of interest policy, and financial statements are made available on request Portions of the Form 990 are included in on the company's website |
| Form 990, Part XI, Line 2c | Audit Process | THE ORGANIZATION'S GOVERNANCE STRUCTURE INCLUDES A FINANCE COMMITTEE, WHICH IS A SEPARATE STANDING COMMITTEE OF THE BOARD OF DIRECTORS THIS COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT PROCESS, INCLUDING REVIEWING AND DISCUSSING THE RESULTS OF THE ANNUAL AUDIT WITH THE INDEPENDENT ACCOUNTANT AS WELL AS THE SELECTION AND ENGAGEMENT OF THE INDEPENDENT ACCOUNTANT (IN CONJUNCTION WITH THE FINANCE AND AUDIT COMMITTEE OF SWOPE COMMUNITY ENTERPRISES, PARENT AND SOLE MEMBER OF SWOPE HEALTH SERVICES |

| Identifier | Return Reference | Explanation |
|---------------------------|---------------------------|--|
| FORM 990, PART V, LINE 4B | FOREIGN FINANCIAL ACCOUNT | SHS invests in a professionally-managed portfolio supervised by the finance committee approved by the board of directors SHS's formal investment policy statement creates the framework for a well-diversified portfolio, designed to generate long term returns with an acceptable level of risk The portfolio is allocated across various types of investments equities, fixed income securities, and alternative investments At certain times during 2009, as much as 7% of the portfolio was invested in alternative hedge fund pools that are incorporated in the Cayman Islands, in accordance with SHS's investment policy statement These assets, which were the only assets custodied outside of the United States, were fully liquidated prior to year end and thus represented 0% of the portfolio as of 12/31/09 |

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) Disproporionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | |
|--|-------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|--|----|---|---|----|
| | | | | | | | Yes | No | | Yes | 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 |
|--|--|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| SWOPE COMMUNITY ENTERPRISE SERVICES 3801 BLUE PARKWAY KANSAS CITY, MO64130 42-1556306 | TO SUPPLY CERTAIN ADMINISTRATIVE SUPPORT SERVICES | MO | Swope Community Enterprises | C | | | |
| CBKC HOUSING INC 4001 BLUE PARKWAY SUITE 270 KANSAS CITY, MO64130 43-1803022 | LOW INCOME HOUSING | MO | SWOPE COMMUNITY BUILDERS | C | | | |
| CBKC HOUSING II INC 4001 BLUE PARKWAY SUITE 270 KANSAS CITY, MO64130 43-1937376 | LOW INCOME HOUSING | MO | SWOPE COMMUNITY BUILDERS | C | | | |

Schedule R (Form 990) 2009

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

No

1n

No

1o

Yes

1p

Yes

1q

No

1r

No

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) | SWOPE COMMUNITY BUILDERS | J | 134,213 |
| (2) | SWOPE COMMUNITY BUILDERS | P | 237,266 |
| (3) | SWOPE COMMUNITY ENTERPRISES | L | 723,000 |
| (4) | SWOPE COMMUNITY ENTERPRISES | O | 72,000 |
| (5) | SWOPE HEALTH FOUNDATION | C | 723,000 |
| (6) | SWOPE HEALTH FOUNDATION | P | 240,284 |

Schedule R (Form 990) 2009

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 |

Software ID:
Software Version:
EIN: 43-0957840
Name: SWOPE HEALTH SERVICES

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (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 501(c)(3)) | (f) Direct Controlling Entity |
|---|--|---|----------------------------|--|----------------------------------|
| SWOPE COMMUNITY ENTERPRISES 3801 BLUE PARKWAY KANSAS CITY, MO 64130 54-2081401 | perform strategic and business planning for, and to coordinate the activitie | MO | 501(c)(3) | 509(A)(3) | N/A |
| SWOPE COMMUNITY BUILDERS 4001 BLUE PARKWAY SUITE 102 KANSAS CITY, MO 64130 43-1583953 | FOCUSED ON IMPROVING THE GENERAL WELL BEING OF COMMUNITIES | MO | 501(c)(3) | 170(B)(1) (A)(VI) | SWOPE COMMUNITY ENTERPRISES |
| APPLIED URBAN RESEARCH INSTITUTE 3801 BLUE PARKWAY KANSAS CITY, MO 64130 43-1685733 | provides a full range of urban planning and research services | MO | 501(c)(3) | 509(A)(3) | SWOPE COMMUNITY ENTERPRISES |
| SWOPE CENTER FOR CAREER ADVANCEMENT 4001 Blue Parkway SUITE 270 KANSAS CITY, MO 64130 26-0404412 | WORKFORCE DEVELOPMENT | MO | 501(c)(3) | 170(B)(1) (A)(VI) | SWOPE COMMUNITY ENTERPRISES |
| SWOPE HEALTH FOUNDATION 3801 BLUE PARKWAY KANSAS CITY, MO 64130 43-1497518 | Raise funds to support the clinical programs of Swope Health Services | MO | 501(c)(3) | 170(B)(1) (A)(VI) | N/A |
| SWOPE PARKWAY HOUSING 3801 BLUE PARKWAY KANSAS CITY, MO 64130 43-1531202 | PROVIDES HOUSING TO ELDERLY AND DISABLED PERSONS | MO | 501(c)(3) | 170(B)(1) (A)(VI) | N/A |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of other organization | | (b) Transaction type(a-r) | (c) Amount Involved (\$) |
|-----------------------------------|-----------------------------|---------------------------------|--------------------------------|
| (1) | SWOPE COMMUNITY BUILDERS | J | 134,213 |
| (2) | SWOPE COMMUNITY BUILDERS | P | 237,266 |
| (3) | SWOPE COMMUNITY ENTERPRISES | L | 723,000 |
| (4) | SWOPE COMMUNITY ENTERPRISES | O | 72,000 |
| (5) | SWOPE HEALTH FOUNDATION | C | 723,000 |
| (6) | SWOPE HEALTH FOUNDATION | P | 240,284 |