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Form 990

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pendingC Name of organization
SWOPE HEALTH SERVICES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
3801 BLUE PARKWAYCity or town, state or country, and ZIP + 4
KANSAS CITY, MO 64130F Name and address of principal officer
DAVID BARBER
3801 BLUE PARKWAY
KANSAS CITY, MO 64130

D Employer identification number

43-0957840

E Telephone number

(816) 627-2013

G Gross receipts \$ 72,532,513

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527H(a) Is this a group return for affiliates?
 Yes NoH(b) Are all affiliates included?
 Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

J Website: ► WWW SWOPECOMMUNITY ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1969

M State of legal domicile
MO

Part I Summary

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 ► 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 13

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 12

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 665

6 Total number of volunteers (estimate if necessary)

6 12

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,871,892	13,534,131
9	Program service revenue (Part VIII, line 2g)	28,590,450	24,323,202
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	440,649	716,761
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	523,363	498,906
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,426,354	39,073,000

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,479,116	28,075,619
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ►0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,187,953	14,421,934
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	38,667,069	42,497,553
19	Revenue less expenses Subtract line 18 from line 12	4,759,285	-3,424,553

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	43,759,611	39,288,210
21	Total liabilities (Part X, line 26)	4,911,753	4,451,838
22	Net assets or fund balances Subtract line 21 from line 20	38,847,858	34,836,372

Part II Signature Block

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

Sign Here	***** Signature of officer DAVID BARBER INTERIM PRESIDENT Type or print name and title	2012-10-31 Date
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Paid Preparer's Use Only	Preparer's signature CONNIE HENDERSON Firm's name (or yours if self-employed), address, and ZIP + 4 4801 MAIN STREET SUITE 400 KANSAS CITY, MO 64112	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00156688
				EIN ► 42-0714325 Phone no ► (816) 753-3000

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

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part II

to 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

Did the organization undertake any significant program services during the year which were not listed on Part V of Form 990 or Form 990-EZ?

Yes No

If "Yes," describe these new services on Schedule C

the organization cease conducting, or make significant changes in how it conducts, any programs?

Yes No

If "Yes," describe these changes on Schedule O.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of expenses and allocations to others, the total expenses, and revenue, if any, for each program service reported.

) (Expenses \$ 38,365,066 including grants of \$) (Revenue \$ 24,822,108

RAL. IN 2011, SHS PROVIDED MEDICAL, DENTAL AND BEHAVIORAL HEALTH CARE TO NEARLY 40,000 PATIENTS WHO RECEIVED SOME 200,000 UNITS OF CES - OR AN AVERAGE OF 5 UNITS PER PATIENT - IN THE FORM OF PROVIDER VISITS AND OTHER DIRECT SERVICES MORE THAN NINE IN TEN OF OUR NTENTS WHO REPORTED INCOME LIVED AT OR BELOW THE FEDERAL POVERTY LEVEL. FOR A SINGLE MOM WITH TWO CHILDREN, THAT REPRESENTS A MAXIMUM ,544 A MONTH OR \$18,530 A YEAR - HARDLY ENOUGH TO LIVE ON MUCH LESS PAY FOR HEALTH CARE. SHS SERVED SEVERAL RACIAL AND ETHNIC GROUPS 11. MORE THAN HALF OF SHS' PATIENTS ARE AFRICAN AMERICAN, NEARLY A QUARTER ARE WHITE AND MOST OF THE REST ARE HISPANIC/LATINO OR CANIC INDIAN/ALASKA NATIVE. WE ARE EXPERIENCING A GROWING HISPANIC POPULATION AT MOST LOCATIONS CONSISTENT WITH RECENT NATIONAL US DATA. ELECTRONIC MEDICAL RECORDS (EMR) IN 2011 SHS IMPLEMENTED EMR SYSTEM FOR ALL OF THE MEDICAL AND BEHAVIORAL HEALTH CLINICS AND ITS SATELLITE CLINICS. THIS WAS A SIGNIFICANT ACCOMPLISHMENT SINCE THIS NEW TECHNOLOGY WILL ALLOW SHS IN DEMONSTRATING QUALITY OF CES AND ULTIMATELY HELP ACHIEVE BETTER PATIENT OUTCOMES. IN 2011, SHS ALSO OPENED TWO NEW CLINICS, ONE IN WYANDOTTE COUNTY, KANSAS ONE IN JACKSON COUNTY, MISSOURI. FREE AND LOW-COST MEDICATIONS. SHS SECURED FOR ITS PATIENTS APPROXIMATELY \$1.4 MILLION IN FREE AND VERY COST MEDICATIONS THROUGH TWO PHARMACEUTICAL PATIENT ASSISTANCE PROGRAMS AND ITS OWN "SWOPE CARE" IN-HOUSE PHARMACY ASSISTANCE RAM. THIS WAS CRITICAL TO MAINTAINING THE HEALTH OF THE UNINSURED PATIENTS AND ASSISTED WITH THE PURCHASING OF PRESCRIBED CATIONS AS WELL AS MANY OF THE REST OF SHS' PATIENTS WHO ARE WOEFULLY UNDERINSURED. MATERNAL AND CHILDREN'S SERVICES - ANITA PREGNANT EN IN SHS' TARGET SERVICE AREA OFTEN DON'T RECEIVE EARLY AND CONSISTENT PRENATAL CARE. AS A RESULT, THEY ARE MORE LIKELY THAN OTHER VANT WOMEN TO EXPERIENCE INFANT MORTALITY OR DELIVER PREMATURE AND/OR LOW-BIRTH-WEIGHT INFANTS WITH DEVELOPMENTAL DELAYS AND R EXPENSIVE AND DEBILITATING LONG-TERM HEALTH AND SOCIAL PROBLEMS. SHS PROVIDES CASE MANAGEMENT AND RELATED SUPPORT SERVICES UNED TO IDENTIFY, ENROLL AND KEEP PREGNANT WOMEN IN ITS PRENATAL PROGRAM. IN 2008, SHS ADDED A FULL-TIME WOMEN'S HEALTH SPECIALIST TO OB/GYN STAFF TO IMPROVE ACCESS TO PRENATAL SERVICES. IN 2010 WE ADDED AN ADDITIONAL WOMEN'S HEALTH SPECIALIST TO WORK WITH OUR OB/GYN CIAN. SHS DATA CONTINUES TO SHOWS THAT WOMEN IN ITS PRENATAL PROGRAM EXPERIENCE A LOWER INCIDENCE OF NEGATIVE OUTCOMES. SHS RORTS NEW MOTHERS AFTER BIRTH THROUGH A VARIETY OF PROGRAMS AND SERVICES. FOR EXAMPLE, IT OFFERS CLASSES AND ONE-TO-ONE COUNSELING COURAGE WOMEN TO BREASTFEED THEIR BABIES, A STRATEGY THAT IS NOT ONLY COST-SAVING BUT THAT PROVIDES A HOST OF LONG-TERM HEALTH ITIS TO BOTH THE MOTHER AND CHILD. SHS PROVIDED HEALTH CARE SERVICES TO MORE THAN 10,000 CHILD AND ADOLESCENT PATIENTS, TREATING VTHING FROM SPRAINS AND CUTS TO COLDS AND THE FLU TO CHRONIC CONDITIONS SUCH AS ASTHMA. BECAUSE THERE ARE SO MANY THINGS THAT CAN RER 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 2011, SHS PROVIDED EARLY ENINGS, KNOWN AS EPSDT (EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT) EXAMINATIONS, TO MORE THAN 4,000 CHILDREN TO PROVIDE RREN IN A HIGH-CRIME URBAN AREA WITH A SAFE AND EXCITING HALLOWEEN EXPERIENCE. SHS SPONSORED TREAT TOWN AT THE SHOPS ON BLUE WAY. THE MORE THAN 1,100 ATTENDEES WHO ATTENDED THIS ANNUAL EVENT IN 2011 RECEIVED LOTS OF TASTY GOODIES AS WELL AS TOOTH BRUSHES TO EENT TOOTH DECAY AND INFORMATION ON ACCESSING DENTAL SERVICES AT OUR FACILITIES. ADULT MEDICAL SERVICES. SHS HAS TAKEN A GIANT STEP RD IMPROVING THE LONG-TERM HEALTH OF ITS PATIENTS BY MORE CLOSELY MONITORING THOSE WITH DIABETES AND CARDIOVASCULAR DISEASE. TWO RISK CHRONIC DISEASES THAT AFFECT A DISPROPORTIONATE SHARE OF OUR PATIENTS. IF NOT PROPERLY MANAGED, DIABETES AND CARDIOVASCULAR SE 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 POSITION COMPLEMENTARY TO A MO MEDICAID CHRONIC DISEASE PROGRAM. NURSES MONITOR THE CRITICAL INDICATORS OF PATIENT CHRONIC DISEASES, EXPLAIN IMPORTANCE OF ADHERING TO MEDICATION REGIMENS, AND ADVISES THEM ABOUT DIET, EXERCISE AND OTHER SELF MANAGEMENT LIFESTYLE CHANGES ARE KNOWN TO SLOW THE PROGRESSION OF THEIR DISEASE. WE ADDED A SECOND EMPLOYED CASE MANAGEMENT NURSE VIA GRANT FUNDING. THIS PAST THE RESULT. THESE NURSES HELPED 1,250 PATIENTS IMPROVE THE QUALITY OF THEIR LIVES IN 2011. HOWEVER, AS A RESULT OF LACK OF FUNDING, THE DISCONTINUED FUNDING ITS CHRONIC DISEASE INITIATIVE AND NURSE POSITION FOR THE PROGRAM. SWOPE HEALTH SERVICES DIABETES PROGRAM EVED AMERICAN ASSOCIATION OF DIABETES EDUCATORS (AADE) PROGRAM CERTIFICATION IN DECEMBER 2011. HEALTHCARE HOMEAS A RESULT OF THE CREDABLE CARE ACT OF 2010, THE STATE OF MISSOURI PASSED TWO STATE PLAN AMENDMENTS TO ALLOW FOR THE IMPLEMENTATION OF MEDICAL HOMES THOSE INSURED BY MEDICAID. SHS IS PARTICIPATING IN BOTH THE PRIMARY CARE HEALTH HOME AND THE COMMUNITY MENTAL HEALTH CENTER HEALTH INITIATIVES. ALTHOUGH THESE INITIATIVES DID NOT BEGIN UNTIL 2012, THE TRAINING, PREPARATION, AND HIRING OF STAFF BEGAN IN AUGUST OF 2011. THE TWO PROGRAMS WILL PROVIDE NURSE CASE MANAGEMENT SERVICES FOR APPROXIMATELY 1,400 CHRONICALLY ILL, HIGH RISK MEDICAID RECIPIENTS. SHS DOTTEIN 2011. SHS WAS INVOLVED IN A UNIQUE COLLABORATIVE PARTNERSHIP IN WYANDOTTE COUNTY TO IMPROVE ACCESS TO CARE FOR PATIENTS IN COMMUNITY. THIS PARTNERSHIP INCLUDES AREA FOUNDATIONS, HOSPITALS AND OTHER COMMUNITY STAKE HOLDERS. A FORMAL PLAN WAS DEVELOPED TO A CLINIC WHICH WILL SERVE ADULT AND PEDIATRIC PATIENTS BEGINNING IN MID 2012. THE HOMELESS IN 2011, SHS ASSISTED SOME 3,000 HOMELESS NTENTS WITH HEALTH CARE, HOUSING AND OTHER ESSENTIAL SERVICES. SHS STAFF MEMBERS GO TO WHERE THE HOMELESS GATHER, ASSESSING THEIR BASIC S IN THE FIELD AND INVITING THEM TO VISIT SHS' DEDICATED CLINIC FOR THE HOMELESS AT ITS BLUE PARKWAY COMPLEX. WE ARE NOW PROVIDING CES UNDER AGREEMENT WITH FIVE HOMELESS SHELTERS TO SUPPORT IMPROVED CARE CONTINUITY. INTAKES ARE PROVIDED TO HELP DETERMINE WHAT CES ONE MIGHT NEED AND WHAT SERVICES ONE MIGHT QUALIFY FOR. CASE MANAGERS HELP TO ASSIST THOSE WHO NEED HELP OBTAINING PHYSICAL AND AL HEALTH TREATMENT AS WELL AS HOUSING, TRANSPORTATION, AND FINANCIAL ASSISTANCE. CASE MANAGERS HELP TO FIND PERMANENT HOUSING FOR THOSE WHO ARE HOMELESS, THROUGH PROGRAMS SUCH AS SECTION 8 AND SHELTER PLUS CARE, AS WELL AS LOW INCOME AND OTHER SUBSIDIZED HOUSING THOSE WITH MENTAL HEALTH CONCERNs. BOTH INDIVIDUAL AND GROUP THERAPY ARE OFFERED TO ASSIST WITH OBTAINING OVERALL MENTAL AND PHYSICAL TGH GOALS. MEDICAL STAFF INCLUDING DOCTORS AND NURSES HELPS TO ASSESS MEDICAL ISSUES AND OFFER TREATMENT AS NECESSARY, INCLUDING CATION MANAGEMENT, AND MEDICATION ASSISTANCE. A RYAN WHITE CASE MANAGER IS ALSO LOCATED IN THE OUTREACH DEPARTMENT TO PROVIDE TANCE WITH OBTAINING TEST RESULTS, MEDICATIONS, AND OBTAINING MEDICAL SERVICES AS NEEDED. DENTAL CARE. GOOD DENTAL CARE IS A EQUISITE TO GOOD HEALTH. IN FACT, STUDIES SHOW THAT CHILDREN WITH POOR ORAL HYGIENE ARE AT INCREASED RISK FOR HEART DISEASE, STROKE A NUMBER OF OTHER AILMENTS LATER IN LIFE. UNFORTUNATELY, MOST LOW-INCOME PEOPLE DO NOT RECEIVE ADEQUATE DENTAL CARE, AND PUBLIC ARANCE PROGRAMS, SUCH AS MEDICAID AND MEDICARE, INCREASINGLY LIMIT THE DENTAL SERVICES THEY WILL COVER, PARTICULARLY FOR ADULTS. IN SHS PROVIDED COMPREHENSIVE DENTAL CARE (SCREENINGS, EXAMINATIONS, X-RAYS, FILLINGS, EXTRactions, ETC.) TO NEARLY 11,300 ADULTS AND RREN TO REACH MORE CHILDREN IN HIGH-NEED AREAS, SHS PURCHASED AND EQUIPPED A VAN TO TRANSPORT OUR PORTABLE DENTAL EQUIPMENT

) (Expenses \$ including grants of \$) (Revenue \$)

) (Expenses \$ **1,000** including grants of \$ **1,000**) (Revenue \$ **1,000**)

or program services. (Describe in Schedule O.)

Other program
(Expenses \$)

including grants of

)(Revenue

10 of 10

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.	Yes	
2 Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> (see instructions)?	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.	No	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	No	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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.	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.	No	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	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.	No	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	No	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b 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.	Yes	
c 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.	No	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	No	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	No	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	No	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	No	
14a Did the organization maintain an office, employees, or agents outside of the United States?	No	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	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 and IV.	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 and IV.	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	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	No	
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	No	
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	No	
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements		
20b		

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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	Yes	
35a	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a	Yes	
b	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35b		No
36	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37		No
38	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
Note. All Form 990 filers are required to complete Schedule O				

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	108
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	2a	665
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 or securities account)?	4a	Yes
b	If "Yes," enter the name of the foreign country CJ See instructions for 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?	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).	7a	No
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13b	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
c	Enter the aggregate amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	13
b Enter the number of voting members included in line 1a, above, who are independent	1b	12
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 governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	Yes
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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 Did the organization have local chapters, branches, or affiliates?	10a	Yes
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did 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 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

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 made these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Or Director	Indi- vidual trustee	Institutional Trustee	Officer	Key Employee	Empl- oyer highest compensated			
(1) EDWARD RICHARD JONES BOARD MEMBER	2 00	X						0	0	0
(2) RUPERT G THOMAS BOARD MEMBER	2 00	X						0	0	0
(3) CHARLOTTE M TILLMAN BOARD MEMBER	2 00	X						0	0	0
(4) WILLIAM M WASHINGTON BOARD MEMBER	2 00	X						0	0	0
(5) DR LESLIE E BECKER MD BOARD MEMBER	2 00	X						0	0	0
(6) JUDGE LISA WHITE HARDWICK BOARD VICE CHAIR	2 00	X		X				0	0	0
(7) SHARON JACKSON BOARD MEMBER	2 00	X						0	0	0
(8) E WYNN PRESSON BOARD MEMBER/FINANCE CHAIR	2 00	X		X				0	0	0
(9) E FRANK ELLIS BOARD CHAIR (SCH J PT III)	8 00	X		X				0	1,145,392	36,578
(10) ELLEN JUNGER BOARD MEMBER	2 00	X						0	0	0
(11) DR HARRY E WILKINS III MD BOARD MEMBER	2 00	X						0	0	0
(12) DAN CRANSHAW BOARD MEMBER	0 00	X						0	0	0
(13) FRED MITCHELL BOARD MEMBER	0 00	X						0	0	0
(14) JIMMY BROWN VP, OPERATION	50 00			X				213,008	0	13,546
(15) NAIMISH PATEL VP, FINANCE	50 00			X				215,585	0	25,640
(16) VERNEDA ROBINSON PRESIDENT	50 00			X				374,886	0	15,700
(17) WILLIAM ARNIE PANKEY CHIEF MEDICAL OFFICER	50 00				X			302,622	0	30,768

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **41**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
JENNIFER HAILE	CONSULTANT	208,124
5921 WEST RICHARDS DR		
SHAWNEE, KS 66216		
SYMMETRY CONSULTING	CONSULTANT	103,000
8217 E GREGORY BLVD		
KANSAS CITY, MO 64133		
NORMA WRIGHT	CONSULTANT	102,493
100 BENCHLEY PLACE 3EE		
BRONX, NY 10475		

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

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					
	d Related organizations	1d					
	e Government grants (contributions)	1e	12,173,947				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,360,184				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		13,534,131				
Program Service Revenue	Business Code						
			2a GRANTS & CONTRACTS REV	621400	11,961,744	11,961,744	
			b PATIENT CARE	621400	10,288,225	10,288,225	
			c SETTLEMENTS	621400	2,073,233	2,073,233	
			d				
			e				
			f All other program service revenue				
			g Total. Add lines 2a-2f		24,323,202		
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		421,182		421,182		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(I) Real	(II) Personal				
	b Less rental expenses	15,580					
	c Rental income or (loss)	0					
	d Net rental income or (loss)	15,580		15,580			
	7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
b Less cost or other basis and sales expenses	33,733,874	21,218					
c Gain or (loss)	33,347,471	112,042					
d Net gain or (loss)	386,403	-90,824	295,579		295,579		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18							
b Less direct expenses	a						
c Net income or (loss) from fundraising events	b						
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS REVENUES		900099	483,326	483,326			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		483,326					
12 Total revenue. See Instructions		39,073,000	24,822,108	0	716,761		

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)

Check if Schedule O contains a response to any question in this Part IX **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 United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	23,116,634	20,623,973	2,492,661	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	924,596	924,596		
9 Other employee benefits	2,310,964	2,310,964		
10 Payroll taxes	1,723,425	1,723,425		
11 Fees for services (non-employees)				
a Management	1,002,381	345,249	657,132	
b Legal	53,999		53,999	
c Accounting	88,750		88,750	
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other	1,614,191	1,614,191		
12 Advertising and promotion	115,758	115,758		
13 Office expenses	1,570,856	1,427,705	143,151	
14 Information technology	655,266	655,266		
15 Royalties				
16 Occupancy	2,177,138	1,880,597	296,541	
17 Travel	341,686	312,915	28,771	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	269,041	269,041		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,069,769	851,057	218,712	
23 Insurance	276,059	276,059		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a HEALTHCARE SUPPLIES	4,607,864	4,607,864		
b MISCELLANEOUS	350,326	197,556	152,770	
c MEMBERSHIPS AND DUES	228,850	228,850		
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	42,497,553	38,365,066	4,132,487	0
26 Joint costs. Check here <input type="checkbox"/> <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year	
Assets	1 Cash—non-interest-bearing	1		
	2 Savings and temporary cash investments	2	4,897,019	
	3 Pledges and grants receivable, net	3	2,010,673	
	4 Accounts receivable, net	4	520,396	
	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	500,000	
	8 Inventories for sale or use	8	254,125	
	9 Prepaid expenses and deferred charges	9	89,511	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	28,658,700	
	b Less accumulated depreciation	10b	13,454,028	
		14,759,513	10c	15,204,672
	11 Investments—publicly traded securities	11	7,144,346	
	12 Investments—other securities See Part IV, line 11	12	7,332,801	
	13 Investments—program-related See Part IV, line 11	13	44,203	
	14 Intangible assets	14		
	15 Other assets See Part IV, line 11	15	1,290,464	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	16	39,288,210	
Liabilities	17 Accounts payable and accrued expenses	17	4,046,635	
	18 Grants payable	18		
	19 Deferred revenue	19	405,203	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25		
	26 Total liabilities. Add lines 17 through 25	26	4,451,838	
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	27	34,836,372	
	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	33	34,836,372	
	34 Total liabilities and net assets/fund balances	34	39,288,210	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,073,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,497,553
3	Revenue less expenses Subtract line 2 from line 1	3	-3,424,553
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,847,858
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-586,933
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	34,836,372

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	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? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c 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 <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated 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? <input type="checkbox"/>	3a	Yes
3b 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 <input type="checkbox"/>	3b	Yes

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue Service
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

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	14,502,481	15,504,267	13,766,050	13,871,892	13,534,131	71,178,821
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	14,502,481	15,504,267	13,766,050	13,871,892	13,534,131	71,178,821
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						71,178,821

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	14,502,481	15,504,267	13,766,050	13,871,892	13,534,131	71,178,821
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	442,886	64,390	292,836	366,098	421,182	1,587,392
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	147,191	12,312	1,118,128	443,437	440,940	2,162,008
11 Total support (Add lines 7 through 10)						74,928,221
12 Gross receipts from related activities, etc (See instructions)				12		69,241,739
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						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	95 000 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	94 090 %
16a 33 1/3% support test—2011. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test—2010. 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		<input checked="" type="checkbox"/>
17a 10%-facts-and-circumstances test—2011. 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		<input checked="" type="checkbox"/>
b 10%-facts-and-circumstances test—2010. 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 43-0957840

Name: SWOPE HEALTH SERVICES

Form 990, Special Condition Description:

Special Condition Description

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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)		20,878	
c Total lobbying expenditures (add lines 1a and 1b)		20,878	
d Other exempt purpose expenditures		42,476,675	
e Total exempt purpose expenditures (add lines 1c and 1d)		42,497,553	
f Lobbying nontaxable amount Enter the amount from the following table in both columns		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) 2008	(b) 2009	(c) 2010	(d) 2011	(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	30,863	21,266	44,000	20,878	117,007
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					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		SWOPE HEALTH SERVICES (SHS) PAID ROBERT BUGG AND ASSOCIATES (\$1,715) AND BENNIE LEWIS (\$19,163) TO REVIEW PROSPECTIVE STATE LEGISLATION AND ADVISE SHS AND STATE LEGISLATIVE OFFICIALS OF THE IMPACT OF SUCH LEGISLATION ON COMMUNITY DEVELOPMENT ORGANIZATIONS IN ADDITION, MR. BUGG WORKED ON BEHALF OF SHS TO ATTEMPT TO SECURE GRANT FUNDING AT THE STATE LEGISLATIVE LEVEL TO SUPPORT THE MISSION OF SHS

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2011****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

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? Yes No

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? Yes No

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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? Yes No

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

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

► \$ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's 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 d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

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

	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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		846,955			846,955
b Buildings		19,345,400	8,346,250		10,999,150
c Leasehold improvements		425,388		97,058	328,330
d Equipment		3,885,443		1,543,645	2,341,798
e Other		4,155,514		3,467,075	688,439
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					15,204,672

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

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

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

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

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ►	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	39,073,000
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	42,497,553
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,424,553
4	Net unrealized gains (losses) on investments	4	-586,933
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	-586,933
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,011,486

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	38,587,107
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	10,216
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-586,933
e	Add lines 2a through 2d	2e	-576,717
3	Subtract line 2e from line 1	3	39,163,824
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	-90,824
c	Add lines 4a and 4b	4c	-90,824
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	39,073,000

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

1	Total expenses and losses per audited financial statements	1	42,598,593
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	10,216
b	Prior year adjustments	2b	
c	Other losses	2c	90,824
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	101,040
3	Subtract line 2e from line 1	3	42,497,553
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	42,497,553

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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, 2011, OR 2010
PART XII, LINE 2D - OTHER ADJUSTMENTS		UNREALIZED LOSSES ON INVESTMENTS -586,933
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF FIXED ASSETS -90,824

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- Attach to Form 990. ► See separate instructions.

Name of the organization
SWOPE HEALTH SERVICES

Employer identification number

43-0957840

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

3 Activities per Region (Use Part V if additional space is needed)

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 Part V if additional space is needed.

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 Part V if additional space is needed.

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

Part V Supplemental Information

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

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

	1b	
	2	
	4a	No
	4b	Yes
	4c	No
	5a	No
	5b	No
	6a	No
	6b	No
	7	No
	8	No
	9	

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

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
	PART I, LINE 4B	E FRANK ELLIS - \$460,000 SERP
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 \$460,000 DISTRIBUTION FROM THE SERP IN 2011 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 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2011**Open to Public
Inspection**Name of the organization
SWOPE HEALTH SERVICES**Employer identification number**

43-0957840

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	FORM 990, PART III, LINE 4A	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 2011, SHS PROVIDED MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES TO CLOSE TO 6,000 PATIENTS WHO HAD NOWHERE ELSE TO TURN. THIS CARE INCLUDED PSYCHIATRIC EVALUATION AND MEDICATION MANAGEMENT SERVICES, OUTPATIENT THERAPY, CASE MANAGEMENT AND OTHER SUPPORT SERVICES FOR THOSE EXPERIENCING SHORT-TERM CRISES AS WELL AS INTENSIVE LONG-TERM SUPPORT PROGRAMMING FOR THOSE WITH SCHIZOPHRENIA, BIPOLAR DISORDER 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 2011, THE POST-DISCHARGE RECIDIVISM RATE AMONG THOSE WHO COMPLETED THEIR LOCAL MENTAL HEALTH COURT-IMPOSED TREATMENT PLAN WAS 14 PERCENT, COMPARED TO 27 PERCENT OF THE NATIONAL AVERAGE FOR RECIDIVISM IN MENTAL HEALTH COURTS. 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' NEW INTEGRATED MODEL ALLOWS PATIENTS TO RECEIVE ONE OR MORE MEDICAL, DENTAL AND BEHAVIORAL HEALTH CARE AT ONE FACILITY DURING A SINGLE VISIT, THEREBY SAVING THEIR 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. SHS HAS IMPLEMENTED AN INTEGRATED MODEL WITHIN A LOCAL COMMUNITY MENTAL HEALTH CENTER IN THE EASTERN PORTION OF KANSAS CITY. THESE EFFORTS AND THE HEALTH CARE HOME INITIATIVES DESCRIBED EARLIER DEMONSTRATE SHS COMMITMENT TO INTEGRATED CARE.

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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE ANNUALLY 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>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 REASONABILITY OF THE COMPENSATION OF THE PRESIDENT/CEO AND OTHER MEMBERS OF THE SENIOR LEADERSHIP TEAM, NONE OF WHOM PARTICIPATE IN THIS REVIEW OF HIS/HER OWN COMPENSATION. THE BOARD ALSO CONSIDERS RECOMMENDATIONS FROM THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF SWOPE COMMUNITY ENTERPRISES, WHICH ALSO RETAINS INDEPENDENT COUNSEL AND ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT TO ADVISE AND ASSESS THE REASONABILITY 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 2011 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.</p>

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -586,933

Identifier	Return Reference	Explanation
AUDIT PROCESS	FORM 990, PART XI, LINE 2C	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
FOREIGN FINANCIAL ACCOUNT	FORM 990, PART V, LINE 4B	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 2011, 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 WERE THE ONLY ASSETS CUSTODIED OUTSIDE OF THE UNITED STATES.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.Name of the organization
SWOPE HEALTH SERVICESEmployer identification number
43-0957840

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) SWOPE COMMUNITY ENTERPRISES 3801 BLUE PARKWAY KANSAS CITY, MO 64130 54-2081401	PERFORM STRATEGIC & BUSINESS PLANNING FOR, & TO COORDINATE THE ACTIVITIES	MO	501(C)(3)	509(A)(3)	SWOPE HEALTH SERVICES		No
(2) 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		No
(3) 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		No
(4) 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		No
(5) 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)	SWOPE HEALTH SERVICES		No
(6) 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)	SWOPE HEALTH SERVICES		No

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.)

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
(1) SWOPE COMMUNITY ENTERPRISE SERVICES 3801 BLUE PARKWAY KANSAS CITY, MO 64130 42-1556306	TO SUPPLY CERTAIN ADMINISTRATIVE SUPPORT SERVICES	MO	SWOPE COMMUNITY ENTERPRISES	C			
(2) CBKC HOUSING INC 4001 BLUE PARKWAY SUITE 270 KANSAS CITY, MO 64130 43-1803022	LOW INCOME HOUSING	MO	SWOPE COMMUNITY BUILDERS	C			
(3) CBKC HOUSING II INC 4001 BLUE PARKWAY SUITE 270 KANSAS CITY, MO 64130 43-1937376	LOW INCOME HOUSING	MO	SWOPE COMMUNITY BUILDERS	C			
(4) SHOPS ON BLUE PARKWAY MANAGER INC 4001 BLUE PARKWAY SUITE 270 KANSAS CITY, MO 64130 16-1753175	MANAGEMENT COMPANY	MO	SWOPE COMMUNITY BUILDERS	C			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l		No
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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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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	(g) Section 512 (b)(13) controlled organization
SWOPE COMMUNITY ENTERPRISES 3801 BLUE PARKWAY KANSAS CITY, MO 64130 54-2081401	PERFORM STRATEGIC & BUSINESS PLANNING FOR, & TO COORDINATE THE ACTIVITIES	MO	501(C) (3)	509(A)(3)	SWOPE HEALTH SERVICES	No
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	No
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	No
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	No
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)	SWOPE HEALTH SERVICES	No
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)	SWOPE HEALTH SERVICES	No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	SWOPE COMMUNITY BUILDERS	J	161,642	FMV
(2)	SWOPE COMMUNITY ENTERPRISES	P	82,241	FMV
(3)	SWOPE COMMUNITY ENTERPRISES	O	98,807	FMV
(4)	SWOPE COMMUNITY ENTERPRISES	K	82,696	FMV
(5)	SWOPE COMMUNITY BUILDERS	K	289,000	FMV
(6)	SWOPE HEALTH FOUNDATION	K	29,000	FMV
(7)	SWOPE HEALTH FOUNDATION	O	48,000	FMV