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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

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

C Name of organization: THE REACH HEALTHCARE FOUNDATION

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 6700 ANTIOCH

Room/suite: STE 200

City, town or post office, state, and ZIP code: MERRIAM, KS 66204

D Employer identification number: 20-0337230

E Telephone number: (913) 432-4196

G Gross receipts $ 18,205,866.

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

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.REACHHEALTH.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

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

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17.
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	9.
6	Total number of volunteers (estimate if necessary)	6	30.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	29,072.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	4,809.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	255,000.
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,164,040.	5,341,704.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,248.	-22,181.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,171,288.	5,574,523.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,183,975.	3,876,510.
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)	893,620.	981,470.
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)	1,189,459.	1,407,962.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,267,054.	6,265,942.
19	Revenue less expenses Subtract line 18 from line 12	-5,095,766.	-691,419.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	117,496,146.	125,159,665.
21	Total liabilities (Part X, line 26)	2,278,203.	1,891,963.
22	Net assets or fund balances Subtract line 21 from line 20	115,217,943.	123,267,702.

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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

▶ ✓ BrendaRSharpe — Signature of officer — ✓ 10/15/13 Date

▶ President & CEO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHAEL J. ENGLE	MJE	OCT 04 2013		P00482834

Firm's name ▶ BKD, LLP — Firm's EIN ▶ 44-0160260

Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246 — Phone no 816 221-6300

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

JSA
2E1010 1 000

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

INFORM AND EDUCATE THE PUBLIC AND FACILITATE ACCESS TO QUALITY HEALTHCARE FOR POOR AND UNDERSERVED PEOPLE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

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

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

4a (Code:) (Expenses $ 1,502,632 including grants of $ 1,220,111.) (Revenue $ 0)

MENTAL HEALTH GRANTS ARE AWARDED TO SUPPORT ACCESS TO MENTAL HEALTH SERVICES FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED. THESE GRANTS ADDRESS EARLY INTERVENTION FOR CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH/BEHAVIORAL PROBLEMS, TRAINING FOR AGENCY STAFF ON COMPLEX TRAUMA, CONNECTING INDIVIDUALS WITH CULTURALLY COMPETENT MENTAL HEALTH SERVICES AND OTHER RELATED WORK. IN 2012, 19 MENTAL HEALTH GRANTS WERE AWARDED.

4b (Code:) (Expenses $ 1,913,699. including grants of $ 1,553,891) (Revenue $ 0)

SAFETY NET HEALTH SERVICES GRANTS INCREASE ACCESS TO COMPREHENSIVE PRIMARY CARE FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED. SAFETY NET HEALTH SERVICES GRANTS SUPPORT THE OPERATIONS OF PRIMARY CARE CLINICS THAT SERVE IN LOW-INCOME AND UNINSURED POPULATIONS, CHRONIC DISEASE MANAGEMENT AND REFERRALS TO SPECIALTY HEALTH SERVICES AND OTHER RELATED WORK. IN 2012, 35 SAFETY NET HEALTH SERVICE GRANTS WERE AWARDED.

4c (Code:) (Expenses $ 888,672 including grants of $ 515,390) (Revenue $ 0)

SYSTEMIC GRANTS SUPPORT ORGANIZATIONS AND PROGRAMS THAT IMPROVE ACCESS TO AND QUALITY OF HEALTH CARE SERVICES FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED BY WORKING ON PROCESSES AND POLICIES ACROSS MULTIPLE ORGANIZATIONS, SYSTEMS AND SECTORS. ORGANIZATIONS THAT RECEIVE SYSTEMIC GRANTS DO NOT, THEMSELVES, PROVIDE DIRECT PATIENT CARE. IN 2012, 10 SYSTEMIC GRANTS WERE AWARDED.

4d Other program services (Describe in Schedule O.)

(Expenses $ 723,066 including grants of $ 587,118) (Revenue $ 0)

4e Total program service expenses ▶ 5,028,069.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
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*	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
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*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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	15		
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	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to 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 as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
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 line 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 X

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 17			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," 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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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 during the tax year

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

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

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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANA ABRAHAM DIRECTOR	5.00	X						0	0	0
(2) BRENDA BOHATY DDS DIRECTOR	5.00	X						0	0	0
(3) WILLIAM BRUNING CHAIRMAN/DIRECTOR	5.00	X		X				0	0	0
(4) TOM CARRICO DIRECTOR	5.00	X						0	0	0
(5) J.C. COWDEN, M.D. DIRECTOR	5.00	X						0	0	0
(6) HAROLD JOHNSON JR SECRETARY/DIRECTOR	5.00	X		X				0	0	0
(7) RANDY LOPEZ DIRECTOR	5.00	X						0	0	0
(8) EVE MCGEE DIRECTOR	5.00	X						0	0	0
(9) CHAD MOORE POLICY COMM CHAIR/DIRECTOR	5.00	X		X				0	0	0
(10) STUART MUNRO, M.D. DIRECTOR	5.00	X						0	0	0
(11) GEORGE PIERSON, M.D. DIRECTOR	5.00	X						0	0	0
(12) RAYMOND RICO DIRECTOR	5.00	X						0	0	0
(13) JANIE SCHUMAKER VICE CHAIRMAN/DIRECTOR	5.00	X		X				0	0	0
(14) BRAD STRATTON TREASURER, FINANCE COMM CHAIR	5.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RACHELLE STYLES	5.00									
DIRECTOR		X						0	0	0
(16) LIZ WEHLAGE	5.00									
DIRECTOR		X						0	0	0
(17) JUDY WORKS	5.00									
DIRECTOR		X						0	0	0
(18) HEIDI CASHMAN	5.00									
DIRECTOR		X						0	0	0
(19) KEN DAVIS	5.00									
DIRECTOR		X						0	0	0
(20) KUMAR ETHIRAJAN	5.00									
DIRECTOR		X						0	0	0
(21) KAREN GILPIN	5.00									
DIRECTOR		X						0	0	0
(22) SCOTT GLASRUD	5.00									
CHAIRMAN/DIRECTOR		X		X				0	0	0
(23) EVE MCGEE	5.00									
DIRECTOR		X						0	0	0
(24) TIM MICHEL	5.00									
TREASURER/FINANCE COMM CHAIR		X		X				0	0	0
(25) BRENDA R SHARPE	40.00									
PRESDIENT/CEO				X				202,427.	0	62,001.
1b Sub-total ▶								0	0	0
c Total from continuation sheets to Part VII, Section A ▶								398,432.	0	120,141.
d Total (add lines 1b and 1c) ▶								398,432.	0	120,141.

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 ▶ 2

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCIATES MENLO PARK, CA 94025	INVEST CONSULTANT	156,352.
CULTURAL COMPETENCY CONSULTING, LLC DENVER, CO 80220	CONSULTANT	120,000.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JOANNE R YUN CFO	32.00			X				82,185.	0	38,002.
(27) WILLIAM MOORE VP PROGRAM, POLICY&EVALUATION	40.00					X		113,820.	0	20,138.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 2

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	255,000			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f ▶		255,000			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		687,117			687,117
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses	6,625				
	c Rental income or (loss)	-6,625				
	d Net rental income or (loss) ▶		-6,625.		-6,625	
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	17,279,305				
	b Less cost or other basis and sales expenses	12,624,718				
	c Gain or (loss)	4,654,587				
	d Net gain or (loss) ▶		4,654,587		51,253	4,603,334
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶		0			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶		0			
	Miscellaneous Revenue	Business Code				
	11a ORDINARY K-1 INCOME	900099	-15,556		-15,556.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ▶		-15,556.			
	12 Total revenue. See instructions ▶		5,574,523.		29,072	5,290,451.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A).

Check if Schedule O contains a response 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	3,876,510.	3,876,510.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	384,614.	171,878.	212,736.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	452,545.	406,677.	45,868.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,250.	27,844.	2,406.	
9 Other employee benefits	63,843.	62,854.	989.	
10 Payroll taxes	50,218.	36,995.	13,223.	
11 Fees for services (non-employees)				
a Management	0			
b Legal	36,831.		36,831.	
c Accounting	39,964.		39,964.	
d Lobbying	35,000.	35,000.		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	644,189.		644,189.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	230,970.	217,936.	13,034.	
12 Advertising and promotion	9,199.	8,195.	1,004.	
13 Office expenses	34,126.	10,326.	23,800.	
14 Information technology	44,639.	28,249.	16,390.	
15 Royalties	0			
16 Occupancy	155,013.	48,989.	106,024.	
17 Travel	35,677.	30,391.	5,286.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	61,817.	54,704.	7,113.	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	44,035.	22,741.	21,294.	
23 Insurance	20,725.		20,725.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a EQUIPMENT LEASING & EXPENSE	18,891.	1,017.	17,874.	
b MEMBERSHIP DUES	14,395.	12,345.	2,050.	
c GRANT REFUNDS/ADJUSTMENTS	-33,333.	-33,333.		
d STAFF DEVELOPMENT	9,376.	6,991.	2,385.	
e All other expenses	6,448.	1,760.	4,688.	
25 **Total functional expenses** Add lines 1 through 24e	6,265,942.	5,028,069.	1,237,873.	
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		224.	1	206.
	2	Savings and temporary cash investments		5,921,163.	2	4,102,519.
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		26,967.	9	30,135.
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10a 471,152.			
	b	Less: accumulated depreciation	10b 338,958.	99,416.	10c	132,194.
	11	Investments - publicly traded securities		84,386,149.	11	86,449,323.
	12	Investments - other securities See Part IV, line 11		27,044,182.	12	34,435,139.
	13	Investments - program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		18,045.	15	10,149.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		117,496,146.	16	125,159,665.
Liabilities	17	Accounts payable and accrued expenses		152,601.	17	184,125.
	18	Grants payable		2,125,602.	18	1,707,838.
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		2,278,203.	26	1,891,963.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		115,217,943.	27	123,267,702.
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		115,217,943.	33	123,267,702.
	34	Total liabilities and net assets/fund balances		117,496,146.	34	125,159,665.

Part XI Reconciliation of Net Assets

Check 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	5,574,523.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,265,942.
3	Revenue less expenses. Subtract line 2 from line 1	3	-691,419.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115,217,943.
5	Net unrealized gains (losses) on investments	5	8,741,178.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	123,267,702.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☒ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Non-functionally integrated

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
(A) SEE ATTACHMENT									3,876,510.
(B)									
(C)									
(D)									
(E)									
Total									3,876,510.

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** 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 - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SUPPORTED ORGANIZATIONS

SCHEDULE A, PART I, LINE 11H

THE REACH HEALTH CARE FOUNDATION ("FOUNDATION") IS OPERATED EXCLUSIVELY TO BENEFIT, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF ONE OR MORE ORGANIZATIONS DESCRIBED IN SECTION 509(A)(1) AND SECTION 509(A)(2) OF THE CODE. THE ORGANIZATIONS THAT THE FOUNDATION IS TO SUPPORT (THE "SUPPORTED ORGANIZATIONS") ARE GOVERNMENTAL UNITS AND ORGANIZATIONS DESCRIBED IN SECTION 509(A)(1) AND SECTION 509(A)(2) OF THE CODE, A PRIMARY PURPOSE OR FUNCTION OF EACH OF WHICH IS EITHER TO PROVIDE OR TO FACILITATE OR ASSURE THE PROVISION OF BASIC OR NEEDED PHYSICAL AND MENTAL HEALTH CARE SERVICES TO ALL CITIZENS OF THE REGION OR TO SUPPORT AND PROMOTE OR TO FACILITATE OR ASSURE THE SUPPORT AND PROMOTION OF THE PHYSICAL AND MENTAL HEALTH OF ALL CITIZENS OF THE REGION, OR BOTH. THE ORGANIZATIONS THAT ARE SUPPORTED ORGANIZATIONS WILL VARY FROM TIME TO TIME AS NEW SUPPORTED ORGANIZATIONS ARE SUBSTITUTED FOR OTHER SUPPORTED ORGANIZATIONS, AS NEW SUPPORTED ORGANIZATIONS COME INTO EXISTENCE AND BEGIN TO FUNCTION AND AS SUPPORTED ORGANIZATIONS CEASE TO FUNCTION. THE FOUNDATION MAY VARY THE AMOUNT OF SUPPORT THAT IT PROVIDES FROM TIME TO TIME TO ANY SUPPORTED ORGANIZATIONS. THE REGION IS WYANDOTTE, JOHNSON AND ALLEN COUNTIES IN KANSAS AND KANSAS CITY, MISSOURI AND JACKSON, CASS AND LAFAYETTE COUNTIES IN MISSOURI.

THE SUPPORTED ORGANIZATIONS THAT CONTROL THE FOUNDATION ARE LISTED IN THE ATTACHED SCHEDULE, AND THE SUPPORTED ORGANIZATIONS THAT RECEIVED GRANTS FROM THE FOUNDATION IN 2012 ARE ALSO LISTED IN THE ATTACHMENT TO SCHEDULE A. THESE SUPPORTED ORGANIZATIONS WERE THE FOUNDATION'S SUPPORTED

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ORGANIZATIONS IN 2012.

The Reach Healthcare Foundation
EIN 20-0337230
Form 990, Schedule A Part IV - Supplemental Information
Form 990, Schedule A Part I - Supported Organizations Listing

Name of Supported Organization	EIN	Code Section or Governmental Entity Name	Type of Organization	Type of Organization	(V)	(VI)	Amount of Support
Cass Community Health Foundation	43-1349495	501c(3)	11a				123,950
Central Plains Regional Health Care Foundation, Inc	48-1200868	501c(3)	7				30,000
Children's Dental Health Project, Inc	06-1561317	501c(3)	7				5,000
Children's Mercy Hospitals and Clinics	44-0605373	501c(3)	3				2,500
Communities Creating Opportunity	43-1127845	501c(3)	9				155,100
Community Health Center of Southeast Kansas, Inc	75-3002264	501c(3)	9				95,000
Comprehensive Mental Health Services, Inc	43-0949079	501c(3)	9				119,335
ConnectCASS	43-1828599	501c(3)	7				4,000
Crittenton Children's Center	44-0545808	501c(3)	3				112,220
DeLaSalle Education Center	43-0971728	501c(3)	2				95,894
DentaQuest Institute	20-5312990	501c(3)	11a - Type I				40,000
Duchesne Clinic	48-1009910	501c(3)	3				100,500
El Centro, Inc	36-2904073	501c(3)	7				4,500
Foundation Of The Metropolitan Community Colleges	51-0181875	501c(3)	7				9,885
Giving the Basics, Inc	45-3069975	501c(3)	7				2,500
Health Care Coalition of Lafayette County	30-0349221	501c(3)	7				104,000
Health Partnership Clinic	48-1115529	501c(3)	7				132,500
Hope Family Care Center	26-4021005	501c(3)	7				50,000
Institute for International Medicine	75-3128625	501c(3)	7				58,316
JayDoc Free Clinic KU Endowment	48-0547734	501c(3)	5				19,676
Johnson County Mental Health Center	48-0678625	Johnson County, KS	---				100,000
Kansas Action for Children	48-0879502	501c(3)	7				110,000
Kansas Association for the Medically Underserved	48-1110925	501c(3)	7				113,000
Kansas City CARE Clinic	43-0967292	501c(3)	7				100,000
Kansas Department of Health & Environment	48-6029925	State of KS	---				50,000
Kansas Health Consumer Coalition, Inc	73-1733371	501c(3)	7				54,710
KidsTLC	48-0774593	501c(3)	7				500
KU School of Social Welfare KU Endowment	48-0547734	501c(3)	5				72,435
Lafayette County Health Department	43-1241723	Lafayette County, MO	---				25,357
Mattie Rhodes Center	44-0546343	501c(3)	7				96,222
Mid-America Regional Council Community Services Corporation	20-1824454	501c(3)	11-Type I				185,000
Missouri Coalition For Oral Health	20-5032836	501c(3)	7				50,000
Missouri Coalition For Primary Health Care dba Missouri Primary Care Association	43-1419937	501c(3)	7				2,500
Missouri Health Advocacy Alliance	26-3426303	501c(3)	9				111,219
National Alliance on Mental Illness of Greater Kansas City	43-1209702	501c(3)	9				132,958
Niles Home for Children	44-0565392	501c(3)	7				114,268
Oral Health Kansas, Inc	20-0337278	501c(3)	7				105,000
PACES	27-1701100	501c(3)	3				100,000
Qualis Health	91-1072875	501c(3)	9				173,290
ReDiscover	23-7169417	501c(3)	9				134,000
reStart, Inc	43-1349378	501c(3)	9				4,000
Samuel U Rodgers Health Center, Inc	43-0899356	501c(3)	3				13,000
Silver City Health Center KU Endowment	48-0547734	501c(3)	5				100,000

Sojourner Health Clinic University of Missouri-Kansas City	43-6003859	non-profit/non-taxed org under Section 115	—				40,850
StandUp Blue Springs, Inc	20-0889555	501c(3)	9				63,693
Sunflower House, Inc	48-0918698	501c(3)	7				150
Support Kansas City Inc	31-1717077	501c(3)	11a-Type I				500
Synergy Services, Inc	43-0970674	501c(3)	7				154,235
The Children's Place	51-0195216	501c(3)	7				108,779
The Missouri Budget Project	26-0062334	501c(3)	7				52,000
Thrive Allen County, Inc	32-0198379	501c(3)	7				4,500
Truman Medical Center Charitable Foundation	43-1194064	501c(3)	7				6,000
Turner House Children's Clinic	48-1151382	501c(3)	7				103,000
UMKC Miles of Smiles University of Missouri-Kansas City	43-6003859	non-profit/non-taxed org under Section 115	—				88,680
United Community Services of Johnson County	48-0914699	501c(3)	7				2,500
United Way of Greater Kansas City	44-0545812	501c(3)	7				5,288
Wyandot, Inc	26-3338038	501c(3)	7				34,000
					TOTAL AMOUNT OF SUPPORT		3,876,510

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

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

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

2 Political expenditures . . . . . ▶ $ 0

3 Volunteer hours . . . . .

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ $ 0

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

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

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

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

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

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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)	35,000.	
c Total lobbying expenditures (add lines 1a and 1b)	35,000.	
d Other exempt purpose expenditures	6,230,942.	
e Total exempt purpose expenditures (add lines 1c and 1d)	6,265,942.	
f Lobbying nontaxable amount Enter the amount from the following table in both columns.	463,297.	
g Grassroots nontaxable amount (enter 25% of line 1f)	115,824.	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	0

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	496,796.	489,566.	463,353.	463,297.	1,913,012.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,869,518.
c Total lobbying expenditures	22,966.	32,451.	5,198.	35,000.	95,615.
d Grassroots nontaxable amount	124,199.	122,392.	115,838.	115,824.	478,253.
e Grassroots ceiling amount (150% of line 2d, column (e))					717,380.
f Grassroots lobbying expenditures	10,898.	31,742.			42,640.

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add 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 carry over lobbying and political expenditures from the prior year?	3		

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

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE REACH HEALTHCARE FOUNDATION

Employer identification number
20-0337230

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

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

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

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

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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 XIII and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

4 Describe in Part XIII 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				
b Buildings				
c Leasehold improvements		106,537.	73,959.	32,578.
d Equipment		364,615.	264,999.	99,616.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				132,194.

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		
(3) Other		
(A) ALT. INV. PARTNERSHIP INTEREST	34,435,139.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	34,435,139.	

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

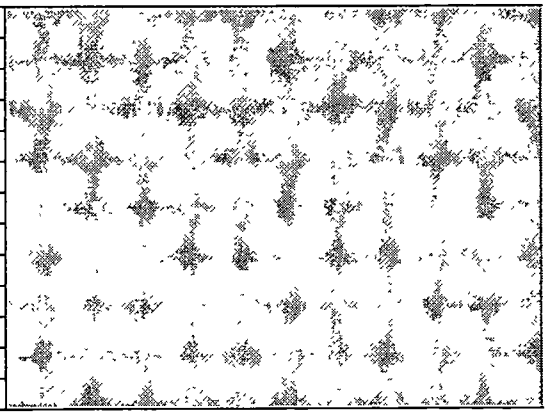
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶		

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	



2. FIN 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII . . . . . ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	13,671,512.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	8,741,178.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	8,741,178.
3	Subtract line 2e from line 1			3	4,930,334.
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	644,189.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	644,189.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	5,574,523.

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

1	Total expenses and losses per audited financial statements			1	5,621,753.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	5,621,753.
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	644,189.		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	644,189.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	6,265,942.

Part XIII Supplemental Information

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

UNCERTAIN TAX POSITIONS DISCLOSURE

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

SCHEDULE F (Form 990)

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

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 its grants and other 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 its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		4,397,526
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					4,397,526
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					4,397,526

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. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	[X] Yes	[ ] No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	[ ] Yes	[X] 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)*	[X] Yes	[ ] No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	[X] 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)*	[X] 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	[X] No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE REACH HEALTHCARE FOUNDATION

Employer identification number
20-0337230

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE SCHEDULE I ATTACHMENT			3,876,510				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 98.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

SCHEDULE I, PART I, LINE 2

THE BOARD HAS ESTABLISHED AND APPROVED A DISTINCT POLICY OUTLINING THE FOUNDATION'S GRANTS REVIEW, DUE DILIGENCE, AND APPROVAL PROCESS IN DETAIL. FINANCIAL CONTROLS ARE INTEGRATED INTO THE GRANTS POLICY AND PROCESS. THE FOLLOWING PARAMETERS AND LEVELS OF AUTHORIZATION HAVE BEEN ESTABLISHED:

COMPETITIVE GRANT PROCESS -- THE FOUNDATION AWARDS COMPETITIVE GRANTS - DURING ONE OPEN REQUEST FOR PROPOSAL (RFP) CYCLE EACH YEAR. GRANT

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GUIDELINES AND CRITERIA WILL BE DEVELOPED AND REVISITED ANNUALLY BY STAFF AND APPROVED BY THE PROGRAM AND POLICY COMMITTEE PRIOR TO THE RELEASE OF THE RFP.

THE STAFF, ACTING AT THE DISCRETION OF THE CEO, AUTHORIZES: DISPOSITION OF LETTERS OF INTENT AND DISPOSITION OF COMPETITIVE GRANT PROPOSALS UP TO $150,000. STAFF, PRIOR TO AUTHORIZING GRANTS, WILL CONDUCT A DUE DILIGENCE REVIEW OF FACTORS THAT MAY INCLUDE APPLICANT GOVERNANCE, MISSION, CAPACITY, FINANCIAL HEALTH, PAST PERFORMANCE AND LOGIC OF PROGRAM DESIGN, WHICH WILL THEN BE SUBJECT TO PEER REVIEW AND APPROVAL BY

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THE CEO.

THE PROGRAM & POLICY COMMITTEE AUTHORIZES: RECOMMENDATIONS FOR BOARD ACTION REGARDING THE DISPOSITION OF COMPETITIVE GRANT PROPOSALS EXCEEDING $150,000; AND DISCONTINUATION OR TERMINATION OF A GRANT FOR CAUSE.

THE BOARD OF DIRECTORS AUTHORIZES: DISPOSITION OF COMPETITIVE GRANT PROPOSALS EXCEEDING $150,000.

STAFF DISCRETIONARY GRANTS PROCESS - THE FOUNDATION AWARDS STAFF

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DISCRETIONARY GRANTS THROUGHOUT THE YEAR. THESE INCLUDE CAPACITY GRANTS, CEO DISCRETIONARY GRANTS, SOLICITED GRANTS, CORE OPERATING GRANTS, JOINT VENTURES AND ADVOCACY GRANTS. TOTAL STAFF DISCRETIONARY GRANTS FOR A GIVEN YEAR CANNOT EXCEED 20% OF ANNUAL BOARD-APPROVED GRANT AND PROGRAM BUDGET.

STAFF DISCRETIONARY GRANTS MUST BE CONSISTENT WITH THE FOUNDATION'S MISSION AND STRATEGY, AND A REPORT OF ALL DISCRETIONARY GRANTS MADE WILL BE PROVIDED TO THE PROGRAM AND POLICY COMMITTEE AT EACH OF ITS REGULAR MEETINGS. STAFF, PRIOR TO AUTHORIZING GRANTS, WILL CONDUCT A DUE

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DILIGENCE REVIEW OF FACTORS THAT MAY INCLUDE APPLICANT GOVERNANCE, MISSION, CAPACITY, FINANCIAL HEALTH, PAST PERFORMANCE AND LOGIC OF PROGRAM DESIGN, WHICH WILL THEN BE SUBJECT TO PEER REVIEW AND APPROVAL BY THE CEO.

THE PRESIDENT AND CEO AUTHORIZES, WITHIN THE LIMITS OF THE CURRENT BOARD-APPROVED BUDGET: DISPOSITION OF STAFF DISCRETIONARY GRANT REQUESTS UP TO $150,000 PER GRANT.

INITIATIVES - THE FOUNDATION, FROM TIME TO TIME, UNDERTAKES INITIATIVES

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

IN ORDER TO ADDRESS SYSTEM-LEVEL ISSUES THAT AFFECT ACCESS TO AND/OR QUALITY OF CARE FOR INDIVIDUALS WHO ARE POOR AND UNDERSERVED. AN INITIATIVE IS SUBSTANTIVELY DIFFERENT FROM A GRANT IN THAT IT TYPICALLY INVOLVES A LONGER TIME HORIZON, MULTIPLE FUNDING PARTNERS AND GRANTEES, A COMBINATION OF GRANTMAKING TOOLS, CONTRACTS AND TECHNICAL ASSISTANCE, AND A SIGNIFICANT ALLOCATION OF STAFF TIME AND THE FOUNDATION'S RESOURCES. THE PROGRAM & POLICY COMMITTEE AUTHORIZES: STAFF TO RESEARCH AND PROPOSE INITIATIVES FOR CONSIDERATION TO THE COMMITTEE. PROPOSALS WILL INCLUDE THE NEED, FEASIBILITY, APPROPRIATE STRUCTURE, NECESSARY PARTNERS, ESTIMATED COST, AND EXPECTED OUTCOMES OF POTENTIAL INITIATIVES;

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

RECOMMENDATION FOR BOARD ACTION REGARDING INITIATIVE PROPOSALS; AND

PERIODIC REPORTS TO THE BOARD ABOUT INITIATIVE-RELATED ACTIVITIES AND

THEIR OUTCOMES.

THE BOARD OF DIRECTORS AUTHORIZES: DISPOSITION OF ALL INITIATIVE

PROPOSALS.

AUTHORIZATION OF PAYMENTS - GRANT AWARDS OF $30,000 AND BELOW ARE ISSUED

IN A SINGLE PAYMENT BASED ON THE PRESIDENT AND CEO'S AUTHORIZATION. FOR

GRANT AWARDS EXCEEDING $30,000, THE NUMBER OF PAYMENTS, TIMING OF

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PAYMENTS AND AMOUNTS ARE APPROVED BY THE PRESIDENT AND CEO AND OUTLINED

IN THE FULLY EXECUTED GRANT AGREEMENT.

FOR AWARDS ISSUED IN MULTIPLE INSTALLMENTS, THE RELEASE OF SUBSEQUENT

PAYMENTS IS INITIATED BY STAFF ASSIGNED TO THE GRANT AND APPROVED BY THE

VICE PRESIDENT OF OPERATIONS AND CFO, BASED ON SPENDING THRESHOLDS AND

CONTINGENCIES OUTLINED IN THE GRANT AGREEMENT.

GRANT AGREEMENTS - ALL GRANTS OVER $10,000 REQUIRE A GRANT AGREEMENT

WHICH SPECIFIES THE AMOUNT AND TERMS OF THE AWARD, REPORTING

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

REQUIREMENTS, CONTINGENCIES ATTACHED TO THE AWARD, AND EXPECTATIONS WITH REGARD TO THE GRANTEE'S TAX STATUS AND ANTI-DISCRIMINATION PRACTICES. THE RELEASE OF THE FIRST PAYMENT IS CONTINGENT ON RECEIPT OF A FULLY EXECUTED GRANT AGREEMENT SIGNED BY THE GRANTEE'S CEO, BOARD CHAIR, PROGRAM MANAGER, AND THE FOUNDATION'S PRESIDENT AND CEO. THE GRANTS MANAGER NOTIFIES SUCCESSFUL GRANT APPLICANTS OF AWARDS VIA EMAIL AND REGULAR MAIL IMMEDIATELY FOLLOWING A FAVORABLE DECISION.

AWARD NOTIFICATION INCLUDES THE FOLLOWING STATEMENT: 'REACH STAFF WILL ATTEMPT TO CONTACT THE GRANTEE WITHIN FOURTEEN (14) DAYS OF THE POSTING

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

OF THE AWARD NOTIFICATION TO ARRANGE A MEETING TO DISCUSS THE AGREEMENT ASSOCIATED WITH THIS GRANT. IF NO RESPONSE IS FORTHCOMING FROM THE GRANTEE WITHIN THIRTY (30) DAYS OF THE POSTING OF THE AWARD NOTIFICATION, REACH STAFF WILL SEND A COPY OF THE FIRST ATTEMPT TO EACH SIGNATORY TO THE FULL PROPOSAL. IF NO RESPONSE IS RECEIVED WITHIN TEN (10) DAYS OF THE POSTING OF THE COPY, THE AWARD MAY BE WITHDRAWN.

The Reach Healthcare Foundation
EIN 20-0337230
Schedule I, Part II Attachment - Other grants and allocations

Name of organization or government	Street	City	State	Zip	EIN	Code Section or Government Entity Name	Type of Organization	Amount of grant	Cash or Non-Cash	Method of valuation	Description of noncash assistance	Purpose of grant or assistance
The Children s Place	2 East 59th Street	Kansas City	MO	64113	51-0195216	501c(3)	7	108,779	cash	n/a	n/a	Program
Comprehensive Mental Health Services, Inc	P O Box 260	Independence	MO	64051	43-0949079	501c(3)	9	19 335	cash	n/a	n/a	Capacity
Comprehensive Mental Health Services Inc	P O Box 260	Independence	MO	64051	43-0949079	501c(3)	9	100 000	cash	n/a	n/a	Core Operating
Crittenton Children s Center	10918 Elm Avenue	Kansas City	MO	64134	44-0545808	501c(3)	3	112 220	cash	n/a	n/a	Program
DeLaSalle Education Center	3740 Forest	Kansas City	MO	64109	43-0971728	501c(3)	2	75 245	cash	n/a	n/a	Program
DeLaSalle Education Center	3740 Forest	Kansas City	MO	64109	43-0971728	501c(3)	2	20,649	cash	n/a	n/a	Capacity
Johnson County Mental Health Center	6000 Lamar Suite 130	Mission	KS	66202	48-0678625	Johnson County, KS	—	100 000	cash	n/a	n/a	Core Operating
KU School of Social Welfare KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	501c(3)	5	72,435	cash	n/a	n/a	Program
Mattie Rhodes Center	1740 Jefferson	Kansas City	MO	64108	44-0546343	501c(3)	7	96 222	cash	n/a	n/a	Program
National Alliance on Mental Illness of Greater Kansas City	406 W 34th Street Suite #603	Kansas City	MO	64111	43-1209702	501c(3)	9	104 000	cash	n/a	n/a	Program
National Alliance on Mental Illness of Greater Kansas City	406 W 34th Street Suite #603	Kansas City	MO	64111	43-1209702	501c(3)	9	28,958	cash	n/a	n/a	Capacity
Niles Home for Children	1911 E 23rd Street	Kansas City	MO	64127	44-0565392	501c(3)	7	89 000	cash	n/a	n/a	Program
Niles Home for Children	1911 E. 23rd Street	Kansas City	MO	64127	44-0565392	501c(3)	7	25 268	cash	n/a	n/a	Capacity
PACES	757 Armstrong Avenue	Kansas City	KS	66101	27-1701100	501c(3)	3	100 000	cash	n/a	n/a	Core Operating
ReDiscover	901 NE Independence Ave	Lee s Summit	MO	64086	23-7169417	501c(3)	9	30,000	cash	n/a	n/a	Capacity
ReDiscover	901 NE Independence Ave	Lee s Summit	MO	64086	23-7169417	501c(3)	9	4 000	cash	n/a	n/a	Advocacy/Public Policy
ReDiscover	901 NE Independence Ave	Lee s Summit	MO	64086	23-7169417	501c(3)	9	100 000	cash	n/a	n/a	Core Operating
Wyandot, Inc	757 Armstrong Ave	Kansas City	KS	66101	26-3338038	501c(3)	7	30 000	cash	n/a	n/a	Capacity
Wyandot, Inc	757 Armstrong Ave	Kansas City	KS	66101	26-3338038	501c(3)	7	4 000	cash	n/a	n/a	Advocacy/Public Policy
					Subtotal - Mental Health grants			**1,220,111**				
Cass Community Health Foundation	2316 E Meyer Blvd	Kansas City	MO	64132	43-1349495	501c(3)	11a	123 750	cash	n/a	n/a	Program
Children s Dental Health Project, Inc	1020 19th Street, NW Suite 400	Washington	DC	20036	06-1561317	501c(3)	7	5 000	cash	n/a	n/a	CEO Discretionary
Community Health Center of Southeast Kansas, Inc	3011 N Michigan Street	Pittsburg	KS	66762	75-3002264	501c(3)	9	95 000	cash	n/a	n/a	Program
Lafayette County Health Department	547 South Business Highway 13	Lexington	MO	64067	43-1241723	Lafayette County MO	—	25 357	cash	n/a	n/a	Program
Missoun Coalition For Oral Health	606 E Capitol Avenue	Jefferson City	MO	65101	20-5032836	501c(3)	7	50 000	cash	n/a	n/a	Solicited Grant
Oral Health Kansas Inc	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	501c(3)	7	5 000	cash	n/a	n/a	CEO Discretionary
Oral Health Kansas, Inc	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	501c(3)	7	25 000	cash	n/a	n/a	Advocacy/Public Policy
Oral Health Kansas, Inc	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	501c(3)	7	75 000	cash	n/a	n/a	Core Operating - Advocacy
Qualis Health	10700 Meridian Avenue North, Suite 100	Seattle	WA	98133	91-1072875	501c(3)	9	10 000	cash	n/a	n/a	CEO Discretionary
StandUp Blue Springs, Inc	PO Box 614	Blue Springs	MO	64013	20-0889555	501c(3)	9	63 693	cash	n/a	n/a	Program
UMKC Miles of Smiles University of Missoun-Kansas City	5100 Rockhill Road	Kansas City	MO	64110-2499	43-6003859	non-profit/non-taxed org under Section 115	—	88 680	cash	n/a	n/a	Program
					Subtotal - Oral Health grants			**568,480**				
Cass Community Health Foundation	2316 E Meyer Blvd	Kansas City	MO	64132	43-1349495	501c(3)	11a	50	cash	n/a	n/a	Matching Gifts
Cass Community Health Foundation	2316 E Meyer Blvd	Kansas City	MO	64132	43-1349495	501c(3)	11a	100	cash	n/a	n/a	Matching Gifts
Cass Community Health Foundation	2316 E Meyer Blvd	Kansas City	MO	64132	43-1349495	501c(3)	11a	50	cash	n/a	n/a	Matching Gifts
El Centro, Inc	650 Minnesota Avenue	Kansas City	KS	66101	36-2904073	501c(3)	7	500	cash	n/a	n/a	CEO Discretionary
Giving the Basics Inc	c/o Bank of the West 13080 W 87th St. Parkway	Lenexa	KS	66215	45-3069975	501c(3)	7	2 500	cash	n/a	n/a	CEO Discretionary
JayDoc Free Clinic KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	501c(3)	5	500	cash	n/a	n/a	CEO Discretionary
KidsTLC	480 S Rogers Rd	Olathe	KS	66062	48-0774593	501c(3)	7	500	cash	n/a	n/a	CEO Discretionary
Samuel U Rodgers Health Center Inc	825 Euclid Avenue	Kansas City	MO	64124	43-0899356	501c(3)	3	1 000	cash	n/a	n/a	CEO Discretionary
Sunflower House Inc	15440 W 65th Street	Overland Park	KS	66217	48-0918698	501c(3)	7	100	cash	n/a	n/a	Matching Gifts
Sunflower House Inc	15440 W 65th Street	Overland Park	KS	66217	48-0918698	501c(3)	7	50	cash	n/a	n/a	Matching Gifts
Support Kansas City Inc	5960 Dearborn, Suite 200	Mission	KS	66202	31-1717077	501c(3)	11a-Type I	500	cash	n/a	n/a	CEO Discretionary
Thrive Allen County Inc	12 West Jackson Ave	Iola	KS	66749	32-0198379	501c(3)	7	500	cash	n/a	n/a	CEO Discretionary
Truman Medical Center Charitable Foundation	2310 Holmes Street, Suite 735	Kansas City	MO	64108	43-1194064	501c(3)	7	6 000	cash	n/a	n/a	CEO Discretionary
Turner House Children s Clinic	21 N 12th St. Suite 300	Kansas City	KS	66102	48-1151382	501c(3)	7	500	cash	n/a	n/a	CEO Discretionary
United Community Services of Johnson County	12351 W 96 Terrace, Ste 200	Lenexa	KS	66215	48-0914699	501c(3)	7	2 500	cash	n/a	n/a	CEO Discretionary
United Way of Greater Kansas City	801 W 47th St. Suite 500	Kansas City	MO	64112	44-0545812	501c(3)	7	432	cash	n/a	n/a	Matching Gifts
United Way of Greater Kansas City	801 W 47th St., Suite 500	Kansas City	MO	64112	44-0545812	501c(3)	7	720	cash	n/a	n/a	Matching Gifts
United Way of Greater Kansas City	801 W 47th St., Suite 500	Kansas City	MO	64112	44-0545812	501c(3)	7	600	cash	n/a	n/a	Matching Gifts
United Way of Greater Kansas City	801 W 47th St. Suite 500	Kansas City	MO	64112	44-0545812	501c(3)	7	312	cash	n/a	n/a	Matching Gifts
United Way of Greater Kansas City	801 W 47th St. Suite 500	Kansas City	MO	64112	44-0545812	501c(3)	7	144	cash	n/a	n/a	Matching Gifts
United Way of Greater Kansas City	801 W 47th St. Suite 500	Kansas City	MO	64112	44-0545812	501c(3)	7	600	cash	n/a	n/a	Matching Gifts
United Way of Greater Kansas City	801 W 47th St. Suite 500	Kansas City	MO	64112	44-0545812	501c(3)	7	2 000	cash	n/a	n/a	Matching Gifts
United Way of Greater Kansas City	801 W 47th St. Suite 500	Kansas City	MO	64112	44-0545812	501c(3)	7	480	cash	n/a	n/a	Matching Gifts
					Subtotal - Other grants			**20,638**				
Children s Mercy Hospitals and Clinics	2401 Gillham Road	Kansas City	MO	64108	44-0605373	501c(3)	3	2 500	cash	n/a	n/a	CEO Discretionary

Communities Creating Opportunity	2400 Troost Avenue, Suite 4300	Kansas City	MO	64108	43-1127845	501c(3)	9	100,000	cash	n/a	n/a	Core Operating - Advocacy
Duchesne Clinic	636 Tauromee	Kansas City	KS	66101	48-1009910	501c(3)	3	500	cash	n/a	n/a	CEO Discretionary
Duchesne Clinic	636 Tauromee	Kansas City	KS	66101	48-1009910	501c(3)	3	100 000	cash	n/a	n/a	Core Operating
El Centro Inc.	650 Minnesota Avenue	Kansas City	KS	66101	36-2904073	501c(3)	7	4 000	cash	n/a	n/a	Advocacy/Public Policy
Foundation Of The Metropolitan Community Colleges	3200 Broadway	Kansas City	MO	64111	51-0181875	501c(3)	7	9 885	cash	n/a	n/a	CEO Discretionary
Health Care Coalition of Lafayette County	825 S Business HWY 13	Lexington	MO	64067	30-0349221	501c(3)	7	100,000	cash	n/a	n/a	Core Operating - Advocacy
Health Partnership Clinic	407 S Clairborne Ste 104	Olathe	KS	66062	48-1115529	501c(3)	7	30 000	cash	n/a	n/a	Capacity
Health Partnership Clinic	407 S Clairborne Ste 104	Olathe	KS	66062	48-1115529	501c(3)	7	100 000	cash	n/a	n/a	Core Operating
Health Partnership Clinic	407 S Clairborne, Ste 104	Olathe	KS	66062	48-1115529	501c(3)	7	2 500	cash	n/a	n/a	CEO Discretionary
Hope Family Care Center	3027 Prospect Avenue	KANSAS CITY	MO	64110-3109	26-4021005	501c(3)	7	50 000	cash	n/a	n/a	Program
Institute for International Medicine	6400 Prospect Ave Ste 338A	Kansas City	MO	64132	75-3128625	501c(3)	7	58,316	cash	n/a	n/a	Solicited Grant
JayDoc Free Clinic KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	501c(3)	5	19,176	cash	n/a	n/a	Solicited Grant
Kansas Action for Children	720 SW Jackson, Suite 201	Topeka	KS	66603	48-0879502	501c(3)	7	80 000	cash	n/a	n/a	Core Operating - Advocacy
Kansas Association for the Medically Underserved	1129 S Kansas Ave Suite B	Topeka	KS	66612	48-1110925	501c(3)	7	5 000	cash	n/a	n/a	CEO Discretionary
Kansas Association for the Medically Underserved	1129 S Kansas Ave Suite B	Topeka	KS	66612	48-1110925	501c(3)	7	100,000	cash	n/a	n/a	Core Operating - Advocacy
Kansas Association for the Medically Underserved	1129 S Kansas Ave Suite B	Topeka	KS	66612	48-1110925	501c(3)	7	8 000	cash	n/a	n/a	Advocacy/Public Policy
Kansas City CARE Clinic	3515 Broadway	Kansas City	MO	64111	43-0967292	501c(3)	7	100 000	cash	n/a	n/a	Core Operating
Kansas Department of Health & Environment	1000 SW Jackson Suite 300	Topeka	KS	66612	48-6029925	State of KS	—	50,000	cash	n/a	n/a	Advocacy/Public Policy
Kansas Health Consumer Coalition, Inc	534 S Kansas Ave , Suite 1220	Topeka	KS	66603	73-1733371	501c(3)	7	4,710	cash	n/a	n/a	Advocacy/Public Policy
Kansas Health Consumer Coalition Inc	534 S Kansas Ave , Suite 1220	Topeka	KS	66603	73-1733371	501c(3)	7	50 000	cash	n/a	n/a	Core Operating - Advocacy
The Missouri Budget Project	3534 Washington Ave	Saint Louis	MO	63118	26-0062334	501c(3)	7	2,000	cash	n/a	n/a	Advocacy/Public Policy
The Missouri Budget Project	3534 Washington Ave	Saint Louis	MO	63118	26-0062334	501c(3)	7	50,000	cash	n/a	n/a	Core Operating - Advocacy
Missouri Coalition For Primary Health Care dba Missouri Primary Care Association	3325 Emerald Lane	Jefferson City	MO	65109	43-1419937	501c(3)	7	2 500	cash	n/a	n/a	CEO Discretionary
Missouri Health Advocacy Alliance	606 East Capitol Avenue	Jefferson City	MO	65101	26-3426303	501c(3)	9	28 219	cash	n/a	n/a	Capacity
Missouri Health Advocacy Alliance	606 East Capitol Avenue	Jefferson City	MO	65101	26-3426303	501c(3)	9	75,000	cash	n/a	n/a	Core Operating - Advocacy
Missouri Health Advocacy Alliance	606 East Capitol Avenue	Jefferson City	MO	65101	26-3426303	501c(3)	9	8 000	cash	n/a	n/a	Advocacy/Public Policy
reStart, Inc	918 E 9th Street	Kansas City	MO	64106	43-1349378	501c(3)	9	4,000	cash	n/a	n/a	Advocacy/Public Policy
Samuel U Rodgers Health Center, Inc	825 Euclid Avenue	Kansas City	MO	64124	43-0899356	501c(3)	3	12,000	cash	n/a	n/a	Capacity
Silver City Health Center KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	501c(3)	5	100,000	cash	n/a	n/a	Core Operating
Sojourner Health Clinic University of Missouri-Kansas City	5100 Rockhill Road	Kansas City	MO	64110-2499	43-6003859	non-profit/non-taxed org under Section 115	—	40,850	cash	n/a	n/a	Solicited Grant
Synergy Services, Inc	400 E 6th Street	Parkville	MO	64152	43-0970674	501c(3)	7	124 273	cash	n/a	n/a	Program
Synergy Services Inc	400 E 6th Street	Parkville	MO	64152	43-0970674	501c(3)	7	29 962	cash	n/a	n/a	Capacity
Turner House Children s Clinic	21 N 12th St., Suite 300	Kansas City	KS	66102	48-1151382	501c(3)	7	100 000	cash	n/a	n/a	Core Operating
Turner House Children's Clinic	21 N 12th St. Suite 300	Kansas City	KS	66102	48-1151382	501c(3)	7	2 500	cash	n/a	n/a	CEO Discretionary
					Subtotal - Safety Net Services grants			**1,553,691**				
Central Plains Regional Health Care Foundation Inc	1102 South Hillside	Wichita	KS	67211	48-1200868	501c(3)	7	30,000	cash	n/a	n/a	Solicited Grant
Communities Creating Opportunity	2400 Troost Avenue, Suite 4300	Kansas City	MO	64108	43-1127845	501c(3)	9	55,100	cash	n/a	n/a	Funded Initiative
ConnectCASS	102 E. Wall St	Harrisonville	MO	64725	43-1628599	501c(3)	7	4 000	cash	n/a	n/a	Funded Initiative
DentaQuest Institute	2400 Computer Drive	Westborough	MA	01581	20-5312990	501c(3)	11e - Type I	40 000	cash	n/a	n/a	Solicited Grant
Health Care Coalition of Lafayette County	825 S Business HWY 13	Lexington	MO	64067	30-0349221	501c(3)	7	4 000	cash	n/a	n/a	Funded Initiative
Kansas Action for Children	720 SW Jackson, Suite 201	Topeka	KS	66603	48-0879502	501c(3)	7	30 000	cash	n/a	n/a	Advocacy/Public Policy
Mid-America Regional Council Community Services Corporation	600 Broadway, Suite 200	Kansas City	MO	64105	20-1824454	501c(3)	11-Type I	150 000	cash	n/a	n/a	Funded Initiative
Mid-America Regional Council Community Services Corporation	600 Broadway Suite 200	Kansas City	MO	64105	20-1824454	501c(3)	11-Type I	35 000	cash	n/a	n/a	CEO Discretionary
Qualis Health	10700 Meridian Avenue North Suite 100	Seattle	WA	98133	91-1072875	501c(3)	9	163 290	cash	n/a	n/a	Funded Initiative
Thrive Allen County, Inc	12 West Jackson Ave	Iola	KS	66749	32-0198379	501c(3)	7	4 000	cash	n/a	n/a	Funded Initiative
					Subtotal - Systemic grants			**515,390**				
					TOTAL 2012 GRANTS			**3,876,510**				

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE REACH HEALTHCARE FOUNDATION

Employer identification number
20-0337230

Part I Questions Regarding Compensation

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

Schedule J (Form 990) 2012 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRENDA R SHARPE	(i)	202,427.	0	0	35,900.	26,101.	264,428.	0
1 PRESDIENT/CEO	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2012

JSA
2E1291 1 000

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Name of the organization
THE REACH HEALTHCARE FOUNDATION

Employer identification number
20-0337230

OTHER PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4D

DESCRIPTION: ORAL HEALTH GRANTS ADDRESS THE ORAL HEALTH CONDITIONS OF INDIVIDUALS WHO ARE POOR AND MEDICALLY UNDERSERVED. ORAL HEALTH GRANTS INCLUDE PREVENTIVE CARE FOR CHILDREN, EMERGENCY SERVICES FOR CHILDREN AND ADULTS, AND OTHER PROJECTS THAT REDUCE BARRIERS TO ORAL HEALTH CARE. IN 2012, 11 ORAL HEALTH GRANTS WERE AWARDED.

EXPENSES: $697,650

GRANTS: $566,480

REVENUES: NONE

DESCRIPTION: MATCHING GIFTS AND MISCELLANEOUS DISCRETIONARY GRANTS. IN 2012, 23 MISCELLANEOUS DISCRETIONARY GRANTS WERE AWARDED.

EXPENSES: $25,416

GRANTS: $20,638

REVENUES: NONE

CHANGES TO THE ORGANIZATIONAL DOCUMENTS

FORM 990, PART VI, SECTION A, LINE 4

THE BYLAWS FOR THE REACH HEALTHCARE FOUNDATION WERE REVISED IN SEPTEMBER 2012 TO ADDRESS BOARD TERM LENGTHS AND CLASS AND TO CREATE MORE FLEXIBILITY FOR THE COMMUNITY ADVISORY COMMITTEE IN DETERMINING THE SIZE

OF THE SLATE OF NOMINEES. IN ADDITION, OTHER INCONSISTENCIES REGARDING THE EXISTING BYLAWS WERE ALSO ADDRESSED.

FORM 990 REVIEW

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

THE 990 IS PREPARED BY AN INDEPENDENT ACCOUTING (CPA) FIRM THEN REVIEWED BY THE OFFICERS AND ACCOUNTING PERSONNEL. ANY QUESTIONS ARE ADDRESSED AND CORRECTIONS MADE IF NECESSARY. THE 990 IS THEN REVIEWED AND APPROVED BY BOTH THE FINANCE COMMITTEE AND THE FULL BOARD PRIOR TO FILING THE 990. THE 990 REVIEW IS DOCUMENTED IN PUBLICLY AVAILABLE MEETING MINUTES.

MONITORING THE CONFLICT OF INTEREST POLICY

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

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

CEO COMPENSATION REVIEW

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

EVERY OTHER YEAR, THE BOARD CONDUCTS A COMPREHENSIVE ANNUAL PERFORMANCE AND COMPENSATION REVIEW FOR THE CEO. THE EXECUTIVE COMMITTEE MAKES A

Name of the organization: THE REACH HEALTHCARE FOUNDATION

Employer identification number: 20-0337230

COMPENSATION RECOMMENDATION TO THE BOARD BASED ON A COMMISSIONED REVIEW PREPARED BY AN OUTSIDE COMPENSATION CONSULTANT. RELEVANT MARKET INFORMATION FOR THIS ANALYSIS INCLUDES ORGANIZATION COMPARABLE IN TERMS OF SUCH CRITERIA AS MISSION, ASSETS, ENTREPRENEURIAL MINDSET, BUDGET, STAFF SIZE, REGIONAL FOCUS, AND MIDWEST LOCATION. OTHER INFORMATION CONSIDERED IN THIS RECOMMENDATION AND ANALYZED EVERY YEAR INCLUDES: SALARY AND BENEFIT COMPENSATION STUDIES, TELEPHONE CALLS, AND IRS FORM 990 FILINGS. THE BOARD DOCUMENTS HOW IT REACHES ITS DECISION, INCLUDING MARKET DATA, ADVICE, AND OPINIONS ON WHICH THE DECISION IS BASED. MEETING MINUTES ARE MAINTAINED PROVIDING A DETAILED RECORD OF THE ACTIONS TAKEN AND THE DELIBERATIONS LEADING TO THE APPROVED ACTION. THE MINUTES ALSO DOCUMENT THE MEMBERS OF THE BOARD PRESENT DURING THE DISCUSSION AND THE RESULTS OF THE VOTE. THE BOARD AND CHIEF EXEUCTIVE RELATIONSHIP IS DOCUMENTED IN A FORMAL BOARD POLICY.

OTHER OFFICER AND KEY EMPLOYEE COMPENSATION REVIEW

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

EVERY OTHER YEAR, THE BOARD CONDUCTS A COMPENSATION REVIEW FOR THE CFO AND VP OF PROGRAM, POLICY & EVALUATION. THE CEO MAKES A COMPENSATION RECOMMENDATION TO THE BOARD BASED ON A COMMISSIONED REVIEW PREPARED BY AN OUTSIDE COMPENSATION CONSULTANT. THIS INCLUDES RELEVANT MARKET INFORMATION, INCLUDING INFORMATION FOR ORGANIZATIONS COMPARABLE IN TERMS OF SUCH CRITERIA AS MISSION, ASSETS, ENTREPRENEURIAL MINDSET, BUDGET, STAFF SIZE, REGIONAL FOCUS, AND MIDWEST LOCATION. OTHER INFORMATION CONSIDERED IN THIS RECOMMENDATION AND ANALYZED EVERY YEAR INCLUDES: SALARY AND BENEFIT COMPENSATION STUDIES, TELEPHONE CALLS, AND IRS FORM

Name of the organization: THE REACH HEALTHCARE FOUNDATION

Employer identification number: 20-0337230

990 FILINGS. THE BOARD DOCUMENTS HOW IT REACHES ITS DECISION, INCLUDING MARKET DATA, ADVICE, AND OPINIONS ON WHICH THE DECISION IS BASED. MEETING MINUTES ARE MAINTAINED PROVIDING A DETAILED RECORD OF THE ACTIONS TAKEN AND THE DELIBERATIONS LEADING TO THE APPROVED ACTION. THE MINUTES ALSO DOCUMENTED THE MEMBERS OF THE BOARD PRESENT DURING THE DISCUSSION AND THE RESULTS OF THE VOTE.

AVAILABILITY OF DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON OUR WEBSITE AT WWW.REACHHEALTH.ORG. ALSO INCLUDED ON THE WEBSITE ARE POLICIES REGARDING DIVERSITY & INCLUSION, RECORDS RETENTION, INVESTMENT OBJECTIVES, WHISTLEBLOWER PRACTICE, AND PUBLIC ACCESS.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE REACH HEALTHCARE FOUNDATION

Employer identification number
20-0337230

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

(a) Name, address, and EIN (if applicable) 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
(1) PROJECT READY SMILE, LLC 26-1392850 6700 ANTIOCH, STE 200 MERRIAM, KS 66204	ORAL HEALTH	KS	0	0	REACH HC FDN
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity? Yes	(g) No
(1) STATE OF KANSAS N/A 120 SW 10TH AVENUE TOPEKA, KS 66612	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		X
(2) UNIFIED GOV'T OF WYANDOTTE CO., KS N/A 701 NORTH 7TH STREET KANSAS CITY, KS 66101	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		X
(3) JOHNSON COUNTY, KANSAS N/A 111 SOUTH CHERRY OLATHE, KS 66061	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		X
(4) ALLEN COUNTY, KANSAS N/A 1220 NEOSHO HUMBOLDT, KS 66748	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		X
(5) OTHER - SEE SCHEDULE R ATTACHMENT					N/A		
(6)							
(7)							

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	THE REACH HEALTHCARE FOUNDATION TRUST 33-6357400 400 HOWARD ST SAN FRANCISCO, CA 94105	GRANTOR TRUST	CA	REACH	TRUST	2,675,907	21,656,742	100 0000	X	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

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

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

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

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

The Reach Healthcare Foundation
EIN 20-0337230
Form 990, Schedule R Part II - Related Tax Exempt Entities Listing

Name of Supported Organization	Address	City	State	Zip	(a) EIN	(b) Primary Activity	(c) Legal Domicile (state or foreign country)	(d) Exempt Code Section	(e) Public Charity Status	(f) Direct Controlling Entity	(g) Section 512(b)(13) Controlled Entity? Yes	(g) Section 512(b)(13) Controlled Entity? No
Cass Community Health Foundation	2316 E Meyer Blvd	Kansas City	MO	64132	43-1349495	Public Charity	MO	501c(3)	11a	NO		X
Central Plains Regional Health Care Foundation Inc	1102 South Hillside	Wichita	KS	67211	48-1200868	Public Charity	KS	501c(3)	7	NO		X
Children's Dental Health Project, Inc	1020 19th Street, NW, Suite 400	Washington	DC	20036	06-1561317	Public Charity	DC	501c(3)	7	NO		X
Children's Mercy Hospitals and Clinics	2401 Gillham Road	Kansas City	MO	64108	44-0605373	Public Charity	MO	501c(3)	3	NO		X
Communities Creating Opportunity	2400 Troost Avenue, Suite 4300	Kansas City	MO	64108	43-1127845	Public Charity	MO	501c(3)	9	NO		X
Community Health Center of Southeast Kansas Inc	3011 N Michigan Street	Pittsburg	KS	66762	75-3002264	Public Charity	KS	501c(3)	9	NO		X
Comprehensive Mental Health Services, Inc	P O Box 260	Independence	MO	64051	43-0949079	Public Charity	MO	501c(3)	9	NO		X
ConnectCASS	102 E Wall St	Harrisonville	MO	64725	43-1828599	Public Charity	MO	501c(3)	7	NO		X
Crittenton Children's Center	10918 Elm Avenue	Kansas City	MO	64134	44-0545808	Public Charity	MO	501c(3)	3	NO		X
DeLaSalle Education Center	3740 Forest	Kansas City	MO	64109	43-0971728	Public Charity	MO	501c(3)	2	NO		X
DentaQuest Institute	2400 Computer Drive	Westborough	MA	01581	20-5312990	Public Charity	MA	501c(3)	11a - Type I	NO		X
Duchesne Clinic	636 Tauromee	Kansas City	KS	66101	48-1009910	Public Charity	KS	501c(3)	3	NO		X
El Centro, Inc	650 Minnesota Avenue	Kansas City	KS	66101	36-2904073	Public Charity	KS	501c(3)	7	NO		X
Foundation Of The Metropolitan Community Colleges	3200 Broadway	Kansas City	MO	64111	51-0181875	Public Charity	MO	501c(3)	7	NO		X
Giving the Basics, Inc	c/o Bank of the West 13080 W 87th St Parkway	Lenexa	KS	66215	45-3069975	Public Charity	KS	501c(3)	7	NO		X
Health Care Coalition of Lafayette County	825 S Business HWY 13	Lexington	MO	64067	30-0349221	Public Charity	MO	501c(3)	7	NO		X
Health Partnership Clinic	407 S Clairborne, Ste 104	Olathe	KS	66062	48-1115529	Public Charity	KS	501c(3)	7	NO		X
Hope Family Care Center	3027 Prospect Avenue	KANSAS CITY	MO	64110-3109	26-4021005	Public Charity	MO	501c(3)	7	NO		X
Institute for International Medicine	6400 Prospect Ave , Ste 338A	Kansas City	MO	64132	75-3128625	Public Charity	MO	501c(3)	7	NO		X
JayDoc Free Clinic KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	Public Charity	KS	501c(3)	5	NO		X
Johnson County Mental Health Center	6000 Lamar Suite 130	Mission	KS	66202	48-0678625	Government	KS	Johnson County, KS	---	NO		X
Kansas Action for Children	720 SW Jackson, Suite 201	Topeka	KS	66603	48-0879502	Public Charity	KS	501c(3)	7	NO		X
Kansas Association for the Medically Underserved	1129 S Kansas Ave Suite B	Topeka	KS	66612	48-1110925	Public Charity	KS	501c(3)	7	NO		X
Kansas City CARE Clinic	3515 Broadway	Kansas City	MO	64111	43-0967292	Public Charity	MO	501c(3)	7	NO		X
Kansas Department of Health & Environment	1000 SW Jackson Suite 300	Topeka	KS	66612	48-6029925	Government	KS	State of KS	---	NO		X
Kansas Health Consumer Coalition, Inc	534 S Kansas Ave , Suite 1220	Topeka	KS	66603	73-1733371	Public Charity	KS	501c(3)	7	NO		X
KidsTLC	480 S Rogers Rd	Olathe	KS	66062	48-0774593	Public Charity	KS	501c(3)	7	NO		X
KU School of Social Welfare KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	Public Charity	KS	501c(3)	5	NO		X
Lafayette County Health Department	547 South Business Highway 13	Lexington	MO	64067	43-1241723	Government	MO	Lafayette County, MO	---	NO		X
Mattie Rhodes Center	1740 Jefferson	Kansas City	MO	64108	44-0546343	Public Charity	MO	501c(3)	7	NO		X
Mid-America Regional Council Community Services Corporation	600 Broadway, Suite 200	Kansas City	MO	64105	20-1824454	Public Charity	MO	501c(3)	11-Type I	NO		X
Missouri Coalition For Oral Health	606 E Capitol Avenue	Jefferson City	MO	65101	20-5032836	Public Charity	MO	501c(3)	7	NO		X
Missouri Coalition For Primary Health Care dba Missouri Primary Care Association	3325 Emerald Lane	Jefferson City	MO	65109	43-1419937	Public Charity	MO	501c(3)	7	NO		X
Missouri Health Advocacy Alliance	606 East Capitol Avenue	Jefferson City	MO	65101	26-3426303	Public Charity	MO	501c(3)	9	NO		X

National Alliance on Mental Illness of Greater Kansas City	406 W 34th Street Suite #603	Kansas City	MO	64111	43-1209702	Public Charity	MO	501c(3)	9	NO		X
Niles Home for Children	1911 E 23rd Street	Kansas City	MO	64127	44-0565392	Public Charity	MO	501c(3)	7	NO		X
Oral Health Kansas, Inc	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	Public Charity	KS	501c(3)	7	NO		X
PACES	757 Armstrong Avenue	Kansas City	KS	66101	27-1701100	Public Charity	KS	501c(3)	3	NO		X
Qualis Health	10700 Meridian Avenue North, Suite 100	Seattle	WA	98133	91-1072875	Public Charity	WA	501c(3)	9	NO		X
ReDiscover	901 NE Independence Ave	Lee s Summit	MO	64086	23-7169417	Public Charity	MO	501c(3)	9	NO		X
reStart, Inc	918 E 9th Street	Kansas City	MO	64106	43-1349378	Public Charity	MO	501c(3)	9	NO		X
Samuel U Rodgers Health Center, Inc	825 Euclid Avenue	Kansas City	MO	64124	43-0899356	Public Charity	MO	501c(3)	3	NO		X
Silver City Health Center KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	Public Charity	KS	501c(3)	5	NO		X
Sojourner Health Clinic University of Missouri-Kansas City	5100 Rockhill Road	Kansas City	MO	64110-2499	43-6003859	Public Charity	MO	non-profit/non-taxed org under Section 115	—	NO		X
StandUp Blue Springs Inc	PO Box 614	Blue Springs	MO	64013	20-0889555	Public Charity	MO	501c(3)	9	NO		X
Sunflower House, Inc	15440 W 65th Street	Overland Park	KS	66217	48-0918698	Public Charity	KS	501c(3)	7	NO		X
Support Kansas City Inc	5960 Dearborn, Suite 200	Mission	KS	66202	31-1717077	Public Charity	KS	501c(3)	11a-Type I	NO		X
Synergy Services, Inc	400 E 6th Street	Parkville	MO	64152	43-0970674	Public Charity	MO	501c(3)	7	NO		X
The Children's Place	2 East 59th Street	Kansas City	MO	64113	51-0195216	Public Charity	MO	501c(3)	7	NO		X
The Missouri Budget Project	3534 Washington Ave	Saint Louis	MO	63118	26-0062334	Public Charity	MO	501c(3)	7	NO		X
Thrive Allen County, Inc	12 West Jackson Ave	Iola	KS	66749	32-0198379	Public Charity	KS	501c(3)	7	NO		X
Truman Medical Center Charitable Foundation	2310 Holmes Street, Suite 735	Kansas City	MO	64108	43-1194064	Public Charity	MO	501c(3)	7	NO		X
Turner House Children's Clinic	21 N 12th St , Suite 300	Kansas City	KS	66102	48-1151382	Public Charity	KS	501c(3)	7	NO		X
UMKC Miles of Smiles University of Missouri-Kansas City	5100 Rockhill Road	Kansas City	MO	64110-2499	43-6003859	Public Charity	MO	non-profit/non-taxed org under Section 115	—	NO		X
United Community Services of Johnson County	12351 W 96 Terrace, Ste 200	Lenexa	KS	66215	48-0914699	Public Charity	KS	501c(3)	7	NO		X
United Way of Greater Kansas City	801 W 47th St , Suite 500	Kansas City	MO	64112	44-0545812	Public Charity	MO	501c(3)	7	NO		X
Wyandot, Inc	757 Armstrong Ave	Kansas City	KS	66101	26-3338038	Public Charity	KS	501c(3)	7	NO		X

Form **8868**
(Rev January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

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

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

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print
File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
THE REACH HEALTHCARE FOUNDATION	20-0337230
Number, street, and room or suite no If a P O box, see instructions 6700 ANTIOCH	Social security number (SSN)
City, town or post office, state, and ZIP code For a foreign address, see instructions MERRIAM, KS 66204	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JOANNE R YUN

Telephone No. ▶ 913 432-4196 FAX No ▶

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 13, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ X calendar year 2012 or

▶ ☐ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

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

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

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

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

Type or print / File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions: Employer identification number (EIN) or
	THE REACH HEALTHCARE FOUNDATION	20-0337230
	Number, street, and room or suite no If a P O box, see instructions: 6700 ANTIOCH	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions: MERRIAM, KS 66204	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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

4 I request an additional 3-month extension of time until 11/15, 20 13

5 For calendar year 2012, or other tax year beginning _____, 20 _____, and ending _____, 20 _____

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

Signature and Verification must be completed for Part II only.

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

Signature ▶ Title ▶ Date ▶