

THE REACH HEALTHCARE FOUNDATION  
Form 990  
Tax Year 2008

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_, 20\_\_

# 2008

Department of the Treasury  
Internal Revenue Service

**▶ Do not send to the IRS. Keep for your records.**  
**▶ See instructions.**

Name of exempt organization <b>THE REACH HEALTHCARE FOUNDATION</b>	Employer identification number <b>20-0337230</b>
Name and title of officer <b>BRENDA R. SHARPE, PRESIDENT AND CEO</b>	

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12) . . . . .	<b>1b</b> <u>6,002,405.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) . . . . .	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN 

--	--	--	--	--

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 11/15/2009

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

4	3	0	3	2	5	4	4	0	1	6
---	---	---	---	---	---	---	---	---	---	---

  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning, 2008, and ending, 20

Form header section containing organization name (THE REACH HEALTHCARE FOUNDATION), principal officer (BRENDA R. SHARPE), and other identifying information.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, revenue (Total: 6,002,405), expenses (Total: 7,439,085), and net assets (Total: 93,457,708).

Part II Signature Block

Signature block containing declaration of preparer, signature of officer, and preparer's identifying information (BKD, LLP).

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

- 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. You must file original and one copy.**

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

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

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

- I request an additional 3-month extension of time until 11/15/2009.
- For calendar year 2008, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension \_\_\_\_\_

ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

<b>8a</b> 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.	<b>8a</b>	\$	NONE
<b>b</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.	<b>8b</b>	\$	NONE
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	NONE

**Signature and Verification**

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

Signature <input checked="" type="checkbox"/>	Title <input type="checkbox"/>	Date <input type="checkbox"/>
<u>BKD, LLP</u> <u>120 WEST 12TH STREET, SUITE 1200</u> <u>KANSAS CITY, MO 64105-1936</u>		Form <b>8868</b> (Rev. 4-2008)

## Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

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

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**CHRISSE WICHMAN**

- The books are in the care of ▶ **6700 ANTIOCH, SUITE 200 - MERRIAM, KS 66204**  
 Telephone No. ▶ **913-432-4196** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2008** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

**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.

**Part III Statement of Program Service Accomplishments** (see instructions)

**1** Briefly describe the organization's mission:

SEE STATEMENT 1

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 1,713,638. including grants of \$ 1,516,133. ) (Revenue \$ NONE )

MENTAL HEALTH GRANTS ARE AWARDED TO SUPPORT ACCESS TO MENTAL HEALTH SERVICES FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED. THESE GRANTS ADDRESS EARLY INTERVENTION FOR CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH/BEHAVIORAL PROBLEMS, TRAINING FOR AGENCY STAFFS ON COMPLEX TRAUMA, CONNECTING INDIVIDUALS WITH CULTURALLY COMPETENT MENTAL HEALTH SERVICES AND OTHER RELATED WORK. IN 2008, 18 MENTAL HEALTH GRANTS WERE AWARDED.

**4b** (Code: ) (Expenses \$ 1,557,899. including grants of \$ 1,378,344. ) (Revenue \$ NONE )

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 LOW-INCOME AND UNINSURED POPULATIONS, CHRONIC DISEASE MANAGEMENT, CASE MANAGEMENT AND REFERRALS TO HEALTH SERVICES AND OTHER RELATED WORK. IN 2008, 16 SAFETY NET HEALTH SERVICE GRANTS WERE AWARDED.

**4c** (Code: ) (Expenses \$ 1,314,605. including grants of \$ 1,163,091. ) (Revenue \$ NONE )

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 MOBILE DENTAL CARE FOR CHILDREN, DISABLED ADULTS AND SENIOR CITIZENS, AND OTHER PROJECTS THAT REDUCE BARRIERS TO ORAL HEALTH CARE. IN 2008, 12 ORAL HEALTH GRANTS WERE AWARDED.

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

(Expenses \$ 1,638,800. including grants of \$ 1,387,450. ) (Revenue \$ NONE )

**4e** Total program service expenses ► \$ 6,224,942. (Must equal Part IX, Line 25, column (B).)

**The REACH Healthcare Foundation**  
**EIN 20-0337230**  
**Form 990, Part II - Other grants and allocations**

Organization	EIN	Project Title	Grant Amount	Paid Amount	Accrued Amount	Tax Status
Black Health Care Coalition, Inc. 6536 Troost Avenue Kansas City, MO 64131	43-1515095	Emergency Move	26,553	26,553	0	501c(3)
Communities Creating Opportunity 5814 Euclid Ave. Kansas City, MO 64130	43-1127845	Kansas Voice--Building a Community Organizing Project	30,000	30,000	0	501c(3)
Community Health Council of Wyandotte County 755 Minnesota Avenue Kansas City, KS 66101	01-0674969	Website Redesign and Advocacy and Public Policy Training	29,950	29,950	0	501c(3)
Crittenton Children's Center 10918 Elm Avenue Kansas City, MO 64134	44-0545808	Trauma Focused Cognitive Behavioral Therapy	28,950	28,950	0	501c(3)
El Centro, Inc. 650 Minnesota Avenue Kansas City, KS 66101	36-2904073	Case Management Professional Development	11,700	11,700	0	501c(3)
Evergreen Living Innovations, Inc. 11875 S. Sunset Drive, Ste. 200 Olathe, KS 66061	74-2857475	Electronic Clinical & Financial Record System	30,000	30,000	0	501c(3)
Gillis Center 8150 Wornall Rd. Kansas City, MO 64114	43-1765826	Capital Needs	22,800	22,800	0	501c(3)
Kansas Association for the Medically Underserved 1129 S. Kansas Ave., Suite B Topeka, KS 66612	48-1110925	Johnson County Access to Care	2,869	2,869	0	501c(3)
Marillac Center 8000 West 127th Street Overland Park, KS 66213	43-1147836	Electronic Medical Records Conversion	30,000	30,000	0	501c(3)
National Alliance on Mental Illness of Greater Kansas City 406 West 34th Street Suite 603 Kansas City, MO 64111	43-1209702	NAMI-KC Expansion	29,912	29,912	0	501c(3)
Riverview Health Services, Inc. 722 Reynolds Ave. Kansas City, KS 66101	48-1072716	Collaboration Works	20,568	20,568	0	501c(3)
Somali Foundation, Inc. 1101 Euclid Ave. Kansas City, MO 64127	43-1844824	Organizational and Financial Stability	30,000	30,000	0	501c(3)
StandUp Blue Springs, formerly Blue Springs WellLink PO Box 614 Blue Springs, MO 64013	20-0889555	StandUp Blue Springs Capacity Building	26,000	26,000	0	501c(3)
Thrive Allen County, Inc. 2 East Jackson Avenue Iola, KS 66749	32-0198379	Allen County Well-Being Report	28,000	28,000	0	501c(3)
TLC for Children and Families, Inc. 480 S. Rogers Road Olathe, KS 66062-1706	48-0774593	Client Management Information System	17,925	17,925	0	501c(3)
<b>Subtotal - Capacity grants</b>			<b>365,227</b>	<b>365,227</b>	<b>0</b>	
Crittenton Children's Center 10918 Elm Avenue Kansas City, MO 64134	51-0195216	Head Start Resiliency Project	115,104	37,194	77,910	501c(3)

**The REACH Healthcare Foundation**  
**EIN 20-0337230**  
**Form 990, Part II - Other grants and allocations**

Organization	EIN	Project Title	Grant Amount	Paid Amount	Accrued Amount	Tax Status
DeLaSalle Education Center 3740 Forest Kansas City, MO 64109	44-0545808	Mental Health Program	75,530	37,765	37,765	501c(3)
Hope House, Inc. P.O. Box 577 Lee's Summit, MO 64063	43-0971728	The Family Care Center	125,000	0	125,000	501c(3)
Hope House, Inc. P.O. Box 577 Lee's Summit, MO 64063	43-1265685	Health Project	86,000	43,000	43,000	501c(3)
KU Endowment 12600 Quivira Road Overland Park, KS 66213	43-1265685	Youth Success	115,045	57,523	57,522	501c(3)
KVC Behavioral HealthCare, Inc. 21350 W 153rd Olathe, KS 66061	48-0547734	At-Risk Children Stabilized by Trauma Treatment	100,500	0	100,500	501c(3)
Mattie Rhodes Center 1740 Jefferson Kansas City, MO 64108	48-0770308	Latino Mental Health--Kansas Access	109,296	54,648	54,648	501c(3)
National Alliance on Mental Illness of Greater Kansas City 406 West 34th Street Suite 603 Kansas City, MO 64111	44-0546343	Care Coordinator	84,000	42,000	42,000	501c(3)
Niles Home for Children 1911 East 23rd Street Kansas City, MO 64127-3701	43-1209702	Second Chances	82,800	41,400	41,400	501c(3)
Pathways Community Behavioral Healthcare 1800 Community Drive Clinton, MO 64735	44-0565392	School Services For Lafayette County	57,600	28,800	28,800	501c(3)
ReDiscover 901 N.E. Independence Avenue Lee's Summit, MO 64086	43-1032835	Access to Psychiatric Services	118,195	59,098	59,097	501c(3)
reStart, Inc. 918 E. 9th Street Kansas City, MO 64106	23-7169417	reStart Mental Health Services Program	79,640	39,820	39,820	501c(3)
Rose Brooks Center, Inc. P.O. Box 320599 Kansas City, MO 64132	43-1349378	Keeping Kids Safe	97,974	0	97,974	501c(3)
Sheffield Place 6604 East 12th Street Kansas City, MO 64126	51-0231573	Children's Clinical Services	65,164	0	65,164	501c(3)
The Children's Place 2 East 59th Street Kansas City, MO 64113-2116	43-1532267	Outpatient Treatment Services Program	61,903	30,952	30,951	501c(3)
Truman Medical Center, Inc. 2310 Holmes, Suite 735 Kansas City, MO 64108-2602	44-0661018	Young Adult Futures	49,500	24,750	24,750	501c(3)
Unified Government of WY County/Kansas City, KS 701 N 7th Street, Ste 715 Kansas City, KS 66101	48-1194075	Mental Health Targeted Case Management	38,000	0	38,000	GOVNT

**The REACH Healthcare Foundation**  
**EIN 20-0337230**  
**Form 990, Part II - Other grants and allocations**

Organization	EIN	Project Title	Grant Amount	Paid Amount	Accrued Amount	Tax Status
Westport Cooperative Services, Inc. 201 Westport Rd. Kansas City, MO 64111	43-0902804	Integrated Care for Seniors-2009	54,882	0	54,882	501c(3)
<b>Subtotal - Mental Health grants</b>			<b>1,516,133</b>	<b>496,950</b>	<b>1,019,183</b>	
Oral Health Kansas, Inc. 800 SW Jackson, Ste 1120 Topeka, KS 66612	20-0337278	Oral Health Kansas Operations	99,770	49,885	49,885	501c(3)
Cabot Westside Health Center 2121 Summit Street Kansas City, MO 64108	44-0546280	Cabot Dental Program	64,281	0	64,281	501c(3)
Communities in Schools of KCK / Wyandotte County 4601 State Ave., Suite 38 Kansas City, KS 66102	48-1206993	Children's Emergency Dental Fund	50,000	25,000	25,000	501c(3)
Community Health Center of Southeast Kansas, Inc. 3011 N. Michigan Pittsburg, KS 66762	75-3002264	Allen County Dental Clinic	125,000	0	125,000	501c(3)
Health Partnership Clinic of Johnson County 7171 W. 95th Street, Suite 100 Overland Park, KS 66212	48-1115529	Dental Expansion Program	125,000	62,500	62,500	501c(3)
Kansas City Free Health Clinic 3515 Broadway Kansas City, MO 64111-2537	43-0967292	Access to Oral Health Care	124,999	0	124,999	501c(3)
Kansas Department of Health & Environment 1000 SW Jackson Suite 300 Topeka, KS 66612	48-6029925	Fluoride Varnish For Medical Providers	42,000	21,000	21,000	GOVNT
Pan-Educational Institute, dba ArtsTech 1522 Holmes Street Kansas City, MO 64108-1536	43-1013392	Flash 20/12 -N- Your Super Grill	72,000	36,000	36,000	501c(3)
SAFE BASE 600 East Street Iola, KS 66749	48-860012	Allen County Health Readiness Fairs	120,013	60,007	60,006	GOVNT
Score 1 for Health 1750 Independence Ave. Kansas City, MO 64106	20-3773804	Program Development and Voucher Project	123,140	61,570	61,570	501c(3)
Swope Health Services 3801 Blue Parkway Kansas City, MO 64130	43-0957840	Wyandotte Safety-Net Dental Care	113,636	0	113,636	501c(3)
University of Missouri-Kansas City 5100 Rockhill Rd., AC202 Kansas City, MO 64110-2499	43-6003859	Miles of Smiles	103,252	0	103,252	501c(3)
<b>Subtotal - Oral Health grants</b>			<b>1,163,091</b>	<b>315,962</b>	<b>847,129</b>	
Benilde Hall 3220 E. 23rd Street Kansas City, MO 64127	43-1795790	Access to HealthCare	42,224	21,112	21,112	501c(3)
Duchesne Clinic 636 Tauromee Kansas City, KS 66101	48-1009910	Primary Healthcare for Uninsured Poor	100,000	50,000	50,000	501c(3)

**The REACH Healthcare Foundation**  
**EIN 20-0337230**  
**Form 990, Part II - Other grants and allocations**

Organization	EIN	Project Title	Grant Amount	Paid Amount	Accrued Amount	Tax Status
Health Partnership Clinic of Johnson County 7171 W. 95th Street, Suite 100 Overland Park, KS 66212	48-1115529	Developing a Medical Home	100,000	50,000	50,000	501c(3)
Kansas Association for the Medically Underserved 1129 S. Kansas Ave. Suite B Topeka, KS 66612	48-1110925	Strengthening the Safety Net	100,000	0	100,000	501c(3)
Kansas City Free Health Clinic 3515 Broadway Kansas City, MO 64111-2537	43-0967292	General Medicine Program	100,000	0	100,000	501c(3)
Kansas City Free Health Clinic 3515 Broadway Kansas City, MO 64111-2537	43-0967292	MetroCARE of Greater Kansas City	33,945	16,973	16,972	501c(3)
KU Endowment 12600 Quivira Road Overland Park, KS 66213	48-0547734	SCHC Continued Safety Net Services	100,000	50,000	50,000	501c(3)
Medical Society of Johnson & Wyandotte Counties Foundation, Inc. 6405 Metcalf Avenue, Suite 507 Shawnee Mission, KS 66202	56-2552704	Wy/Jo Care	82,240	0	82,240	501c(3)
ReDiscover 901 N.E. Independence Avenue Lee's Summit, MO 64086	23-7169417	Nursing Case Management	65,670	0	65,670	501c(3)
Riverview Health Services, Inc. 722 Reynolds Ave. Kansas City, KS 66101	48-1072716	Parish Nurse Access to Health Services	100,000	0	100,000	501c(3)
Riverview Health Services, Inc. 722 Reynolds Ave. Kansas City, KS 66101	48-1072716	Health Literacy Project	100,000	50,000	50,000	501c(3)
Sheffield Place 6604 East 12th Street Kansas City, MO 64126	43-1532267	Pathways to Care	124,737	62,369	62,368	501c(3)
Swope Health Services 3801 Blue Parkway Kansas City, MO 64130	43-0957840	Swope Health Quindaro	100,000	0	100,000	501c(3)
Turner House Children's Clinic 21 N. 12th St. Kansas City, KS 66102	48-1151382	Health Care for Underserved Children	100,000	50,000	50,000	501c(3)
Unified School District #258 - Humboldt 801 New York Humboldt, KS 66748	43-6003859	School Nurse	52,000	0	52,000	GOVNT
University of Missouri-Kansas City 5100 Rockhill Rd., AC202 Kansas City, MO 64110-2499	48-0698395	Sojourner Clinic	77,528	38,764	38,764	501c(3)
<b>Subtotal - Safety Net grants</b>			<b>1,378,344</b>	<b>389,218</b>	<b>989,126</b>	
Health Care Foundation of Greater Kansas City 2700 East 18th Street, Suite 220 Kansas City, MO 64127	20-0167282	HPV Vaccine Awareness Marketing Campaign	25,000	25,000	0	501c(3)

**The REACH Healthcare Foundation**  
**EIN 20-0337230**  
**Form 990, Part II - Other grants and allocations**

Organization	EIN	Project Title	Grant Amount	Paid Amount	Accrued Amount	Tax Status
Health Care Foundation of Greater Kansas City 2700 East 18th Street, Suite 220 Kansas City, MO 64127	20-0167282	RWJ-PIN	105,000	78,750	26,250	501c(3)
Kansas Association for the Medically Underserved 1129 S. Kansas Ave. Suite B Topeka, KS 66612	48-1110925	Dental Hub	250,000	250,000	0	501c(3)
Kansas Health Institute 212 SW Eighth Avenue, Suite 300 Topeka, KS 66603-3936	48-1148972	Health Indicators and Database	30,000	15,000	15,000	Other
Kansas Health Institute 212 SW Eighth Avenue, Suite 300 Topeka, KS 66603-3936	48-1148972	The Underinsured in Kansas	50,000	25,000	25,000	Other
Visiting Nurse Association 1500 Meadow Lake Parkway Kansas City, MO 64114	43-1337104	RWJ-VNA	250,000	58,208	191,792	501c(3)
Roy J. Rinehart Foundation 650 E. 25th Street Kansas City, MO 64108	43-6041456	Project Ready Smile Support	10,208	10,208	0	501c(3)
Roy J. Rinehart Foundation 650 E. 25th Street Kansas City, MO 64108	43-6041456	Project Ready Smile Support	3,000	3,000	0	501c(3)
University of Missouri-Kansas City 5100 Rockhill Rd., AC202 Kansas City, MO 64110-2499	43-6003859	Project Ready Smile Hygienists	165,173	82,587	82,586	501c(3)
El Centro, Inc. 650 Minnesota Avenue Kansas City, KS 66101	36-2904073	El Centro Academy for Children 1	2,500	2,500	0	501c(3)
Emmanuel Child & Family Development Center 2416 Swope Parkway Kansas City, MO 64130	74-2925720	Emmanuel Preschool	4,600	4,600	0	501c(3)
Independence School District 218 North Pleasant Independence, MO 64050	44-6003031	Hawthorne Head Start	2,950	0	2,950	501c(3)
Independence School District 218 North Pleasant Independence, MO 64050	44-6003031	Hanthorn Head Start	12,910	0	12,910	501c(3)
Missouri Valley Community Action Agency 1415 S. Odell Marshall, MO 65430	43-0837257	Lexington Head Start	1,000	1,000	0	501c(3)
Missouri Valley Community Action Agency 1415 S. Odell Marshall, MO 65430	43-0837257	Higginsville Head Start	1,060	1,060	0	501c(3)
Olathe Head Start 1700 W. Sheridan Olathe, KS 66061	48-0697986	Harmony Head Start	1,060	1,060	0	501c(3)
Olathe Head Start 1700 W. Sheridan Olathe, KS 66061	48-0697986	Gardner Head Start	640	640	0	501c(3)

**The REACH Healthcare Foundation**  
**EIN 20-0337230**  
**Form 990, Part II - Other grants and allocations**

Organization	EIN	Project Title	Grant Amount	Paid Amount	Accrued Amount	Tax Status
Olathe Head Start 1700 W. Sheridan Olathe, KS 66061	48-0697986	Heartland Head Start	2,830	2,830	0	501c(3)
St. Benedict's Special Children's Center 220 S. 9th St. Kansas City, KS 66101	48-1181305	St. Benedict's Special Children's Center	1,450	1,450	0	501c(3)
Sunshine Center-Salisbury 18400 Salisbury Independence, MO 64050	43-1060071	Sunshine Center-Salisbury	4,300	4,300	0	501c(3)
The Growing Place 1050 Industrial Humboldt, KS 66748	74-3158037	The Growing Place	1,990	1,990	0	501c(3)
The Salvation Army P.O. Box 12280 Kansas City, KS 66112-0280	44-0545998	Salvation Army Preschool	1,900	1,900	0	501c(3)
West Central Missouri Community Action Agency PO Box 125 Appleton City, MO 64724	43-0838410	Belton Head Start	2,650	2,650	0	501c(3)
Whatsoever Community Center, Inc. 1201 Ewing Kansas City, MO 64126	44-0545274	Whatsoever Community Center	1,520	1,520	0	501c(3)
Young Mens Christian Association of Greater Kansas City 3800 E. 51st St. Kansas City, MO 64130	44-0546002	Thomas Roque Head Start	5,440	5,440	0	501c(3)
Young Mens Christian Association of Greater Kansas City 3800 E. 51st St. Kansas City, MO 64130	44-0546002	RCG Head Start	700	700	0	501c(3)
Young Mens Christian Association of Greater Kansas City 3800 E. 51st St. Kansas City, MO 64130	44-0546002	Metro Head Start	2,500	2,500	0	501c(3)
<b>Subtotal - Initiative grants</b>			<b>940,381</b>	<b>583,893</b>	<b>356,488</b>	
Kansas Association for the Medically Underserved 1129 S. Kansas Ave. Suite B Topeka, KS 66612	30-0349221	Annual Primary Care Conference 'Building Medical Homes: Champions and Challenges'	10,000	10,000	0	501c(3)
Kansas Health Consumer Coalition, Inc. 534 S. Kansas Ave, Suite 1220 Topeka, KS 66603	48-1110925	Stakeholder Dialogue	10,000	10,000	0	501c(3)
Kansas Health Consumer Coalition, Inc. 534 S. Kansas Ave, Suite 1220 Topeka, KS 66603	73-1733371	Kansans for Better Health	10,000	10,000	0	501c(3)
Oral Health Kansas, Inc. 800 SW Jackson, Ste 1120 Topeka, KS 66612	73-1733371	Dental Champions Leadership Program	10,000	10,000	0	501c(3)
Oral Health Kansas, Inc. 800 SW Jackson, Ste 1120 Topeka, KS 66612	26-0062334	5th Annual Oral Health Kansas Conference	10,000	10,000	0	501c(3)

**The REACH Healthcare Foundation**  
**EIN 20-0337230**  
**Form 990, Part II - Other grants and allocations**

Organization	EIN	Project Title	Grant Amount	Paid Amount	Accrued Amount	Tax Status
The Missouri Budget Project 4130 Lindell Boulevard St. Louis, MO 63108	43-1121678	Planning and Convening Activities	10,000	10,000	0	501(c)(3)
Health Care Coalition of Lafayette County 811 S. 13 Highway Lexington, MO 64067	20-0337278	Feasibility Study: Community Health Record impact on Safety Net	10,000	10,000	0	501(c)(3)
Nonprofit Connect: Network. Learn. Grow. P. O. Box 5813 4747 Troost Avenue, Suite 204 Kansas City, KS 64171	20-0337278	Honoree Sponsor - 'Nonprofit Professional of the Year' Award	7,750	7,750	0	501c(3)
<b>Subtotal - Discretionary grants</b>			<b>77,750</b>	<b>77,750</b>	<b>0</b>	
Johnson County Community College Foundation 12345 College Boulevard Overland Park, KS 66210	23-7164614	One-time Gift Match	30	30	0	501c(3)
Saint Luke's Hospital Foundation 4225 Baltimore Avenue Kansas City, MO 64111	44-6014699	One-time gift match - Books & Boutiques	250	250	0	501c(3)
Sunflower House, Inc. 15440 W. 65th Street Shawnee, KS 66217	48-0918698	One-time Gift Match - General	50	50	0	501c(3)
Sunflower House, Inc. 15440 W. 65th Street Shawnee, KS 66217	48-0918698	One-time Gift Match - General	50	50	0	501c(3)
Sunflower House, Inc. 15440 W. 65th Street Shawnee, KS 66217	48-0918698	One-time Gift Match - General	50	50	0	501c(3)
United Way of Greater Kansas City 1080 Washington Street Kansas City, MO 64105	44-0545812	One-time gift match for 2009 UW Campaign	150	0	150	501c(3)
United Way of Greater Kansas City 1080 Washington Street Kansas City, MO 64105	44-0545812	Pledge Match for 1/1 - 12/31/08	840	0	840	501c(3)
United Way of Greater Kansas City 1080 Washington Street Kansas City, MO 64105	44-0545812	Pledge Match for 1/1 - 12/31/08	2,000	0	2,000	501c(3)
United Way of Greater Kansas City 1080 Washington Street Kansas City, MO 64105	44-0545812	Pledge Match for 1/1 - 12/31/08	144	0	144	501c(3)
United Way of Greater Kansas City 1080 Washington Street Kansas City, MO 64105	44-0545812	Pledge Match for 1/1 - 12/31/08	288	0	288	501c(3)
United Way of Greater Kansas City 1080 Washington Street Kansas City, MO 64105	44-0545812	Pledge Match for 1/1 - 12/31/08	240	0	240	501c(3)
<b>Subtotal - Matching gifts</b>			<b>4,092</b>	<b>430</b>	<b>3,662</b>	
<b>Total 2008 grants</b>			<b>\$5,445,018</b>	<b>\$2,229,430</b>	<b>\$3,215,588</b>	

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<input checked="" type="checkbox"/>	
<b>5</b> <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<input checked="" type="checkbox"/>	
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .	<input checked="" type="checkbox"/>	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .	<input checked="" type="checkbox"/>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Part III</i> . . . . .		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> . . . . .	<input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		<input checked="" type="checkbox"/>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		<input checked="" type="checkbox"/>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<input checked="" type="checkbox"/>	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<input checked="" type="checkbox"/>	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		<input checked="" type="checkbox"/>
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		<input checked="" type="checkbox"/>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		<input checked="" type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, disclosure requirements, whistleblower policy, document retention, compensation review, joint ventures, and policy adoption for joint ventures.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include questions about state filing requirements, public inspection of Forms 1023/1024/990-T, website availability, and organization contact information.





**Part VIII Statement of Revenue**

20-0337230

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . .	<b>1f</b>	25,000.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			25,000.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			NONE				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . <small>STMT. 3</small> ▶			2,031,940.		7,400.	2,024,540.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶			NONE			
	<b>5</b> Royalties . . . . . ▶			NONE			
		(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents . . . . .						
	<b>b</b> Less: rental expenses . . . . .		6,196.				
	<b>c</b> Rental income or (loss) . . . . .		-6,196.				
	<b>d</b> Net rental income or (loss) . . . . . ▶			-6,196.		-6,196.	
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		40,503,687.	1,750.			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		36,467,765.	4,473.			
	<b>c</b> Gain or (loss) . . . . .		4,035,922.	-2,723.			
	<b>d</b> Net gain or (loss) . . . . . ▶				4,033,199.	-7,105.	4,040,304.
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶				NONE		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19. . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶				NONE		
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶				NONE			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> ORDINARY INCOME FROM PARTNERSHIPS		900099		-81,538.		-81,538.	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				-81,538.			
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶				6,002,405.		-87,439.	6,064,844.

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	5,445,018.	5,445,018.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	235,222.	67,249.	167,973.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	381,235.	314,268.	66,967.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	28,628.	19,979.	8,649.	
9 Other employee benefits . . . . .	52,444.	41,218.	11,226.	
10 Payroll taxes . . . . .	43,174.	27,891.	15,283.	
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	71,464.		71,464.	
c Accounting . . . . .	32,027.		32,027.	
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees . . . . .	659,065.		659,065.	
g Other . . . . .	158,878.	148,862.	10,016.	
12 Advertising and promotion . . . . .	63,397.	59,137.	4,260.	
13 Office expenses . . . . .	47,136.	14,504.	32,632.	
14 Information technology . . . . .	24,226.	15,093.	9,133.	
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	83,902.	25,146.	58,756.	
17 Travel . . . . .	23,608.	16,623.	6,985.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	31,127.	15,056.	16,071.	
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . .	24,763.	6,133.	18,630.	
23 Insurance . . . . .	15,072.		15,072.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a STAFF DEVELOPMENT -----	12,025.	7,241.	4,784.	
b MISCELLANEOUS -----	6,173.	1,023.	5,150.	
c PRS ADMINISTRATIVE COSTS -----	501.	501.	NONE	
d -----				
e -----				
f All other expenses -----				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	7,439,085.	6,224,942.	1,214,143.	NONE
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	1,464,289.	<b>2</b>	5,793,727.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sales or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	18,776.	<b>9</b>	24,931.
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	<b>10a</b> 388,749.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	<b>10b</b> 115,031.	60,583.	<b>10c</b> 273,718.
	<b>11</b> Investments - publicly traded securities . . . . .	121,846,816.	<b>11</b>	73,171,586.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	18,956,938.	<b>12</b>	17,417,432.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	285,781.	<b>15</b>	249,933.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	142,633,183.	<b>16</b>	96,931,327.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	153,523.	<b>17</b>	123,031.
	<b>18</b> Grants payable . . . . .	2,891,962.	<b>18</b>	3,350,588.
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	3,045,485.	<b>26</b>	3,473,619.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	139,493,848.	<b>27</b>	93,439,325.
	<b>28</b> Temporarily restricted net assets . . . . .	93,850.	<b>28</b>	18,383.
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	139,587,698.	<b>33</b>	93,457,708.
<b>34</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .	142,633,183.	<b>34</b>	96,931,327.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b>	If "Yes" to lines 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? . . . . .	X	
<b>3a</b>	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? . . . . .		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

**Public Charity Status and Public Support**

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

<b>Name of the organization</b> THE REACH HEALTHCARE FOUNDATION	<b>Employer identification number</b> 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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box \_\_\_\_\_
- g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 

Yes	No
-----	----
  - (ii) A family member of a person described in (i) above? 11g(ii) 

Yes	No
-----	----
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) 

Yes	No
-----	----
- h Provide the following information about the organizations the organization supports.

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.)
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f
16a 33 1/3% support test - 2008. 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.
16b 33 1/3% support test - 2007. 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.
17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here.
17b 10%-facts-and-circumstances test - 2007. 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.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER	45.	NONE	NONE	NONE	NONE	45.
TOTALS	45.	NONE	NONE	NONE	NONE	45.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

<b>Name of the organization</b> THE REACH HEALTHCARE FOUNDATION	<b>Employer identification number</b> 20-0337230
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

<b>Name of organization</b> THE REACH HEALTHCARE FOUNDATION	<b>Employer identification number</b> 20-0337230
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047  
**2008**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations described below.  
▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

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

Name of organization <b>THE REACH HEALTHCARE FOUNDATION</b>	Employer identification number <b>20-0337230</b>
--	---

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a . . . . .														
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information

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

LOBBYING

PART II-B, LINE 1I

LOBBYIST REGISTRATION BADGES FOR 2008/2009



SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

THE REACH HEALTHCARE FOUNDATION

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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). 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with 2 columns: Held at the End of the Year, rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if 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 . . . . .	93,850.				
b Contributions . . . . .	25,000.				
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	100,467.				
f Administrative expenses . . . . .					
g End of year balance . . . . .	18,383.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  $\blacktriangleright$  100.0000 %
  - b Permanent endowment  $\blacktriangleright$  \_\_\_\_\_ %
  - c Term endowment  $\blacktriangleright$  \_\_\_\_\_ %
- 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 . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .  Yes  No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		104,673.	2,908.	101,765.
d Equipment . . . . .		284,076.	112,123.	171,953.
e Other . . . . .				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . $\blacktriangleright$				273,718.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,002,405.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,439,085.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,436,680.
4	Net unrealized gains (losses) on investments	4	-44,780,749.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-44,780,749.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-46,217,429.

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

1	Total revenue, gains, and other support per audited financial statements	1	-39,347,247.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-44,780,749.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	97,562.
e	Add lines 2a through 2d	2e	-44,683,187.
3	Subtract line 2e from line 1	3	5,335,940.
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	659,065.
b	Other (Describe in Part XIV)	4b	7,400.
c	Add lines 4a and 4b	4c	666,465.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	6,002,405.

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

1	Total expenses and losses per audited financial statements	1	6,782,743.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	2,723.
e	Add lines 2a through 2d	2e	2,723.
3	Subtract line 2e from line 1	3	6,780,020.
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	659,065.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	659,065.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	7,439,085.

**Part XIV Supplemental Information**

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

SEE PAGE 5

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

**Part XIV** Supplemental Information (continued)

PART V, LINE 4

-----

-----

ENDOWMENT FUNDS REPRESENT THE TEMPORARILY RESTRICTED NET ASSETS. THIS IS

-----

THE UNSPENT AMOUNT OF HEALTH CARE FOUNDATION GRANTS FOR THE PROJECT READY

-----

SMILE INITIATIVE.

-----

PART XII, LINE 2D

-----

-----

RECLASS OF LOSSES ON THE SALE OF ASSETS	\$2,723
PARTNERSHIP UBI - CAPITAL LOSS	\$7,105
PARTNERSHIP UBI - ORDINARY INCOME LOSS	\$81,538
PARTNERSHIP UBI - RENTAL INCOME LOSS	\$6,196

-----

PART XII, LINE 4A AND PART XIII, LINE 4A

-----

-----

RECLASS OF INVESTMENT EXPENSES

-----

-----

PART XII, LINE 4B

-----

-----

PARTNERSHIP UBI - INTEREST AND DIVIDEND INCOME

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

**Part XIV** Supplemental Information *(continued)*

PART XIII, LINE 2D

RECLASS OF LOSSES ON THE SALE OF ASSETS



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 -----  
 -----  
 THE GRANTS COMMITTEE HAS ESTABLISHED AND APPROVED A SEPARATE POLICY -----  
 -----  
 DOCUMENT OUTLINING THE FOUNDATION'S GRANTS REVIEW, DUE DILIGENCE AND -----  
 -----  
 APPROVAL PROCESS IN DETAIL. WITH RESPECT TO THE FINANCIAL CONTROLS -----  
 -----  
 INTEGRATED INTO THE GRANTS PROCESS, THE FOLLOWING PARAMETERS AND LEVELS -----  
 -----  
 OF AUTHORIZATIONS HAVE BEEN ESTABLISHED: -----  
 -----  
 -----  
 ALL GRANTS FOR AMOUNTS \$30,000 AND BELOW, AND WITHIN THE LIMITS OF THE -----  
 -----  
 CURRENT BOARD APPROVED BUDGET, MAY BE REVIEWED AND APPROVED BY THE -----  
 -----

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

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

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

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

AFFILIATIONS

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

FOR ALL GRANT AWARDS EXCEEDING \$30,000, THE FOLLOWING ADDITIONAL

DOCUMENTATION WILL BE REQUIRED AND MAINTAINED IN THE GRANT FILE:

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

ARTICLES OF INCORPORATION

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

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

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

**Part I Questions Regarding Compensation**

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

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

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

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

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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

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

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRENDA R. SHARPE	(i)	134,909.	NONE	8,910.	8,910.	15,394.	168,123.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization <b>THE REACH HEALTHCARE FOUNDATION</b>	Employer Identification number <b>20-0337230</b>
--	---

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRENDA BOHATY, D. D. S. BOARD MEMBER	5.	X						NONE	NONE	NONE
STANLEY BRAND GRANTS COMMITTEE CHAIRMAN	5.	X		X				NONE	NONE	NONE
ZENY BUSTILLO-SCHMIDT BOARD MEMBER	5.	X						NONE	NONE	NONE
HEIDI CASHMAN BOARD MEMBER	5.	X						NONE	NONE	NONE
PAM CHAPIN BOARD MEMBER	5.	X						NONE	NONE	NONE
LINDA CLARKSON SECRETARY AND BOARD MEMBER	5.	X		X				NONE	NONE	NONE
JOSHUA FREEMAN, M.D. AT-LARGE MEMBER, BOARD MEMBER	5.	X		X				NONE	NONE	NONE
FRANK FRIEDMAN VICE CHAIRMAN, BOARD MEMBER	5.	X		X				NONE	NONE	NONE
SCOTT GLASRUD TREASURER, FIN. COMM. CHAIRMAN	5.	X		X				NONE	NONE	NONE
JACK HOLLAND BOARD MEMBER	5.	X						NONE	NONE	NONE
ANITA METOYER AT-LARGE MEMBER	5.	X		X				NONE	NONE	NONE
TIM MICHEL BOARD MEMBER	5.	X						NONE	NONE	NONE
SHERRY PAYNE BOARD MEMBER	5.	X						NONE	NONE	NONE
BOB REGNIER BOARD MEMBER	5.	X						NONE	NONE	NONE
TOM ROBINETT CHAIRMAN, BOARD MEMBER	5.	X		X				NONE	NONE	NONE
JANIE SCHUMAKER BOARD MEMBER	5.	X						NONE	NONE	NONE
GLEN SINGER, M.D. BOARD MEMBER	5.	X						NONE	NONE	NONE
BRENDA R. SHARPE PRESIDENT AND CEO	40.			X				143,819.	NONE	24,304.
CHRISTINE M. WICHMAN CFO	24.			X				63,301.	NONE	3,798.
-----										
-----										
-----										

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

PART III, LINE 4D

DESCRIPTION: INITIATIVE GRANTS SUPPORT SPECIAL PROJECTS WITH DESIGNATED

NONPROFIT PARTNERS THAT ARE WORKING TO IMPROVE THE SYSTEMS FOR DELIVERY

OF HEALTH CARE. INITIATIVE GRANTS MAY TARGET PROJECTS IN ORAL HEALTH,

MENTAL HEALTH, AND SAFETY NET SERVICES. IN 2008, 27 INITIATIVE BASED

GRANTS WERE AWARDED.

EXPENSES: \$1,133,492

GRANTS: \$940,381

REVENUES: NONE

DESCRIPTION: CAPACITY GRANTS, DISCRETIONARY GRANTS, AND MATCHING GIFTS.

EXPENSES: \$505,308

GRANTS: \$447,069

REVENUES: NONE

Name of the organization <b>THE REACH HEALTHCARE FOUNDATION</b>	Employer identification number <b>20-0337230</b>
--	---

PART VI, SECTION A, LINE 4

THE FOUNDATION'S SETTLEMENT AGREEMENT WAS AMENDED DURING 2008 IN  
 ACCORDANCE AND IN COMPLIANCE WITH UNIFORM PRUDENT MANAGEMENT OF  
 INSTITUTIONAL FUNDS ACT GUIDANCE.

Name of the organization <b>THE REACH HEALTHCARE FOUNDATION</b>	Employer identification number <b>20-0337230</b>
--	---

PART VI, SECTION A, LINE 10

THE 990 IS REVIEWED BY THE OFFICERS AND ACCOUNTING PERSONAL. 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.

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

PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST DISCLOSURES ARE MAILED TO BOARD OF DIRECTORS, COMMUNITY ADVISORY COMMITTEE, AND STAFF ANNUALLY. 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 THEN SHALL TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION WHICH MAY INCLUDE POLICY COUNSELING, VOTING EXCLUSION, OR COMMITTEE EXCLUSION.

Name of the organization <b>THE REACH HEALTHCARE FOUNDATION</b>	Employer identification number <b>20-0337230</b>
--	---

PART VI, SECTION B, LINE 15A

IN 2008, A REVIEW WAS CONDUCTED BY THE EXECUTIVE COMMITTEE USING  
 COMPARABILITY DATA OF LIKE-SIZE ORGANIZATIONS. THE PRESIDENT IS SUBJECT  
 TO AN ANNUAL REVIEW COMPLETED BY EVERY BOARD MEMBER. THE BOARD AND CHIEF  
 EXECUTIVE RELATIONSHIP IS DOCUMENTED IN A FORMAL BOARD POLICY.

Name of the organization <b>THE REACH HEALTHCARE FOUNDATION</b>	Employer identification number <b>20-0337230</b>
--	---

PART VI, SECTION B, LINE 15B

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

Name of the organization

Employer identification number

THE REACH HEALTHCARE FOUNDATION

20-0337230

LINE 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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

**Name of the organization**

THE REACH HEALTHCARE FOUNDATION

**Employer identification number**

20-0337230

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
PROJECT READY SMILE, LLC ----- 26-1392850 6700 ANTIOCH, SUITE 200 ----- MERRIAM, KS 66204	ORAL HEALTH	KS	225,000.	23,565.	N/A

**Part II Identification of Related Tax-Exempt Organizations**

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

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

Schedule R (Form 990) 2008



**Part V Transactions With Related Organizations**

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION  
=====

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

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

=====

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
-----	-----	-----
CAMBRIDGE ASSOCIATES 2730 SAND HILL ROAD, SUITE 300 MENLO PARK, CA 94025	INVEST. CONSULTANT	129,000.
NYES LEDGE 155 FEDERAL STREET, SUITE 302 BOSTON, MA 02110	INVESTMENT MANAGER	145,228.
WELLINGTON MANAGEMENT COMPANY 75 STATE STREET BOSTON, MA 02109	INVESTMENT MANAGER	117,296.
TOTAL COMPENSATION		----- 391,524. =====

FORM 990, PART VIII - INVESTMENT INCOME

=====

DESCRIPTION	( A ) TOTAL REVENUE	( B ) RELATED OR EXEMPT REVENUE	( C ) UNRELATED BUSINESS REV.	( D ) EXCLUDED REVENUE
-----	-----	-----	-----	-----
INTEREST AND DIVIDEND INCOME	2,031,940.		7,400.	2,024,540.
TOTALS	2,031,940.		7,400.	2,024,540.
	=====	=====	=====	=====



SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

=====

OTHER DEDUCTIONS

PASS-THROUGH FROM PARTNERSHIP

6,196.

-----

6,196.

=====

RENT AND ROYALTY SUMMARY

=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
PARTNERSHIP UBI	-----	-----	6,196.	-6,196.
TOTALS	=====	=====	6,196.	-6,196.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
FIXED INCOME SECURITIES	33,696,164.	28,279,016.	FMV
EQUITY SECURITIES	88,150,652.	44,892,570.	FMV
TOTALS	----- 121,846,816. =====	----- 73,171,586. =====	

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

**2008**

Name of estate or trust

Employer identification number

THE REACH HEALTHCARE FOUNDATION

20-0337230

**Note:** Form 5227 filers need to complete *only* Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a</b>					

<b>b</b> Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .	<b>1b</b>	-20,804.
<b>2</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .	<b>2</b>	
<b>3</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>3</b>	
<b>4</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2007 Capital Loss Carryover Worksheet . . . . .	<b>4</b>	( )
<b>5</b> <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back . . . . . ▶	<b>5</b>	-20,804.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6a</b>					

<b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .	<b>6b</b>	4,054,003.
<b>7</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .	<b>7</b>	
<b>8</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>8</b>	
<b>9</b> Capital gain distributions . . . . .	<b>9</b>	
<b>10</b> Gain from Form 4797, Part I . . . . .	<b>10</b>	
<b>11</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2007 Capital Loss Carryover Worksheet . . . . .	<b>11</b>	( )
<b>12</b> <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back . . . . . ▶	<b>12</b>	4,054,003.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2008

<b>Part III Summary of Parts I and II</b> <i>Caution: Read the instructions before completing this part.</i>		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
<b>13</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>13</b>		-20,804.
<b>14</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>14a</b>		4,054,003.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) . . . . .	<b>14b</b>		
c	28% rate gain . . . . .	<b>14c</b>		
<b>15</b>	<b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶	<b>15</b>		4,033,199.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

<b>Part IV Capital Loss Limitation</b>		
<b>16</b>	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the <b>smaller</b> of: a The loss on line 15, column (3) or b \$3,000 . . . . .	<b>16</b> ( )

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

<b>17</b>	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<b>17</b>	
<b>18</b>	Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>	
<b>19</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>19</b>	
<b>20</b>	Add lines 18 and 19 . . . . .	<b>20</b>	
<b>21</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶	<b>21</b>	
<b>22</b>	Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>	
<b>23</b>	Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>	
<b>24</b>	Enter the <b>smaller</b> of the amount on line 17 or \$2,200 . . . . .	<b>24</b>	
<b>25</b>	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23 . . . . .	<b>25</b>	
<b>26</b>	Subtract line 25 from line 24 . . . . .	<b>26</b>	
<b>27</b>	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 27 thru 30; go to line 31. <input type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 17 or line 22 . . . . .	<b>27</b>	
<b>28</b>	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>28</b>	
<b>29</b>	Subtract line 28 from line 27 . . . . .	<b>29</b>	
<b>30</b>	Multiply line 29 by 15% (.15) . . . . .	<b>30</b>	
<b>31</b>	Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) . . . . .	<b>31</b>	
<b>32</b>	Add lines 30 and 31 . . . . .	<b>32</b>	
<b>33</b>	Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) . . . . .	<b>33</b>	
<b>34</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 32 or line 33 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T) . . . . .	<b>34</b>	



