THE REACH HEALTHCARE FOUNDATION FORM 990 ŞÛÑQØOÁŒØUOQŠUÛÞÓ ÁÁÁÁÁÁÁÁÁÁÁÁÁÁATAX YEAR 2012

B Check if applicable: Address change

Return of Organization Exempt From Income Tax

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

JIVIB	INO.	1545-0047

Open to Public

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Internal Revenue Service The organization may have to use a copy of this return to satisfy state re					ig requirements.	Inspe
A	For the 2012	2 calendar year, or tax year beginning	, 2012, and ending			, 20
_		C Name of organization		D	Employer identificati	on number
В	Check if applicable:	THE REACH HEALTHCARE FOUNDATION				
ſ	Address	Doing Business As			20-0337230	

	Name change	Numb	per a	ind street (or F	.O. b	ox if mail i	is not delivered	to sti	eet addres	s)	Room	/su	ite	E Telephone number					
	Initial return	670	0	ANTIOCH							SI	Έ	200	(913)	432-419	6			
	Terminated	City o	or tov	wn, state or cou	intry,	and ZIP +	- 4			·									
	Amended			AM, KS 6										G Gross	receipts \$	18	,205	,86	6
	Application pending	F Nai	me	and address	of pi	incipal of	fficer:BRENI	DA	R SHAF	RPE				H(a) Is this affiliat	a group return for	r 🗌	Yes	X	N
		670	0	ANTIOCH,	SI	JITE 2	200 MERR	IAN	I, KS	66204					Il affiliates included	1?	Yes] N
I	Tax-exempt sta	atus:	Х	501(c)(3)		501(c) () ┥ (ir	sert	no.)	4947(a)(1) d	or		527	lf "No	," attach a list. (se	e instru	ctions)		
J	Website: 🕨	WWW.F	REA	CHHEALTH	I.0	RG								H(c) Group	exemption number	ər 🕨			
κ	Form of organ	ization:	Х	Corporation		Trust	Association		Other 🕨	•	L	- Ye	ar of format	tion: 2004	M State of le	egal do	micile:	H	KS

Part I Summary

		· · · · · · · · · · · · · · · · · · ·		
	1	Briefly describe the organization's mission or most significant activities:		
e		TO ADDRESS THE HEALTH AND HEALTHCARE NEEDS OF MEDICALLY		
Governance		UNDERSERVED RESIDENTS OF ALLEN, JOHNSON & WYANDOTTE COUN	FIES IN KS	
/err		AND CASS, JACKSON, AND LAFAYETTE COUNTIES IN MO.		
Go	2	Check this box > if the organization discontinued its operations or disposed of more that	1 1	
8	3	Number of voting members of the governing body (Part VI, line 1a)		17.
ties	4	Number of independent voting members of the governing body (Part VI, line 1b)		17.
Activities	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	9.
Act	6	Total number of volunteers (estimate if necessary)		30.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	29,072.
	b	Net unrelated business taxable income from Form 990-T, line 34		4,809.
			Prior Year	Current Year
е	8	Contributions and grants (Part VIII, line 1h)	0	255,000.
nue	9	Program service revenue (Part VIII line 2g)	0	0
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,164,040.	5,341,704.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,248.	-22,181.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,171,288.	5,574,523.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,183,975.	3,876,510.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	893,620.	981,470.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
хbе		Total fundraising expenses (Part IX, column (D), line 25)		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,189,459.	1,407,962.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,267,054.	6,265,942.
	19	Revenue less expenses. Subtract line 18 from line 12	-5,095,766.	-691,419.
s or ces			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	117,496,146.	125,159,665.
t Assets or d Balances	21	Total liabilities (Part X, line 26)	2,278,203.	1,891,963.
Punet	22	Net assets or fund balances. Subtract line 21 from line 20.	115,217,943.	123,267,702.

Part II Signature Block

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

Sign Here		gnature of of				Date			
	🛛 Тур	/pe or print na	ame and title						
Paid Preparer Use Only			s name ENGLE BKD, LLP	Preparer's signature	Date	,	►		
		ddress 🕨	•	1700 KANSAS CITY, MO 64106-2246		Phone no. 🕨	816 2	21-6300	
May the IF	RS discu	iss this retu	urn with the preparer show	n above? (see instructions)			••• L	X Yes	No
For Paper JSA 2E1065 1.00		eduction A	ct Notice, see the separa	e instructions.				Form 99) (2012)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box 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	Ι	Additional (Not Automatic) 3-Month Ex	tension o	of Time. Only file the orig	inal (no copies nee	ded).		—
				Er	ter filer's identifying n	umbe	r, see instruct	ions
		Name of exempt organization or other filer, see in	structions.		Employer identification	numb	per (EIN) or	
Туре	or							
print		THE REACH HEALTHCARE FOUNDATI	ON		20-03372	30		
- File hurd	4h a	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.	Social security number	(SSN))	
File by t due dat		6700 ANTIOCH						
filing yo return. S		City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.				
instruct		MERRIAM, KS 66204						
Enter	the Re	eturn code for the return that this application	is for (file a	a separate application for ea	ch return)		0	1
Applic	cation		Return	Application			Retur	'n
Is For			Code	Is For			Code	е
Form	990 or	Form 990-EZ	01					
Form	990-BI	L	02	Form 1041-A			08	
Form	4720	(individual)	03	Form 4720			09	
Form	990-PF	=	04	Form 5227			10	
Form	990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form	990-T	(trust other than above)	06	Form 8870			12	
STOP	! Do n	ot complete Part II if you were not already	granted ar	automatic 3-month exten	sion on a previously	filed	Form 8868.	
• The	e book	s are in the care of ► JOANNE R YUN						
Tel	ephone	e No. ▶ 913 432-4196	F	FAX No. ►			_	
• If th	he orga	anization does not have an office or place of	business in	the United States, check th	is box		⊳ ∟	
• If th	his is fo	or a Group Return, enter the organization's for	ur digit Gro	oup Exemption Number (GEN	N)		If this is	
for the	e whole	e group, check this box 🛛 🕨 🗌 . I	f it is for pa	art of the group, check this b	oox ▶	an	d attach a	
list wit	th the r	names and EINs of all members the extension	n is for.					
4	l reque	st an additional 3-month extension of time u	ntil	1	1/15 , 20 _13			
5	For cal	lendar year 2012 , or other tax year beginni	ing	, 20, an	d endi <u>ng</u>		, 20	
6	If the ta	ax year entered in line 5 is for less than 12 m	onths, cheo	ck reason:	turn 🔄 Final retur	n		
	С	hange in accounting period						
7 3	State i	n detail why you need the extension ADDIT	IONAL T	IME IS REQUIRED TO	ACCUMULATE			
]	ГНЕ І	NFORMATION NECESSARY TO FILE A	COMPLET	FE AND ACCURATE RET	'URN.			
-								
		application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tent	ative tax, less any			
		undable credits. See instructions.				Ba \$		0
		application is for Form 990-PF, 990-T,						
(estima	ted tax payments made. Include any pri	ior year o	overpayment allowed as	a credit and any			
		t paid previously with Form 8868.				Bb \$		0
		e Due. Subtract line 8b from line 8a. Include		ent with this form, if require	ed, by using EFTPS			
	(Electr	onic Federal Tax Payment System). See instru				3c \$		0
		Signature and Verifica	ation mu	st be completed for Pa	art II only.			

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

Signature 🕨

Title 🕨

Date 🕨

Form 8868 (Rev. 1-2013)

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Х

	File	а	separate	application	for	each	return.	
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If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

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

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

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

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

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time
to file income tax returns
Enter filer's identifying number see instructions

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

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

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

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

т	elephone No. ▶ 913 432-4196 FAX No. ▶				
	the organization does not have an office or place of business in the United States, check this box				
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			. If this is	
	he whole group, check this box			nd attach	
	t with the names and EINs of all members the extension is for.		an		
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time				
		l	- 7	T he automat	:
	until 08/15 , 20 13 , to file the exempt organization return for the organization named al	DOV	e. I	i ne extensi	onis
	for the organization's return for:				
	► X calendar year 2012 or				
	► X calendar year 2012 or ► tax year beginning, 20, and ending,	20			
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final retur	n			
2					
	Change in accounting period				
_			-		
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
	nonrefundable credits. See instructions.	3a	\$		0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		0
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS		Ť		
	(Electronic Federal Tax Payment System). See instructions.	3c	¢		0
Caut	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO fo			ont instructi	
⊢or	Privacy Act and Paperwork Reduction Act Notice, see Instructions,	⊢or	mð	3868 (Rev. 1	1-2013)

THE REACH HEALTHCARE FOUNDATION

Biefly describe the organization's mission: INFORM AND EDUCATE THE PUBLIC AND FACILITATE ACCESS TO QUALITY HEALTHIGARE FOR POOR AND UNDERSERVED PEOPLE. Did the organization undertake any significant program services during the year which were not listed on the prior Form '900 or '900-E27'	<pre>bielty describe the organizations mission: NPORM AND RDUCATE THE PUBLIC AND FACILITATE ACCESS >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>></pre>		Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
INFORM AND EDUCATE THE PUBLIC AND FACILITATE ACCESS TO QUALITY HEALTHCARE FOR POOR AND UNDERSERVED PEOPLE. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-527	NYORM AND EDUCATE THE PUBLIC AND PACILITATE ACCESS (> QUALITY HEALTHCARE FOR POOR AND UNDERSERVED PEOPLE. (>) (> QUALITY HEALTHCARE FOR POOR AND UNDERSERVED PEOPLE. (>) (> QUALITY HEALTHCARE FOR POOR AND UNDERSERVED PEOPLE. (>) (> QUALITY HEALTHCARE FOR POOR AND UNDERSERVED PEOPLE. (>) (> Quality HEALTHCARE FOR POOR AND UNDERSERVED PEOPLE. (>) (> Quality HEALTHCARE FOR POOR AND UNDERSERVED PEOPLE. (>) (> Quality HEALTHCARE FOR POOR AND UNDERSERVED PEOPLE. (>) (> Quality HEALTHCARE FOR POOR AND UNDERSERVED PEOPLE. (>) (> Yes, 'describe these changes on Schedule O. (>) (> Yes, 'describe these changes on Schedule O. (>) (> Yes, 'describe these changes on Schedule O. (>) (> Secribe the organization's program service accomplishments for each of its three largest program services, as measure xpeness. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or he total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or he total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or he total expenses. () (Expenses \$ 1.513.513.11 (PORT ACCESS TO MENTAL EALTH SERVICES FOR PERSONS WID ARE POOR AND MEDICALLY NDERSERVED. THESE GRANTS ADDRESS EARLY INTERPTION FOR CHILDREN ND ADDLESCENTS WITH MENTAL HEALTH SERVICES AND OTHER RELATED OR A GENCY STAFF ON COMPLEX TRANAN, CONNECTING INDIVIDUALS WITH ULTURALLY COMPETENT MENTAL HEALTH GRANTS WERE AWARDED. (> A GENCY STAFF ON COMPLEX TRANAN, CONNECTING NOR CHILDREN ND ADDLESCENTS WITH MENTAL HEALTH GRANTS WERE AWARDED. (> A GENCY COMPETENT MENTAL HEALTH GRANTS WERE AWARDED. (> A GENCY COMPETENT MENTAL HEALTH GRANTS WERE AWARDED. (> A GENCY COMPETENT MENTAL HEALTH GRANTS WERE AWARDED. (> A GENCY COMPETENT MENTAL HEALTH GRANTS WERE AWARDED. (> A GENCY COMPETENT MENTAL HEALTH GRANTS WERE AWARDED. (> A DECLETION FOR GRANTS AUD PROGRAMS THAT IMPROVE (> CODE AND MEDICALLY UNDERSERVED AND MEDICALLY UND	1	
TO QUALITY HEALTHCARE FOR POOR AND UNDERSERVED PEOPLE. Did the organization undertake any significant program services during the year which were not listed on the prof Form 990 or 990-E27 If 'Yes,' describe these new services on Schedule 0. Describe the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measure expresses. Saction 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expanses, and revenue, if any, for each program service reported. (Code:)(Expenses \$ _1,592,692, including grants of \$ _1,252,111,)(Revenue \$ _0,) MENTIAL HEALTH GRANTS ARE AMARDED TO SUPPORT ACCESS TO MENTAL HEALTH SERVICES FOR RESONS WID ARE POOR AND MEDICALLY UNDERSERVED. THESE GRANTS ADDERESS EARLY INTERVENTION FOR CHILDREN AND ADDLESCENTS WITH MENTAL HEALTH SERVICES AND OTHER RELATED WORK. IN 2012, 19 MENTAL HEALTH GRANTS WERE AMARDED. (Code:)(Expenses \$ _1,315,692, including grants of \$ _1,551,891,)(Revenue \$ _0,) SAPETY NET HEALTH SERVICES GRANTS SUPPORT THE OPERATIONS OF PRIMARY CASE FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED. SAPETY NET HEALTH SERVICES GRANTS SUPPORT THE OPERATIONS OF PRIMARY CASE FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED. SAPETY NET HEALTH SERVICES GRANTS SUPPORT THE OPERATIONS OF PRIMARY CASE FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED. SAPETY NET HEALTH SERVICES GRANTS SUPPORT THE OPERATIONS OF PRIMARY CASE FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED. SAPETY NET HEALTH SERVICES GRANTS SUPPORT THE OPERATIONS OF PRIMARY CASE FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED. SAPETY NET HEALTH SERVICES GRANTS SUPPORT THE OPERATIONS OF PRIMARY CASE AND OTHER RELATED WORK. IN 2012, 35 SAPETY NET HEALTH SERVICES AND OTHER RELATED WORK. IN 2012, 35 SAPETY NET HEALTH SERVICES AND OTHER RELATED WORK	○ QUALITY HEALTHCARE FOR POOR AND UNDERSERVED PEOPLE. Did the organization undertake any significant program services during the year which were not listed on the infor form 900 or 980-E2? Yes, 'describe these new services on Schedule 0. Yes, 'describe these changes on Schedule 0. Yes, 'describe these changes on Schedule 0. Yes, 'describe the organization cases conducting, or make significant changes in how it conducts, any program service accomplishments for each of its three largest program services, as measure spreness. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or the total expenses, and revenue, it any, for each program service reported. Code:) (Expenses \$ 1, 932, 632, including grants of \$ 1, 232, 111,) (Revenue \$		
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 996-27?	Did the organization undertake any significant program services during the year which were not listed on the		
prior Form 990 or 990-E27	<pre>vior Form 990 or 990-E27</pre>		
prior Form 990 or 990-E27	<pre>vior Form 990 or 990-E27</pre>		Did the organization undertake any significant program services during the year which were not listed on the
Services?	encloss?		
Describe the organization's program service accomplishments for each of its three largest program services, as measure sequences. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported. a (Code:	bacche the organization's program service accomplishments for each of its three largest program services, as measure verseness. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or the total expenses, and revenue, if any, for each program service reported. Code:		services?
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MENTAL HEALTH GRANTS ARE AWARDED TO SUPPORT ACCESS TO MENTAL HEALTH SERVICES FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED. THESE GRANTS ADDRESS EARLY INTERVENTION FOR CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH/BEHAVIORAL PROBLEMS, TRAINING FOR AGENCY STAFF ON COMPLEX TRAUMA, CONNECTING INDIVIDUALS WITH CULTURALLY COMPETENT MENTAL HEALTH SERVICES AND OTHER RELATED WORK. IN 2012, 19 MENTAL HEALTH GRANTS WERE AWARDED.	<pre>LENTL1 HEALTH GRANTS ARE AWARDED TO SUPPORT ACCESS TO MENTLL LEALTH SERVICES FOR PERSONS WHO ARE POOR AND MEDICALLY NDERSERVED. THESE GRANTS ADDRESS EARLY INTERVENTION FOR CHILDREN ND ADOLESCENTS WITH MENTLAL HEALTH/BEHAVLORAL PROBLEMS, TRAINING OR AGENCY STAFF ON COMPLEX TRAUMA, CONNECTING INDUIDUDLS WITH ULTURALLY COMPETENT MENTAL HEALTH SERVICES AND OTHER RELATED ORK. IN 2012, 19 MENTAL HEALTH GRANTS WERE AWARDED. Code:</pre>		the total expenses, and revenue, if any, for each program service reported.
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FOR AGENCY STAFF ON COMPLEX TRAUMA, CONNECTING INDIVIDUALS WITH CULTURALLY COMPETENT MENTAL HEALTH SERVICES AND OTHER RELATED WORK. IN 2012, 19 MENTAL HEALTH GRANTS WERE AWARDED.	OR AGENCY STAFF ON COMPLEX TRAUNA, CONNECTING INDIVIDUALS WITH ULTURALLY COMPETENT MENTAL HEALTH SERVICES AND OTHER RELATED ORK. IN 2012, 19 MENTAL HEALTH GRANTS WERE AWARDED. Code:		UNDERSERVED. THESE GRANTS ADDRESS EARLY INTERVENTION FOR CHILDREN
CULTURALLY COMPETENT MENTAL HEALTH SERVICES AND OTHER RELATED WORK. IN 2012, 19 MENTAL HEALTH GRANTS WERE AWARDED.	ULTURALLY COMPETENT MENTAL HEALTH SERVICES AND OTHER RELATED ORK. IN 2012, 19 MENTAL HEALTH GRANTS WERE AWARDED. Code:		
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Total program service expenses b 5,028,069	00 Form 990		
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THE REACH HEALTHCARE FOUNDATION

Form 9	90 (2012)		I	-age 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		х
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	4.0		37
	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
d	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
N N	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4.01-		v
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
D D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
_	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2012)

JSA

Form §	990 (2012)		F	Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2012)

THE REACH HEALTHCARE FOUNDATION

	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	٦
1 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15		103	ľ
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	x	1
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		-
za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	1
b		20		ľ
. .	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	X	1
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	X	-
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	30	A	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a		-
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		1
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			Ī
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			Ī
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Î
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		ī
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		1
a	Is the organization licensed to issue qualified health plans in more than one state?	150		į
Ŀ	Note. See the instructions for additional information the organization must report on Schedule O.			I
b	Enter the amount of reserves the organization is required to maintain by the states in which			I
	the organization is licensed to issue qualified health plans			I
	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_
b A	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	
	00	Form	990	

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in			"No"
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		F -	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	,	Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	· ·	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright _KS, MO,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)((3)s o	nly)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			•
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	Organization: ► JOANNE R YUN 6700 ANTIOCH, SUITE 200 MERRIAM, KS 66204 913-432-4196			
JSA		Form	990	(2012)

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

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

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

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

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

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

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

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

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

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

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

related organizations below dotted line)
(1) DANA ABRAHAM 5.00
DIRECTOR X 0 0 0
(2) BRENDA BOHATY DDS 5.00
DIRECTOR X 0 0 0
(3) WILLIAM BRUNING 5.00 5.00
CHAIRMAN/DIRECTOR X X 0 0 0
(4) TOM_CARRICO 5.00
DIRECTOR X 0 0 0
(5) J.C. COWDEN, M.D. 5.00
DIRECTOR X 0 0 0
(6) HAROLD JOHNSON JR 5.00
SECRETARY/DIRECTOR X X 0 0 0
(7) RANDY LOPEZ 5.00
DIRECTOR X 0 0 0
(8) EVE MCGEE 5.00
DIRECTOR X 0 0 0
(9) CHAD MOORE 5.00
POLICY COMM CHAIR/DIRECTOR X X 0 0 0 0
(10) STUART MUNRO, M.D. 5.00
DIRECTOR X 0 0 0
(11)GEORGE PIERSON, M.D. 5.00 DIRECTOR X 0 0 0
DIRECTOR X 0<
DIRECTOR X 0 0 0
DIRECTOR A O O O (13) JANIE SCHUMAKER 5.00
VICE CHAIRMAN/DIRECTOR X X X 0 0 0
(14)BRAD STRATTON 5.00 0 0 0 0
TREASURER, FINANCE COMM CHAIR X X 0 0 0
JSA Form 990 (2012)

JSA 2E1041 1.000

THE REACH HEALTHCARE FOUNDATION

Page **8**

Form	990	(2012)	
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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and H	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average			(C Pos	ition	a		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe d a d	rson	e than c is both or/trust Highest compensated	an	compensation from - the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		ŏ	stee			nsated				
15) RACHELLE STYLES DIRECTOR	5.00	x						0	0	
16) LIZ WEHLAGE DIRECTOR	5.00	x						0	0	
17) JUDY WORKS DIRECTOR	5.00	x						0	0	
18) HEIDI CASHMAN DIRECTOR	5.00	x						0	0	
19) KEN DAVIS DIRECTOR	5.00	x						0	0	
20) KUMAR ETHIRAJAN DIRECTOR	5.00	x						0	0	
21) KAREN GILPIN DIRECTOR	5.00	x						0	0	
22) SCOTT GLASRUD CHAIRMAN/DIRECTOR	5.00	x		х				0	0	
23) EVE MCGEE DIRECTOR	5.00	x						0	0	
24) TIM MICHEL TREASURER/FINANCE COMM CHAIR	5.00	x		x				0	0	
25) BRENDA R SHARPE PRESDIENT/CEO	40.00			x				202,427.	0	62,001
1b Sub-total c Total from continuation sheets to Part VII, S	-				•••			0 398,432.	0	120,141
 d Total (add lines 1b and 1c)	limited to t						► o re	398,432. eceived more than	0 \$100,000 of	120,141.

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCIATES MENLO PARK, CA 94025	INVEST CONSULTANT	156,352.
CULTURAL COMPETENCY CONSULTING, LLC DENVER, CO 80220	CONSULTANT	120,000.
 2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ▶ 2 		

Form 990 (2012) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (C) (D) (B) (E) (F) Name and title Position Reportable Reportable Estimated Average (do not check more than one amount of hours per compensation compensation from week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Officer Former Individual trustee or director Institutional trustee Highest compensated employee related Key from the organization (W-2/1099-MISC) organization organizations employee (W-2/1099-MISC) and related below dotted organizations line) 26) JOANNE R YUN 32.00 CFO Х 82,185. 0 38,002. 40.00 27) WILLIAM MOORE VP PROGRAM, POLICY&EVALUATION Х 113,820. 0 20,138. 1b Sub-total c Total from continuation sheets to Part VII, Section A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 2 reportable compensation from the organization \blacktriangleright 2 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Х employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Х 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation

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

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Form	990	(201	2)

		Check if Schedule O contains a respor	7 1		(B)	(C)	(D)
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ue Contributions, Gifts, Grants and Other Similar Amounts	1a b d f g h	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	255,000. ▶ Business Code	255,000.			
Program Service Revenue	2a b c d e						
Proç	f g	All other program service revenue		0			
	3 4 5	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties (i) Real	roceeds	687,117. 0 0			687,117.
	6a b c	Gross rents					
Other Revenue	d 7a b	Net rental income or (loss) (i) Securities Gross amount from sales of assets other than inventory 17, 279, 305. Less: cost or other basis 12, 624, 718.	(ii) Other	-6,625.		-6,625.	
	c d 8a	Gain or (loss)	· · · · · · · · •	4,654,587.		51,253.	4,603,334
Othe	b c 9a	Less: direct expenses b Net income or (loss) from fundraising events b Gross income from gaming activities. See Part IV, line 19 a	· · · · · · · •	0			
	b c	Less: direct expenses b Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	0			
	11a b c	ORDINARY K-1 INCOME	900099	-15,556.		-15,556.	
	d e	All other revenue	· · · · · · •	-15,556.			
	12	Total revenue. See instructions		5,574,523.		29.072.	5,290,451.

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THE REACH HEALTHCARE FOUNDATION

Form 990 (2012) THE REACH Part IX Statement of Functional Expenses	HEALTHCARE FOUN	DATION	20-03	37230 Pag
Section 501(c)(3) and 501(c)(4) organizations m		. All other organizatior	s must complete colum	n (A).
Check if Schedule O contains a resp				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	3,876,510.	3,876,510.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	384,614.	171,878.	212,736.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	452,545.	406,677.	45,868.	
8 Pension plan accruals and contributions (include section				
401(k) and 403(b) employer contributions)	30,250.	27,844.	2,406.	
9 Other employee benefits	63,843.	62,854.	989.	
0 Payroll taxes	50,218.	36,995.	13,223.	
1 Fees for services (non-employees):				
a Management	0			
b Legal	36,831.		36,831.	
c Accounting	39,964.		39,964.	
d Lobbying	35,000.	35,000.		
e Professional fundraising services. See Part IV, line 17	0		C 4 4 1 0 0	
f Investment management fees	644,189.		644,189.	
g Other. (If line 11g amount exceeds 10% of line 25, column	230,970.	217,936.	13,034.	
(A) amount, list line 11g expenses on Schedule O.)	9,199.	8,195.	1,004.	
2 Advertising and promotion 3 Office expenses	34,126.	10,326.	23,800.	
3 Office expenses 4 Information technology	44,639.	28,249.	16,390.	
5 Royalties	0			
	155,013.	48,989.	106,024.	
6 Occupancy	35,677.	30,391.	5,286.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0			
9 Conferences, conventions, and meetings	61,817.	54,704.	7,113.	
0 Interest	0			
1 Payments to affiliates	0			
2 Depreciation, depletion, and amortization	44,035.	22,741.	21,294.	
3 Insurance	20,725.		20,725.	
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	10.001	1 010	19.094	
a EQUIPMENT_LEASING & EXPENSE	18,891.	1,017.	17,874.	
b MEMBERSHIP DUES	14,395.	12,345.	2,050.	
c GRANT_REFUNDS/ADJUSTMENTS	-33,333. 9,376.	-33,333.	2 205	
d STAFF_DEVELOPMENT	6,448.	6,991. 1,760.	2,385. 4,688.	
e All other expenses	6,265,942.	5,028,069.	4,088.	
 5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and 	0,200,942.	5,020,009.	1,231,013.	
fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0			

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Form 990 (2012)

following SOP 98-2 (ASC 958-720)

Page 11

Ра	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	224.	1	206.
	2	Savings and temporary cash investments	5,921,163.	2	4,102,519.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	C	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
s		organizations (see instructions). Complete Part II of Schedule L		•	0
Assets	7	Notes and loans receivable, net	0	'	0
As	8	Inventories for sale or use		•	0
	9	Prepaid expenses and deferred charges	. 26,967.	9	30,135.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 471,152			
		Less: accumulated depreciation			132,194.
	11	Investments - publicly traded securities			86,449,323.
	12	Investments - other securities. See Part IV, line 11			34,435,139.
	13	Investments - program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11			10,149.
	16	Total assets. Add lines 1 through 15 (must equal line 34)			125,159,665. 184,125.
	17 18	Accounts payable and accrued expenses			1,707,838.
	19	Grants payable		10	1,707,030.
	20	Deferred revenue Tax-exempt bond liabilities		20	0
s	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	0
Liabilities	22	Loans and other payables to current and former officers, directors,		21	
liq		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties			0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	2,278,203.	26	1,891,963.
es		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	115,217,943.	27	123,267,702.
Bal	28	Temporarily restricted net assets	0	28	0
р	29	Permanently restricted net assets	0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	115,217,943.	33	123,267,702.
	34	Total liabilities and net assets/fund balances	. 117,496,146.	34	125,159,665.
					Form 990 (2012)

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Form 990 (2012)

THE	REACH	HEALTHCARE	FOUNDATION

Form 99	90 (2012)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	Į.	5,5'	74,5	523.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	5,26	65,9	942.
3	Revenue less expenses. Subtract line 2 from line 1	3		-69	91,4	19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115	5,2	17,9	943.
5	Net unrealized gains (losses) on investments	5	8	3,74	41,1	.78.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	123	3,26	57,7	02.
Part						
	Check if Schedule O contains a response to any question in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled of	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		🏼	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in 📔			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth				
	the Single Audit Act and OMB Circular A-133?		🗆	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	0				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	:	3b		

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047 2012

		Complete ii	the organization is a section					ection		
Departmen Internal Rev	nt of the Treasury evenue Service	► Attacl								Open to Public Inspection
	the organization							Emplo	ver iden	tification number
	-	CARE FOUNDATION						-		-0337230
Part I			s (All organizations mu	st cor	nplete	this pa	art.) Se	e instr		
			cause it is: (For lines 1 th				,			·
1			association of churches	-		-		-		
2						cotion		•,,,,,,,,	•	
3		chool described in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
4		spital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). edical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter th								
4		•	erated in conjunction wi	ınar	iospita	i desci	in bea	sectio	n 170(r	D)(1)(A)(III). Enter the
-	nospital's nam	ne, city, and state:	nefit of a college or univ							
5				ersity	ownec	or ope	erated t	by a go	vernme	intal unit described in
-	-)(1)(A)(iv). (Complete F								
6		-	or governmental unit des							
7	-	-	es a substantial part of it	s supp	port fro	om a go	vernme	ental ur	nit or fro	om the general public
		ection 170(b)(1)(A)(vi)								
8	•		on 170(b)(1)(A)(vi). (Com	•	'					
9	•	•	es: (1) more than 331/3%							
			exempt functions - subj							
		•	ome and unrelated busi						n 511	tax) from businesses
		•	ne 30, 1975. See section	•				,		
10	An organizatio	on organized and opera	ted exclusively to test for	public	safety.	See se	ction 5	09(a)(4).	
11 X	An organizati	on organized and ope	rated exclusively for the	bene	fit of,	to perf	orm th	e funct	ions of	, or to carry out the
	purposes of c	one or more publicly su	upported organizations de	escribe	ed in s	ection &	509(a)(⁻	1) or se	ection 5	09(a)(2). See section
	509(a)(3). Ch	eck the box that describ	es the type of supporting	organ	ization	and co	mplete	lines 1	1e thro	ugh 11h.
	a X Type	I b Type II	c Type III-Function	nally in	tegrate	ed	d	Type II	I-Non-fi	unctionally integrated
e X	By checking	this box, I certify that	the organization is not	contr	olled	directly	or ind	irectly	by one	or more disqualified
	persons other	than foundation mana	gers and other than one	or mo	ore pub	licly su	pported	d organ	izations	described in section
	509(a)(1) or s	ection 509(a)(2).								
f	If the organiz	ation received a writte	n determination from the	e IRS	that it	is a T	ype I, T	ype II,	or Typ	e III supporting
	organization,	check this box								X
g	-		nization accepted any gift	or co	ntributi	ion from	n any of	the		
•	following pers									•
			ectly controls, either alor	ne or t	toaethe	er with	person	s desc	ribed ir	(jj) Yes No
		-	dy of the supported organ		-		F			11g(i) X
	. ,	nember of a person de	•		•••				• • • •	11g(ii) X
		-	son described in (i) or (ii) a	hove?					• • • •	11g(iii) X
h			out the supported organization			• • • •			• • • •	
	lame of supported		(iii) Type of organization		ls the		ou notify	(vi)	ls the	(vii) Amount of monetary
() (organization		(described on lines 1-9	organi	zation in		anization		zation in	support
			above or IRC section (see instructions))	your g	listed in overning		. (i) of		rganized	
			(see instructions)	docu Yes	ment?	Yes	upport?	Yes	U.S.? No	
				res	NO	res	NO	res	NO	
(A)										
SEE	E ATTACHMEN	11.								3,876,510.
(B)										
(C)										
(D)										

Total

(E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

3,876,510.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).								
6	Public support. Subtract line 5 from line 4.								
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities, etc. (s	ee instructions) .				12			
13	First five years. If the Form 990 is for organization, check this box and stop here								
Sec	tion C. Computation of Public Sup	port Percenta	ige			1 1			
14	Public support percentage for 2012 (li					14	%		
15	Public support percentage from 2011					15	%		
16a	331/3% support test - 2012. If the o								
	this box and stop here. The organization			-					
b	331/3% support test - 2011. If the c	-							
	check this box and stop here. The orga								
17a	10%-facts-and-circumstances test - 2								
	10% or more, and if the organization								
	Part IV how the organization meets t			-	-				
b	b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.								
	Explain in Part IV how the organizati supported organization				-				
18	Private foundation. If the organization instructions	did not check	a box on line 13	8, 16a, 16b, 17a	a, or 17b, check	this box and see	e		

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

-

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
	If the organization fails to qualify under the tests listed below, please complete Part II.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	2012	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities							
Ū	furnished by a governmental unit to the							
	organization without charge							
c								
	Total. Add lines 1 through 5							
/ a	Amounts included on lines 1, 2, and 3							
b	received from disqualified persons							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
	line 6.)							
	tion B. Total Support	(-) 2008	(1-) 2000	(-) 2010	(-1) 2011	(a) (010	(f) Total
Cale	ndar year (or fiscal year beginning in) 🕨 _	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	2012	(f) Total
9	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties and income from similar							
	sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
C	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is for	the organizatio	n's first. second.	third. fourth. or	r fifth tax vear a	as a sec	tion 501(c)(3)
	organization, check this box and stop here .	-			•			
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2012 (line 8,			mn (f))		15		
16	Public support percentage from 2011 Sche					16		
	tion D. Computation of Investmen							
17	Investment income percentage for 2012 (lin			13 column (f))		17		
						18		
8	Investment income percentage from 2011 S						021/00/ -	
эa	331/3% support tests - 2012. If the org							
	17 is not more than 331/3%, check this						-	-
b	331/3% support tests - 2011. If the orga							
	line 18 is not more than 331/3%, check		•	o 1		•••	0	-
2 0 SA	Private foundation. If the organization of	aid not check	a box on line	14, 19a, or 19b				
1 1.0		•20•20	ייר 10 יי	F		schedulê	A (Form 9	(0 or 990-EZ
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Schedule A (Form 990 or 990-EZ) 2012

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

SUPPORTED ORGANIZATIONS

SCHEDULE A, PART I, LINE 11H

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

THE SUPPORTED ORGANIZATIONS THAT CONTROL THE FOUNDATION ARE LISTED IN THE ATTACHED SCHEDULE, AND THE SUPPORTED ORGANIZATIONS THAT RECEIVED GRANTS FROM THE FOUNDATION IN 2012 ARE ALSO LISTED IN THE ATTACHMENT TO SCHEDULE A. THESE SUPPORTED ORGANIZATIONS WERE THE FOUNDATION'S SUPPORTED Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ORGANIZATIONS IN 2012.

Schedule A (Form 990 or 990-EZ) 2012

The Reach Healthcare Foundation

EIN 20-0337230

Form 990, Schedule A Part IV - Supplemental Information

Form 990, Schedule A Part I - Supported Organizations Listing

Name of Supported Organization	EIN	Code Section or Governmental Entity Name	Type of Organization	Type of Organization	(V)	(VI)	Amount of Support
Cass Community Health Foundation	43-1349495	501c(3)	11a				123,950
Central Plains Regional Health Care Foundation, Inc.	40-1049490	3010(3)					123,930
Children's Dental Health Project, Inc.	48-1200868	501c(3)	7				30,000
Children's Mercy Hospitals and Clinics	06-1561317	501c(3)	7				5,000
	44-0605373	501c(3)	3				2,500
Communities Creating Opportunity	43-1127845	501c(3)	9				155,100
Community Health Center of Southeast Kansas, Inc.	75-3002264	501c(3)	9				95,000
Comprehensive Mental Health Services, Inc.	43-0949079	501c(3)	9				119,335
ConnectCASS	43-1828599	501c(3)	7				4,000
Crittenton Children's Center	44-0545808	501c(3)	3				112,220
DeLaSalle Education Center	43-0971728	501c(3)	2				95,894
DentaQuest Institute	20-5312990	501c(3)	11a - Type I				40,000
Duchesne Clinic	48-1009910	501c(3)	3				100,500
El Centro, Inc.	36-2904073	501c(3)	7				4,500
Foundation Of The Metropolitan Community Colleges	54 0404075	501-(2)	7				0.005
Giving the Basics, Inc.	51-0181875	501c(3)	7 7				9,885
Health Care Coalition of Lafayette County	45-3069975	501c(3)	/				2,500
Treath Care Coalition of Larayette County	30-0349221	501c(3)	7				104,000
Health Partnership Clinic	48-1115529	501c(3)	7				132,500
Hope Family Care Center	26-4021005	501c(3)	7				50,000
Institute for International Medicine	75-3128625	501c(3)	7				58,316
JayDoc Free Clinic KU Endowment	48-0547734	501c(3)	5				19,676
Johnson County Mental Health Center	48-0678625	Johnson County, KS					100,000
Kansas Action for Children	48-0879502	501c(3)	7				110,000
Kansas Association for the Medically Underserved	40.4440005	501-(0)	-				110.000
Kansas City CARE Clinic	48-1110925	501c(3)	7				113,000
Kansas Department of Health & Environment	43-0967292	501c(3)	/				100,000
Kansas Health Consumer Coalition, Inc.	48-6029925	State of KS					50,000
	73-1733371	501c(3)	7				54,710
KidsTLC	48-0774593	501c(3)	7				500
KU School of Social Welfare							
KU Endowment Lafayette County Health Department	48-0547734	501c(3)	5				72,435
	43-1241723	Lafayette County, MO					25,357
Mattie Rhodes Center	44-0546343	501c(3)	7				96,222
Mid-America Regional Council Community Services Corporation	20-1824454	501c(3)	11-Type I				185,000
Missouri Coalition For Oral Health	20-5032836	501c(3)	7				50,000
Missouri Coalition For Primary Health Care dba Missouri Primary Care Association	20 0002000	0010(0)					00,000
	43-1419937	501c(3)	7				2,500
Missouri Health Advocacy Alliance	26-3426303	501c(3)	9				111,219
National Alliance on Mental Illness of Greater Kansas City							,
	43-1209702	501c(3)	9				132,958
Niles Home for Children	44-0565392	501c(3)	7				114,268
Oral Health Kansas, Inc.	20-0337278	501c(3)	7				105,000
PACES	27-1701100	501c(3)	3				100,000
Qualis Health	91-1072875	501c(3)	9				173,290
ReDiscover	23-7169417	501c(3)	9				134,000
reStart, Inc.	43-1349378	501c(3)	9				4,000
Samuel U. Rodgers Health Center, Inc.	43-0899356	501c(3)	3				13,000
Silver City Health Center KU Endowment	48-0547734	501c(3)	5				100,000

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number

20-0337230

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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 an organization 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 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization THE REACH HEALTHCARE FOUNDATION

Employer identification number 20-0337230

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$250,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization THE REACH HEALTHCARE FOUNDATION

Page 3

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

ne of organiza	tion THE REACH HEALTHCARE FOUN	IDATION		Employer identification number
				20-0337230
that t	s <i>ivel</i> y religious, charitable, etc., ind otal more than \$1,000 for the year.	Complete colum	nns (a) through (e)	and the following line entry.
contr	rganizations completing Part III, enter ibutions of \$1,000 or less for the yea duplicate copies of Part III if additional	ar. (Enter this info	ormation once. See	naritable, etc., e instructions.) ►\$
a) No. from Part I	(b) Purpose of gift	(c) Use o		(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, and ZI	P + 4	Relation	ship of transferor to transferee
i) No. rom	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held
Part I		(c) Use (
		(e) Transfe	er of gift	
	Transferee's name, address, and ZI	P + 4	Relation	ship of transferor to transferee
i) No. rom Part I	(b) Purpose of gift	(c) Use (of gift	(d) Description of how gift is held
		· · · · · · · · · · · · · · · · · · ·		
	Transferee's name, address, and ZII	(e) Transfe P + 4		ship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
		(e) Transfe		
	Transferee's name, address, and Zll	P + 4	Relation	ship of transferor to transferee

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Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 4

٠	Section 501(c) (other than secti	on 501(c)(3)) organizations: Complete F	Parts I-A and C below. D	o not complete Part I-B.						
	Section 527 organizations: Com									
	-	' to Form 990, Part IV, line 4, or Form								
		that have filed Form 5768 (election un		•	•					
		that have NOT filed Form 5768 (election	.,		•					
	•	' to Form 990, Part IV, line 5 (Proxy Ta	ax) or Form 990-EZ, Pa	rt V, line 35c (Proxy Tax), t	hen					
	Section 501(c)(4), (5), or (6) org e of organization	janizations: Complete Part III.		Employor identi	ification number					
	0									
	E REACH HEALTHCARE FO		nation 504(a) an is		37230					
		rganization is exempt under s			nization.					
1		organization's direct and indirect p			0					
2		••••••			0					
3	Volunteer nours		• • • • • • • • • • • •	•••••						
Pa	t I-B Complete if the o	rganization is exempt under s	ection 501(c)(3).							
1		cise tax incurred by the organizatio		5▶\$	0					
2		cise tax incurred by organization m								
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No					
4 a										
	If "Yes," describe in Part IV.									
Pa		organization is exempt under	1.1.	• • • • • •).					
1	•	expended by the filing organization		•						
2		ng organization's funds contributed	-							
-		es								
3		enditures. Add lines 1 and 2. En								
		- Form 4400 DOL for this war?								
4		e Form 1120-POL for this year? and employer identification numb								
5		s. For each organization listed, en								
		tributions received that were prom								
		nd or a political action committee								
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political					
				filing organization's	contributions received and					
				funds. If none, enter -0	promptly and directly delivered to a separate					
					political organization. If					
					none, enter -0					
(1)										
(2)										
(3)										
(4)	(4)									
(5)	(5)									
(0)										
(6)		F								
For I	Paperwork Reduction Act Notice. se	e the Instructions for Form 990 or 990-EZ.	1	Schedu	│ le C (Form 990 or 990-EZ) 2012					
	-									

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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

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

► See separate instructions.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

OMB No. 1545-0047



Sch	edule C (Form 990 or 990-EZ) 2012 THE RE	ACH HEALTHCARE FOUNDATION	20-03	337230 Page 2
Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		belongs to an affiliated group (and list in Pa		oup member's
В		enses, and share of excess lobbying expend checked box A and "limited control" provisi		
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	a Total lobbying expenditures to influence	e public opinion (grass roots lobbying)		
k	 Total lobbying expenditures to influence 	e a legislative body (direct lobbying)	35,000.	
c	Total lobbying expenditures (add lines	1a and 1b)	35,000.	
C	d Other exempt purpose expenditures		6,230,942.	
e		dd lines 1c and 1d)	6,265,942.	
f	Lobbying nontaxable amount. Enter t	he amount from the following table in both		
	columns.		463,297.	
	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.		
ç	g Grassroots nontaxable amount (enter	25% of line 1f)	115,824.	
ł	 Subtract line 1g from line 1a. If zero or 	less, enter -0-	0	0
i	Subtract line 1f from line 1c. If zero or	less, enter -0-	0	0
j	If there is an amount other than zer	o on either line 1h or line 1i, did the organiz	ation file Form 4720	
	reporting section 4911 tax for this yea	?		X Yes No

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

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

Schedule C (Form 990 or 990-EZ) 2012

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Page	3

Sche	THE REACH HEALTHCARE FOUNDATION dule C (Form 990 or 990-EZ) 2012		20	-03372	230	Page
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO ⁻ (election under section 501(h)).	T file	d For	m 5768		
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)			(b)	
	cription of the lobbying activity.	Yes	No		Amour	nt
1 a b c d e f g h i j 2 a b c	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912					
d Pa	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(c)(5)	, or s	ection		
1 2 3 Pa	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? It III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	(c)(5)	, or s	ection	1 2 3	/es No
Cor list)	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amound political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible loc and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information mplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	ints of the set of the	ne ng rt II-A	-		

Schedule C (Form 990 or 990-EZ) 2012

Page 4

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2012

SCHEE	DULE D
(Form	990)

Department of the Treasury

Supplemental Financial Statements

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

OMB No.	1545-0047
20	19
Open to	Public

	nal Revenue Service	Attach to	Form 990. ► See sepa	rate instructions	
	e of the organization				Employer identification number
_		HCARE FOUNDATION			20-0337230
Pa		tions Maintaining Donor Advi tion answered "Yes" to Form 9		Similar Funds	or Accounts. Complete if the
			(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at e	nd of year			
2		outions to (during year)			
3		from (during year)			
4		at end of year			
5		ion inform all donors and donor a	advisors in writing that	the assets held	in donor advised
3	•	anization's property, subject to the	•		
6	-	on inform all grantees, donors, ar	-	-	
0	-	e purposes and not for the benefit			
Pa		nissible private benefit?	the organization and	worod "Voc" to	YesNo
1 1		iservation easements held by the			
•			- · · [
		n of land for public use (e.g., recre	eation or education)		n of an historically important land area
		f natural habitat	L	Preservation	of a certified historic structure
_		n of open space			
2		a through 2d if the organization he	eld a qualified conserva	tion contribution	in the form of a conservation
	easement on the	last day of the tax year.			Held at the End of the Tax Year
а		onservation easements			
b	-	tricted by conservation easements			
С		rvation easements on a certified			_ <u>2c</u>
d		rvation easements included in (c)			
		listed in the National Register			
3			sferred, released, extin	guished, or term	inated by the organization during the
	-				
4		where property subject to conse			
5	-	ation have a written policy regard			-
		forcement of the conservation ea			
6	Staff and voluntee	er hours devoted to monitoring, in	specting, and enforcing	g conservation ea	asements during the year
	▶				
7		ses incurred in monitoring, inspec	ting, and enforcing con	servation easem	ents during the year
	▶\$				
8		rvation easement reported on line			
	(i) and section 170	0(h)(4)(B)(ii)?			Yes 📖 No
9	In Part XIII, descr	ibe how the organization reports	conservation easement	s in its revenue a	ind expense statement, and
				ganization's finar	ncial statements that describes the
		counting for conservation easeme			
Pa		tions Maintaining Collections			er Similar Assets.
	Complete	e if the organization answered	"Yes" to Form 990, P	art IV, line 8.	
1a	If the organization	n elected, as permitted under SF	AS 116 (ASC 958), no	ot to report in its	s revenue statement and balance sheet
	works of art, his	torical treasures, or other simila ovide, in Part XIII, the text of the fo	or assets held for publication of the public termination of the second sec	lic exhibition, ea	ducation, or research in furtherance of
b	•				revenue statement and balance sheet
D					ducation, or research in furtherance of
		ovide the following amounts relati			
		uded in Form 990, Part VIII, line 1	0		▶\$
		ed in Form 990, Part X			
2	.,				r assets for financial gain, provide the
_	-	s required to be reported under S			
а		d in Form 990, Part VIII, line 1			
b					· · · · · · · · · • • • • • • • • • • •
For		n Act Notice, see the Instructions for			Schedule D (Form 990) 2012
JSA					

THE REACH HEALTHCARE FOUNDATION

Schee	dule D (Form 990) 2012									Page 2
Par	t III Organizations Maintaini	ng Coll	ections o	of Art, His	storical	Treasures	s, or Othe	er Similar As	sets (cor	tinued)
3	Using the organization's acquisitio collection items (check all that appl		sion, and	other reco	ds, chec	k any of th	he following	g that are a sig	gnificant u	se of its
а	Public exhibition			d	Loan	or exchang	e programs			
b	Scholarly research			e		-				
с	Preservation for future gener	ations								
4	Provide a description of the organ XIII.	nization's	collections	s and expla	ain how t	they furthe	er the organ	nization's exem	pt purpose	e in Part
5	During the year, did the organization assets to be sold to raise funds rath								Yes	No
Par	t IV Escrow and Custodial A									
	line 9, or reported an am					J an _ an e				,
1a	Is the organization an agent, truste	e custod	ian or othe	r intermedi	ary for co	ontributions	s or other a	ssets not		
Ĩŭ	included on Form 990, Part X?				-				Yes	No
b	If "Yes," explain the arrangement in	Part XIII	and comp	lete the foll	owing tab	ole:				
								Amount		
С	Beginning balance						•			
d	Additions during the year					· · · · 10	t			
е	Distributions during the year						e 📃			
f	Ending balance									
	Did the organization include an am								Yes	No
	If "Yes," explain the arrangement in									
Par	t V Endowment Funds. Com									
		(a) Cu	rrent year	(b) Pric	or year	(c) Two ye	ears back (d) Three years back	(e) Four	/ears back
	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
h	Grants or scholarships									
	Other expenditures for facilities									
c	and programs									
f	Administrative expenses									
, a	End of year balance									
2	Provide the estimated percentage	of the cur	rent vear e	nd halance	line 1a	column (a')) held as:			
a	Board designated or quasi-endown			%	, mie ig,		// 11010 00.			
b	Permanent endowment ►	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
	Temporarily restricted endowment		%							
	The percentages in lines 2a, 2b, an			00%.						
3a	Are there endowment funds not in		•		ation that	are held a	nd administ	ered for the		
	organization by:								١	'es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related org	anization	is listed as	required or	Schedule	e R?			3b	
4	Describe in Part XIII the intended u									
Par	t VI Land, Buildings, and Equ	lipment.	. See Fori	m 990, Pa	rt X, line	10.				
	Description of property			r other basis stment)		or other basis other)	(c) Accum deprecia		(d) Book valu	le
1a	Land									
b	Buildings									
С	Leasehold improvements					106,537		,959.		2,578.
d	Equipment					364,615	. 264	,999.	9	9,616.
	Other		–							
Tota	I. Add lines 1a through 1e. (Column	(d) musi	t equal Forr	m 990, Part	X, columi	n (B), line 1	10(c).)			2,194.
								Sche	dule D (Fori	n 990) 2012

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	orm 990) 2012			Page 3
Part VII	Investments - Other Securities. See F	orm 990, Part X, line	e 12.	
_	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financia	Il derivatives			
	held equity interests			
(A) ALT	. INV. PARTNERSHIP INTEREST	34,435,139.	FMV	
(B)				
(C)				
(G)				
(H)				
(I)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	34,435,139.		
Part VIII			e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li	ne 15.		
		Description		(b) Book value
(1)	· · ·	·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Book valu	e	
(1) Federa	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(10)				
<u> </u>	n (b) must equal Form 990, Part X, col. (B) line 25.)	•		
	SC 740) Footnote. In Part XIII, provide the text		rganization's financial statements that r	enorts the organization's

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

THE	REACH	HEALTHCARE	FOUNDATION

Schedu	e D (Form 990) 2012				Page 4			
Part	XI Reconciliation of Revenue per Audited Financial Statements W	ith R	evenue per Retur	n				
1	Total revenue, gains, and other support per audited financial statements	1	13,671,512.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	2a	8,741,178.					
b	Donated services and use of facilities	2b		1				
С	Recoveries of prior year grants	2c		1				
d	Other (Describe in Part XIII.)	2d		1				
e Add lines 2a through 2d					8,741,178.			
3 Subtract line 2e from line 1					4,930,334.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	, ,			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	644,189.					
b	Other (Describe in Part XIII.)	4b		1				
c	Add lines to and the			4c	644,189.			
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	• • •		5	5,574,523.			
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return								
1	Total expenses and losses per audited financial statements		-xpenses per Neu	1	5,621,753.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • •		-	5,021,755.			
a	Depated convince and use of facilities	20	1					
	Prior year adjustments	2a		-				
b	Other leases	2b		-				
لم لم		2c		-				
d	`	2d						
e	Add lines 2a through 2d			2e				
3	Subtract line 2e from line 1			3	5,621,753.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		C (1) O O					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	644,189.	-				
b	Other (Describe in Part XIII.)	4b						
c	Add lines 4a and 4b			4c	644,189.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,265,942.			
Part XIII Supplemental Information								
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.								
	DULE D, PART X, LINE 2							
	GEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER	THE	GUIDANCE					
INCL	UDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS	5_ <u>NO</u>	T_IDENTIFIED					
ANY	MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DIS	SCLO	SED IN THE					
FINANCIAL STATEMENTS.								

Schedule D (Form 990) 2012

SCH	EDULE F	Staten	nent of A	ctivities	Outside the Uni	ted St	ates 🛓	OMB No. 1545-0047
(For	m 990)	Otaton		the organizatio	n answered "Yes" to Form 9 14b, 15, or 16.			2012
	ment of the Treasury		Attach t	to Form 990. 🕨	See separate instructions.			Open to Public Inspection
	I Revenue Service						Employer iden	tification number
	REACH HEALTH	CARE FOUNI	DATION				20-0337	230
Part		nformation of Part IV, line 14		Outside the l	Jnited States. Complete	if the org	anization an	swered "Yes" to
	assistance, the gra	antees' eligibili	ty for the grant	ts or assistance	substantiate the amount o e, and the selection criter	ia used to		Yes No
	For grantmakers. assistance outside			ganization's pi	rocedures for monitoring	the use	of its gran	its and other
3	Activities per Regi	on. (The follow	ing Part I, line	3 table can be	e duplicated if additional sp	ace is ne	eded.)	
	(a) Region	``````````````````````````````````````	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If act a pro describ	ivity listed in (d) ogram service, e specific type c ice(s) in region	expenditures for
(1)	CENTRAL AMERICA/C	ARIBBEAN			INVESTMENTS			4,397,526.
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
<u>(14)</u>								
<u>(15)</u>								
<u>(16)</u>								
(17)								
3a b	Sub-total Total from sheets to Part I	continuation						4,397,526.
с	Totals (add lines							4,397,526.
	aperwork Reduction		e the Instruction	s for Form 990.			Sche	edule F (Form 990) 2012

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 2E1274 1.000 51924X K922 10/4/2013 1:38:20 PM V 12-7F

THE REACH HEALTHCARE FOUNDATION

Schedule F (Form 990) 2012

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

Schedule F (Form 990) 2012

Page 3

Schedule F (Form 990) 2012 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

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

Schedule F (Form 990) 2012

JSA

THE REACH HEALTHCARE FOUNDATION

Sched	ule F (Form 990) 2012		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

Part V Supplemental Information

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

Schedule F (Form 990) 2012

SCHEDULE I (Form 990)

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

20**12** Open to Public

Inspection

No

Employer identification number

20-0337230

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Part I General Information on Grants and Assistance

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	the selection criteria used to award the grants or assistance?	

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_ (1)	EE_SCHEDULE_I_ATTACHMENT	-						
				3,876,510.				
_(2) _		-						
_(3)								
_(4)		-						
_(5)		-						
_(6)		-						
_(7)		-						
_(8)		-						
_(9)		-						
(10)		-						
(11)		-						
(12)		-						
	nter total number of section 501(c)(3) and g							98
	nter total number of other organizations liste					<u></u>		
For P	aperwork Reduction Act Notice, see the Ins	structions fo	r Form 990.				Schedu	ile I (Form 990) (2012)
JSA								

(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
l					
5					
6					
7					
art IV Supplemental Information. Complete information.	this part to pro	vide the informa	tion required in	Part I, line 2, Part III, co	lumn (b), and any other additiona
ROCEDURES FOR MONITORING THE USE OF	GRANT FUNDS	IN THE U.S.			
CHEDULE I, PART I, LINE 2					
HE BOARD HAS ESTABLISHED AND APPROVI	ED A DISTINC	F POLICY OUT	LINING THE		
OUNDATION'S GRANTS REVIEW, DUE DILIC	GENCE, AND A	PPROVAL PROC	ESS IN		
ETAIL. FINANCIAL CONTROLS ARE INTEG	RATED INTO T	HE GRANTS PO	LICY AND		
ROCESS. THE FOLLOWING PARAMETERS AND	D LEVELS OF 2	AUTHORIZATIO	N HAVE BEEN		
STABLISHED:					

COMPETITIVE GRANT PROCESS -- THE FOUNDATION AWARDS COMPETITIVE GRANTS -

DURING ONE OPEN REQUEST FOR PROPOSAL (RFP) CYCLE EACH YEAR. GRANT

Schedule I (Form 990) (2012)

(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
1					
i					
7					

information.

GUIDELINES AND CRITERIA WILL BE DEVELOPED AND REVISITED ANNUALLY BY STAFF

AND APPROVED BY THE PROGRAM AND POLICY COMMITTEE PRIOR TO THE RELEASE OF

THE RFP.

THE STAFF, ACTING AT THE DISCRETION OF THE CEO, AUTHORIZES: DISPOSITION

OF LETTERS OF INTENT AND DISPOSITION OF COMPETITIVE GRANT PROPOSALS UP TO

\$150,000. STAFF, PRIOR TO AUTHORIZING GRANTS, WILL CONDUCT A DUE

DILIGENCE REVIEW OF FACTORS THAT MAY INCLUDE APPLICANT GOVERNANCE,

MISSION, CAPACITY, FINANCIAL HEALTH, PAST PERFORMANCE AND LOGIC OF

PROGRAM DESIGN, WHICH WILL THEN BE SUBJECT TO PEER REVIEW AND APPROVAL BY

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

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

THE CEO.

THE PROGRAM & POLICY COMMITTEE AUTHORIZES: RECOMMENDATIONS FOR BOARD

ACTION REGARDING THE DISPOSITION OF COMPETITIVE GRANT PROPOSALS EXCEEDING

\$150,000; AND DISCONTINUATION OF TERMINATION OF A GRANT FOR CAUSE.

THE BOARD OF DIRECTORS AUTHORIZES: DISPOSITION OF COMPETITIVE GRANT

PROPOSALS EXCEEDING \$150,000.

STAFF DISCRETIONARY GRANTS PROCESS - THE FOUNDATION AWARDS STAFF

Part III

(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

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

information.

DISCRETIONARY GRANTS THROUGHOUT THE YEAR. THESE INCLUDE CAPACITY GRANTS,

CEO DISCRETIONARY GRANTS, SOLICITED GRANTS, CORE OPERATING GRANTS, JOINT

VENTURES AND ADVOCACY GRANTS. TOTAL STAFF DISCRETIONARY GRANTS FOR A

GIVEN YEAR CANNOT EXCEED 20% OF ANNUAL BOARD-APPROVED GRANT AND PROGRAM

BUDGET.

STAFF DISCRETIONARY GRANTS MUST BE CONSISTENT WITH THE FOUNDATION'S

MISSION AND STRATEGY, AND A REPORT OF ALL DISCRETIONARY GRANTS MADE WILL

BE PROVIDED TO THE PROGRAM AND POLICY COMMITTEE AT EACH OF ITS REGULAR

MEETINGS. STAFF, PRIOR TO AUTHORIZING GRANTS, WILL CONDUCT A DUE

Schedule I (Form 990) (2012)

Part III

(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

supplemental information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional raitiv information.

DILIGENCE REVIEW OF FACTORS THAT MAY INCLUDE APPLICANT GOVERNANCE,

MISSION, CAPACITY, FINANCIAL HEALTH, PAST PERFORMANCE AND LOGIC OF

PROGRAM DESIGN, WHICH WILL THEN BE SUBJECT TO PEER REVIEW AND APPROVAL BY

THE CEO.

THE PRESIDENT AND CEO AUTHORIZES, WITHIN THE LIMITS OF THE CURRENT

BOARD-APPROVED BUDGET: DISPOSITION OF STAFF DISCRETIONARY GRANT REQUESTS

UP TO \$150,000 PER GRANT.

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

Schedule I (Form 990) (2012)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV Supplemental Information. Complete th information.	is part to prov	vide the informa	ation required in	Part I, line 2, Part III, co	lumn (b), and any other additional
N ORDER TO ADDRESS SYSTEM-LEVEL ISSUES	S THAT AFFE	ECT ACCESS T	O AND/OR		
UALITY OF CARE FOR INDIVIDUALS WHO ARE	E POOR AND	UNDERSERVED	. AN		
NITIATIVE IS SUBSTANTIVELY DIFFERENT H	FROM A GRAN	NT IN THAT I	T TYPICALLY		
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Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients , cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

RECOMMENDATION FOR BOARD ACTION REGARDING INITIATIVE PROPOSALS; AND

PERIODIC REPORTS TO THE BOARD ABOUT INITIATIVE-RELATED ACTIVITIES AND

THEIR OUTCOMES.

THE BOARD OF DIRECTORS AUTHORIZES: DISPOSITION OF ALL INITIATIVE

PROPOSALS.

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

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

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

Schedule I (Form 990) (2012)

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

IN THE FULLY EXECUTED GRANT AGREEMENT.

FOR AWARDS ISSUED IN MULTIPLE INSTALLMENTS, THE RELEASE OF SUBSEQUENT

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

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

CONTINGENCIES OUTLINED IN THE GRANT AGREEMENT.

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

WHICH SPECIFIES THE AMOUNT AND TERMS OF THE AWARD, REPORTING

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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(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
rt IV Supplemental Information. Comp information.	lete this part to pro	vide the informa	tion required in	Part I, line 2, Part III, c	olumn (b), and any other additiona

OF THE AWARD NOTIFICATION TO ARRANGE A MEETING TO DISCUSS THE AGREEMENT

ASSOCIATED WITH THIS GRANT. IF NO RESPONSE IS FORTHCOMING FROM THE

GRANTEE WITHIN THIRTY (30) DAYS OF THE POSTING OF THE AWARD NOTIFICATION,

REACH STAFF WILL SEND A COPY OF THE FIRST ATTEMPT TO EACH SIGNATORY TO

THE FULL PROPOSAL. IF NO RESPONSE IS RECEIVED WITHIN TEN (10) DAYS OF

THE POSTING OF THE COPY, THE AWARD MAY BE WITHDRAWN.

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The Reach Healthcare Foundation

EIN 20-0337230 Schedule I, Part II Attachment - Other grants and allocations

Name Norm <	Name of organization or government	Street	City	State	Zip	EIN	Code Section or Government Entity Name	Type of Organization	Amount of grant	Cash or Non- Cash	Method of valuation	Description of noncash assistance	Purpose of grant or assistance
CharCharCharSumSu									-				
Charge of the state	Comprehensive Mental Health Services, Inc.	P.O. Box 260	Independence	мо	64051	43-0949079	501c(3)	9	19.335	cash	n/a	n/a	
Display Biology <	Comprehensive Mental Health Services, Inc.												
Disk Disk <thdisk< th=""> Disk Disk <th< td=""><td>Crittenton Children's Center</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<></thdisk<>	Crittenton Children's Center												
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NameNameNoN	Lafavette County Health Department		Pittsburg	KS	66762	75-3002264	501c(3)	9	95,000	cash	n/a	n/a	Program
Mode Control Mode Contro Mode Control Mode Control<			Lexington	MO	64067	43-1241723	Lafayette County, MO		25,357	cash	n/a	n/a	Program
Or Headts Houses, Inc. Bit	Missouri Coalition For Oral Health	606 E. Capitol Avenue	Jefferson City	мо	65101	20-5032836	501c(3)	7	50,000	cash	n/a	n/a	Solicited Grant
Oxivisition	Oral Health Kansas, Inc.	800 SW Jackson, Suite						_					
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bitman Bit Boyon Bit Boy			Kansas City	мо	64108	43-1127845	501c(3)	9	100,000	cash	n/a	n/a	Advocacy
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удульзан удульзан удульзан удульзан удульзан <	Li Centro, inc.	650 Minnesota Avenue	Kansas City	кs	66101	36-2904073	501c(3)	7	4,000	cash	n/a	n/a	Advocacy/Public Policy
Name <	Foundation Of The Metropolitan Community Colleges												
Name <		3200 Broadway	Kansas City	мо	64111	51-0181875	501c(3)	7	9 885	cash	n/a	n/a	CEO Discretionary
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Number Numer Numer Numer </td <td>Haalth Bartaarahia Clinia</td> <td></td> <td>Olathe</td> <td>KS</td> <td>66062</td> <td>48-1115529</td> <td>501c(3)</td> <td>7</td> <td>100,000</td> <td>cash</td> <td>n/a</td> <td>n/a</td> <td>Core Operating</td>	Haalth Bartaarahia Clinia		Olathe	KS	66062	48-1115529	501c(3)	7	100,000	cash	n/a	n/a	Core Operating
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Instart for including mark	Hope Family Care Center				64110-								
Image: Second seco	Institute for International Medicine		KANSAS CITY	MO	3109	26-4021005	501c(3)	7	50,000	cash	n/a	n/a	Program
Display Property Learner No No <td></td> <td></td> <td>Kansas City</td> <td>мо</td> <td>64132</td> <td>75-3128625</td> <td>501c(3)</td> <td>7</td> <td>58,316</td> <td>cash</td> <td>n/a</td> <td>n/a</td> <td>Solicited Grant</td>			Kansas City	мо	64132	75-3128625	501c(3)	7	58,316	cash	n/a	n/a	Solicited Grant
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Second state Second stat			Lawrence	KS	66044	48-0547734	501c(3)	5	19,176	cash	n/a	n/a	
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ISAM webringtown Sint Loop Mode Sint Loop Mo	The Missouri Budget Project	Suite 1220	Topeka	KS	66603	73-1733371	501c(3)	7	50,000	cash	n/a	n/a	Advocacy
Image of the image o	The missouri budget i toject	3534 Washington Ave.	Saint Louis	мо	63118	26-0062334	501c(3)	7	2,000	cash	n/a	n/a	Advocacy/Public Policy
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Massour Massour <t< td=""><td>Missouri Coalition For Primary Health Care dba</td><td>3534 Washington Ave.</td><td>Saint Louis</td><td>MO</td><td>63118</td><td>26-0062334</td><td>501c(3)</td><td>1</td><td>50,000</td><td>cash</td><td>n/a</td><td>n/a</td><td>Advocacy</td></t<>	Missouri Coalition For Primary Health Care dba	3534 Washington Ave.	Saint Louis	MO	63118	26-0062334	501c(3)	1	50,000	cash	n/a	n/a	Advocacy
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TOTAL 2012 GRANTS 3,876,510													
						TOTAL 2012	GRANTS		3,876,510				

SCHEDULE J Compensation Information						
	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highes	t 🗌	എന	19	
•		Compensated Employees ► Complete if the organization answered "Yes" to Form 990,		ZU	12	
	nent of the Treasury	Part IV, line 23.		Open to		
	Revenue Service of the organization	Attach to Form 990. See separate instructions.	Employer identification		ectio	n
	0	LTHCARE FOUNDATION	20-033723		1	
Part		ns Regarding Compensation	20 05572.	50		
r are	Questio				Yes	No
1a	Check the ap	propriate box(es) if the organization provided any of the following to or for a pe	rson listed in Form			
	990, Part VII,	Section A, line 1a. Complete Part III to provide any relevant information regard	ing these items.			
	First-cla	ss or charter travel Housing allowance or residence f	or personal use			
	Travel fo	or companions Payments for business use of person	sonal residence			
	Tax inde	emnification and gross-up payments Health or social club dues or initia	tion fees			
	Discretio	onary spending account Personal services (e.g., maid, char	uffeur, chef)			
b	If any of the	boxes on line 1a are checked, did the organization follow a written policy	regarding payment			
	or reimburse	ement or provision of all of the expenses described above? If "No," co	omplete Part III to			
2	explain	nization require substantiation prior to reimbursing or allowing expenses incu	when all officers	1b		
2	•	stees, and the CEO/Executive Director, regarding the items checked in line 1a?		2		
	unectors, trus	nees, and the CEO/Executive Director, regarding the items checked in line ra?		-		
3	Indicate which	h, if any, of the following the filing organization used to establish the compensa	tion of the			
	organization's	CEO/Executive Director. Check all that apply. Do not check any boxes for met	hods used by a			
	related organ	ization to establish compensation of the CEO/Executive Director, but explain in	Part III.			
	X Comper	nsation committee X Written employment contract				
		dent compensation consultant X Compensation survey or study				
	X Form 99	00 of other organizations	sation committee			
4	During the ye	ar, did any person listed in Form 990, Part VII, Section A, line 1a, with respect	to the filing			
	organization of	or a related organization:	-			
a	Receive a se	verance payment or change-of-control payment?		4a		X
b		, or receive payment from, a supplemental nonqualified retirement plan?		4b		X X
С		, or receive payment from, an equity-based compensation arrangement? y of lines 4a-c, list the persons and provide the applicable amounts for each		4c		
			item in Fait in.			
	Only section	501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5	-	isted in Form 990, Part VII, Section A, line 1a, did the organization pay or accru	e any			
	-	n contingent on the revenues of:	2			
а	The organizat	ion?		5a		Х
b	Any related o	rganization?		5b		Х
	If "Yes" to line	e 5a or 5b, describe in Part III.				
6	-	isted in Form 990, Part VII, Section A, line 1a, did the organization pay or accru	e any			
		n contingent on the net earnings of:				
a	The organizat	ion?		6a		X
a	Any related o	rganization? e 6a or 6b, describe in Part III.		6b		X
7		listed in Form 990, Part VII, Section A, line 1a, did the organization pro	wide any non-fixed			
'		t described in lines 5 and 6? If "Yes," describe in Part III		7		x
8		nounts reported in Form 990, Part VII, paid or accrued pursuant to a contra				- 25
•		I contract exception described in Regulations section 53.4958-4(a)(3)?	-			
				8		x
9		ine 8, did the organization also follow the rebuttable presumption proc				
		ection 53.4958-6(c)?		9		
For Pa		ction Act Notice, see the Instructions for Form 990.		lule J (Fo	orm 990	0) 2012

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Schedule J (Form 990) 2012

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

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

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

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Part III Supplemental Information

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

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

OTHER PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4D

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

EXPENSES: \$697,650

GRANTS: \$566,480

REVENUES: NONE

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

EXPENSES: \$25,416

GRANTS: \$20,638

REVENUES: NONE

CHANGES TO THE ORGANIZATIONAL DOCUMENTS FORM 990, PART VI, SECTION A, LINE 4 THE BYLAWS FOR THE REACH HEALTHCARE FOUNDATION WERE REVISED IN SEPTEMBER 2012 TO ADDRESS BOARD TERM LENGTHS AND CLASS AND TO CREATE MORE FLEXIBILITY FOR THE COMMUNITY ADVISORY COMMITTEE IN DETERMINING THE SIZE

Page 2

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

FORM 990 REVIEW

FORM 990, PART VI, SECTION B, LINE 11B THE 990 IS PREPARED BY AN INDEPENDENT ACCOUTING (CPA) FIRM THEN REVIEWED BY THE OFFICERS AND ACCOUNTING PERSONNEL. ANY QUESTIONS ARE ADDRESSED AND CORRECTIONS MADE IF NECESSARY. THE 990 IS THEN REVIEWED AND APPROVED BY BOTH THE FINANCE COMMITTEE AND THE FULL BOARD PRIOR TO FILING THE 990. THE 990 REVIEW IS DOCUMENTED IN PUBLICLY AVAILABLE MEETING MINUTES.

MONITORING THE CONFLICT OF INTEREST POLICY

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

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

CEO COMPENSATION REVIEW

FORM 990, PART VI, SECTION B, LINE 15A EVERY OTHER YEAR, THE BOARD CONDUCTS A COMPREHENSIVE ANNUAL PERFORMANCE AND COMPENSATION REVIEW FOR THE CEO. THE EXECUTIVE COMMITTEE MAKES A

Schedule O (Form 990 or 990-EZ) 2012

Name of the organization

Page 2

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

OTHER OFFICER AND KEY EMPLOYEE COMPENSATION REVIEW

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

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

Schedule O (Form 990 or 990-EZ) 2012

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

AVAILABILITY OF DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON OUR WEBSITE AT WWW.REACHHEALTH.ORG. ALSO INCLUDED ON THE WEBSITE ARE POLICIES REGARDING DIVERSITY & INCLUSION, RECORDS RETENTION, INVESTMENT OBJECTIVES, WHISTLEBLOWER PRACTICE, AND PUBLIC ACCESS.

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20-0337230

OMB No. 1545-0047 SCHEDULE R **Related Organizations and Unrelated Partnerships** (Form 990) 2 2 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Open to Public Department of the Treasury Attach to Form 990. See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number THE REACH HEALTHCARE FOUNDATION 20-0337230 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part I (b) (c) (a) (d) (e) (f)

Name, address, and EIN (if a	pplicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
(1) PROJECT READY SMILE, LLC	26-1392850					
6700 ANTIOCH, STE 200	MERRIAM, KS 66204	ORAL HEALTH	KS	0	0	REACH HC FDN
_(2)		-				
_(4)		-				
_(5)		-				
(6)		-				

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

(a) Name, address, and EIN of related org	ganization	(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	Section 5	g) 512(b)(13) rolled ity?
							Yes	No
(1) STATE OF KANSAS	N/A							
120 SW 10TH AVENUE TOPH	EKA, KS 66612	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		Х
(2) UNIFIED GOV'T OF WYANDOTTE CO., KS	N/A							
	SAS CITY, KS 66101	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		Х
(3) JOHNSON COUNTY, KANSAS	N/A							
111 SOUTH CHERRY OLA:	THE, KS 66061	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		Х
(4) ALLEN COUNTY, KANSAS	N/A							
	BOLDT, KS 66748	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		Х
(5) OTHER - SEE SCHEDULE R ATTACHMENT								
						N/A		
(6)								
(7)								

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

Schedule R (Form 990) 2012

JSA

Schedule R (Form 990) 2012

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from	(f) Share of total income	(g) Share of end-of- year assets	(I Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
		country)		tax under sections 512-514)			Yes	No		Yes	No	
<u>(1)</u>												
(2)												
(3)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) THE REACH HEALTHCARE FOUNDATION TRUST 33-6357400								
400 HOWARD ST SAN FRANCISCO, CA 94105	GRANTOR TRUST	CA	REACH	TRUST	2,675,907.	21,656,742.	100.0000	x
_(2)								
(3)								\square
(4)								\square
(5)								\square
(6)								
(7)								\square

Schedule R (Form 990) 2012

JSA 2E1308 3.000

THE	REACH	HEALTHCARE	FOUNDATION
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Schedule R (Form 990) 2012

• •	Transactions With Related Organizations (Complete if the organization answered "Ye	,	,/				
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more re						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity						X
b	Gift, grant, or capital contribution to related organization(s)				1b	X	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1 i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
n I	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
n	Sharing of racinties, equipment, maning lists, or other assets with related organization(s)				10		X
0	Sharing of paid employees with related organization(s)				10		
р	Reimbursement paid to related organization(s) for expenses				1p		x
ч q	Reimbursement paid by related organization(s) for expenses				1q		X
ч					19		
r	Other transfer of cash or property to related organization(s)				1r		x
s	Other transfer of cash or property from related organization(s)				1s		x
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete th					s.	
	(a)	(b)	(c)		(d)		
	Name of other organization	Transaction type (a-s)	Amount involved	Method	of det unt inv		ng
						olvea	
(1)							
(2)							
(2)							
3)							
4)							
(4)							
(3) (4) (5) (6)				Schedule F			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(d) (e) Predominant income (related, unrelated, excluded from tax under			(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			section 512-514)	Yes	No			Yes	No	(1011111003)	Yes	No	
<u>[1]</u>													
2)													
3)													
[4]													
[5]													
6)													
7)													
8)													
9)													
10)													
11)													
12)													
13)													
14)													
15)													
16)													<u> </u>

Schedule R (Form 990) 2012

Schedule F	R (Form	990) 2012	
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 Part VII
 Supplemental Information

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

Schedule R (Form 990) 2012

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

National Alliance on Mental Illness of Greater Kansas City											r	
autorial Alliance on Mental Illiness of Creater Narisas City	406 W. 34th Street											
	Suite #603	Kansas City	MO	64111	43-1209702	Public Charity	МО	501c(3)	9	NO		х
Niles Home for Children	1911 E. 23rd Street	Kansas City	MO	64127	44-0565392	Public Charity	MO	501c(3)	7	NO		Х
Dral Health Kansas, Inc.	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	Public Charity	KS	501c(3)	7	NO		х
PACES	757 Armstrong Avenue	Kansas Citv	KS	66101	27-1701100	Public Charity	KS	501c(3)	3	NO		Х
Qualis Health	10700 Meridian Avenue North, Suite 100	Seattle	WA	98133	91-1072875	Public Charity	WA	501c(3)	9	NO		x
ReDiscover	901 NE Independence Ave	Lee's Summit	мо	64086	23-7169417	Public Charity	мо	501c(3)	9	NO		х
eStart, Inc.	918 E. 9th Street	Kansas Citv	MO	64106	43-1349378	Public Charity	MO	501c(3)	9	NO		X
Samuel U. Rodgers Health Center, Inc.	510 2. 501 00000	Hallous Oily	INIC	04100	40 1043010	T ublic onanty	MIG	0010(0)	5	110		X
	825 Euclid Avenue	Kansas City	MO	64124	43-0899356	Public Charity	МО	501c(3)	3	NO		х
Silver City Health Center KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	Public Charity	KS	501c(3)	5	NO		х
Sojourner Health Clinic Jniversity of Missouri-Kansas City	5100 Rockhill Road	Kansas Citv	мо	64110- 2499	43-6003859	Public Charity	мо	non-profit/non-taxed org. under Section 115		NO		x
StandUp Blue Springs, Inc.	PO Box 614	Blue Springs	MO	64013	20-0889555	Public Charity	MO	501c(3)	9	NO		X
Sunflower House, Inc.	15440 W. 65th Street	Overland Park	KS	66217	48-0918698	Public Charity	KS	501c(3)	7	NO		X
Support Kansas City Inc	13440 W. 03til Stieet	Overland Faik	NO	00217	40-0910090	Fublic Chanty	R0	5010(3)	/	NO		^
	5960 Dearborn, Suite 200	Mission	KS	66202	31-1717077	Public Charity	кs	501c(3)	11a-Type I	NO		х
Synergy Services, Inc.	400 E. 6th Street	Parkville	MO	64152	43-0970674	Public Charity	MO	501c(3)	7	NO		Х
Fhe Children's Place	2 East 59th Street	Kansas City	MO	64113	51-0195216	Public Charity	MO	501c(3)	7	NO		Х
The Missouri Budget Project	3534 Washington Ave.	Saint Louis	MO	63118	26-0062334	Public Charity	MO	501c(3)	7	NO		Х
Fhrive Allen County, Inc.	12 West Jackson Ave	Iola	KS	66749	32-0198379	Public Charity	KS	501c(3)	7	NO		Х
Fruman Medical Center Charitable Foundation	2310 Holmes Street, Suite 735	Kansas City	мо	64108	43-1194064	Public Charity	МО	501c(3)	7	NO		х
Furner House Children's Clinic	21 N. 12th St., Suite 300	Kansas Citv	кs	66102	48-1151382	Public Charity	KS	501c(3)	7	NO		х
JMKC Miles of Smiles Iniversity of Missouri-Kansas City	5100 Rockhill Road	Kansas City	мо	64110- 2499		Public Charity	мо	non-profit/non-taxed org. under Section 115		NO		x
Inited Community Services of Johnson County	12351 W 96 Terrace, Ste. 200	Lenexa	KS	66215	48-0914699	Public Charity	KS	501c(3)	7	NO		x
Jnited Way of Greater Kansas City	801 W. 47th St., Suite 500	Kansas City	мо	64112	44-0545812	Public Charity	мо	501c(3)	7	NO		x
				66101		Public Charity	KS	501c(3)	7	NO		X