

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE REACH HEALTHCARE FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6700 ANTIOCH STE 200 City or town, state or province, country, and ZIP or foreign postal code MERRIAM, KS 66204			D Employer identification number 20-0337230
	F Name and address of principal officer: BRENDA R SHARPE 6700 ANTIOCH, SUITE 200 MERRIAM, KS 66204			
	G Gross receipts \$ 17,123,519.			
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.REACHHEALTH.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 2004 M State of legal domicile: KS				
H(c) Group exemption number ▶				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17.	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	9.	
	6	Total number of volunteers (estimate if necessary)	6	30.	
	7a	Total unrelated business revenue from Part VIII, column (A), line 42	7a	114,757.	
b	Net unrelated business taxable income from Form 990-T, line 37	7b	85,073.		
Revenue			Prior Year	Current Year	
	8	Contributions and grants (Part VII, line 1)	215,600.	600,330.	
	9	Program service revenue (Part VII, line 2)	0	0	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,735,081.	8,120,447.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,812.	-12,766.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,962,493.	8,708,011.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-5)	4,329,178.	4,187,410.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,117,819.	1,196,645.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶	0		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,279,761.	1,429,186.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,726,758.	6,813,241.		
19	Revenue less expenses. Subtract line 18 from line 12	-764,265.	1,894,770.		
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	135,796,231.	134,493,383.	
	21	Total liabilities (Part X, line 26)	1,577,515.	1,412,924.	
22	Net assets or fund balances. Subtract line 21 from line 20	134,218,716.	133,080,459.		

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date
	▶ BRENDA R SHARPE Type or print name and title	PRESIDENT & CEO

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL J ENGLE				P00482834
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260		Phone no. 816 221-6300	

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

Enter filer's identifying number, see instructions

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

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

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

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

• The books are in the care of JOANNE R YUN, 6700 ANTIOCH, SUITE 200 MERRIAM, KS 66204
Telephone No. 913 432-4196 Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2015 .

5 For calendar year 2014, or other tax year beginning , 20 , and ending , 20 .

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

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

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

Signature and Verification must be completed for Part II only.

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

Signature Title Date

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

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

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

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

Enter filer's identifying number, see instructions

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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, 6700 ANTIOCH, SUITE 200 MERRIAM, KS 66204

Telephone No. ► 913 432-4196 FAX No. ► _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2014 or

► tax year beginning _____, 20____, and ending _____, 20____.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TO ADVANCE EQUITY IN HEALTH CARE COVERAGE, ACCESS AND QUALITY FOR POOR AND UNDERSERVED PEOPLE.

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

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

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

4a (Code:) (Expenses \$ 1,400,898. including grants of \$ 1,104,621.) (Revenue \$)

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 2014, 15 MENTAL HEALTH GRANTS WERE AWARDED.

4b (Code:) (Expenses \$ 1,405,738. including grants of \$ 1,106,596.) (Revenue \$)

SAFETY NET HEALTH SERVICES GRANTS INCREASE ACCESS TO COMPREHENSIVE PRIMARY CARE FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED. SAFETY NET HEALTH SERVICES GRANTS SUPPORT THE OPERATIONS OF PRIMARY CARE CLINICS THAT SERVE IN LOW-INCOME AND UNINSURED POPULATIONS, CHRONIC DISEASE MANAGEMENT AND REFERRALS TO SPECIALTY HEALTH SERVICES AND OTHER RELATED WORK. IN 2014, 30 SAFETY NET HEALTH SERVICE GRANTS WERE AWARDED.

4c (Code:) (Expenses \$ 2,490,075. including grants of \$ 1,789,778.) (Revenue \$)

SYSTEMIC GRANTS SUPPORT ORGANIZATIONS AND PROGRAMS THAT IMPROVE ACCESS TO AND QUALITY OF HEALTH CARE SERVICES FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED BY WORKING ON PROCESSES AND POLICIES ACROSS MULTIPLE ORGANIZATIONS, SYSTEMS AND SECTORS. ORGANIZATIONS THAT RECEIVE SYSTEMIC GRANTS DO NOT, THEMSELVES, PROVIDE DIRECT PATIENT CARE. IN 2014, 32 SYSTEMIC GRANTS WERE AWARDED.

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

(Expenses \$ 236,414. including grants of \$ 186,415.) (Revenue \$ 0)

4e Total program service expenses 5,533,125.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c 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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KS, MO,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:▶

JOANNE R YUN 6700 ANTIOCH, SUITE 200 MERRIAM, KS 66204

913-432-4196

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANA ABRAHAM VICE CHAIRMAN/DIRECTOR	5.00	X		X				0	0	0
(2) BRENDA BOHATY DIRECTOR	5.00	X						0	0	0
(3) WILLIAM BRUNING DIRECTOR	5.00	X						0	0	0
(4) TOM CARRICO TREASURER/DIRECTOR	5.00	X		X				0	0	0
(5) J.C. COWDEN DIRECTOR	5.00	X						0	0	0
(6) LINDA HALL DIRECTOR	5.00	X						0	0	0
(7) HAROLD JOHNSON, JR. DIRECTOR	5.00	X						0	0	0
(8) SYRTILLER KABAT DIRECTOR	5.00	X						0	0	0
(9) ANDY KLOCKE DIRECTOR	5.00	X						0	0	0
(10) RANDY LOPEZ PROGRAM COMM CHAIR/DIRECTOR	5.00	X		X				0	0	0
(11) CHAD MOORE SECRETARY/DIRECTOR	5.00	X		X				0	0	0
(12) STUART MUNRO DIRECTOR	5.00	X						0	0	0
(13) GEORGE PIERSON DIRECTOR	5.00	X						0	0	0
(14) RAYMOND RICO DIRECTOR	5.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JANIE SCHUMAKER ----- DIRECTOR	5.00	X						0	0	0
(16) BRAD STRATTON ----- CHAIRMAN/DIRECTOR	5.00	X		X				0	0	0
(17) RACHELLE STYLES ----- DIRECTOR	5.00	X						0	0	0
(18) DAVE THOMAS ----- DIRECTOR	5.00	X						0	0	0
(19) LIZ WEHLAGE ----- DIRECTOR	5.00	X						0	0	0
(20) JUDY WORKS ----- DIRECTOR	5.00	X						0	0	0
(21) BRENDA SHARPE ----- PRESIDENT & CEO	40.00			X				234,574.	0	67,397.
(22) JOANNE YUN ----- VP FINANCE & OPERATIONS/CFO	32.00			X				98,198.	0	48,967.
(23) WILLIAM MOORE ----- VP PROGRAM & EVALUATION	40.00					X		129,868.	0	40,849.
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								462,640.	0	157,213.
d Total (add lines 1b and 1c)								462,640.	0	157,213.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCIATES MENLO PARK, CA 94025	INVEST CONSULTANT	165,166.
NYES LEDGE CAPITAL PARTNERS, LP BOSTON, MA 02110	INVESTMENT MANAGER	116,301.
EAGLE CAPITAL MANAGEMENT NEW YORK, NY 10022	INVESTMENT MANAGER	107,120.

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 **▶** 3

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	600,330.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			600,330.			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			519,511.			519,511.
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties ▶			0			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses	4,408.					
	c Rental income or (loss)	-4,408.					
	d Net rental income or (loss) ▶			-4,408.		-4,408.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	16,012,036.					
	c Gain or (loss)	8,411,100.					
	d Net gain or (loss) ▶	7,600,936.		7,600,936.		127,523.	7,473,413.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events ▶			0			
	9a Gross income from gaming activities. See Part IV, line 19 a						
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶			0				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory ▶			0				
Miscellaneous Revenue		Business Code					
11a ORDINARY K-1 INCOME	900099		-8,358.		-8,358.		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			-8,358.				
12 Total revenue. See instructions ▶			8,708,011.		114,757.	7,992,924.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,187,410.	4,187,410.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	449,136.	196,281.	252,855.	
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	572,593.	477,509.	95,084.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,683.	31,287.	6,396.	
9 Other employee benefits	78,310.	77,774.	536.	
10 Payroll taxes	58,923.	41,299.	17,624.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	32,072.		32,072.	
c Accounting	39,457.		39,457.	
d Lobbying	132,000.	132,000.		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	589,663.		589,663.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	169,849.	164,211.	5,638.	
12 Advertising and promotion	32,280.	24,589.	7,691.	
13 Office expenses	26,181.	2,617.	23,564.	
14 Information technology	41,218.	31,813.	9,405.	
15 Royalties	0			
16 Occupancy	136,777.	41,034.	95,743.	
17 Travel	74,263.	61,557.	12,706.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	45,221.	33,365.	11,856.	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	56,734.	35,025.	21,709.	
23 Insurance	22,000.		22,000.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BOOKS/SUBSCRIPTIONS/REFERENC	2,316.	753.	1,563.	
b EQUIPMENT LEASING AND EXPENS	17,868.	3,634.	14,234.	
c MEMBERSHIP DUES	21,198.	13,355.	7,843.	
d GRANT REFUNDS/ADJUSTMENTS	-40,167.	-40,167.		
e All other expenses	30,256.	17,779.	12,477.	
25 Total functional expenses. Add lines 1 through 24e	6,813,241.	5,533,125.	1,280,116.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	127.	1	56.
	2 Savings and temporary cash investments	4,944,487.	2	3,487,274.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	29,901.	9	28,726.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 501,408.		
	b Less: accumulated depreciation	10b 452,104.	89,830.	10c 49,304.
	11 Investments - publicly traded securities	93,135,211.	11	92,988,772.
	12 Investments - other securities. See Part IV, line 11	37,585,931.	12	37,931,821.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	10,744.	15	7,430.
16 Total assets. Add lines 1 through 15 (must equal line 34)	135,796,231.	16	134,493,383.	
Liabilities	17 Accounts payable and accrued expenses	158,671.	17	174,014.
	18 Grants payable	1,418,844.	18	1,238,910.
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,577,515.	26	1,412,924.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	134,218,716.	27	133,080,459.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	134,218,716.	33	133,080,459.	
34 Total liabilities and net assets/fund balances	135,796,231.	34	134,493,383.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,708,011.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,813,241.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,894,770.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	134,218,716.
5	Net unrealized gains (losses) on investments	5	-3,033,027.
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	133,080,459.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 66
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) SEE ATTACHMENT					4,187,410.	0
(B)						
(C)						
(D)						
(E)						
Total					4,187,410.	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2014

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

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2014; 15 Public support percentage from 2013 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2014; b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

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

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2014, 2013. Row 15: Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2013 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2014, 2013. Row 17: Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2013 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
19b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		X
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	X	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	X	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	X	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	X	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		X
b A family member of a person described in (a) above?		X
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	X	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	X	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** 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).

SCHEDULE A, PARTS I & IV

SEE SUPPLEMENTAL INFORMATION STATEMENT ATTACHMENT

The Reach Healthcare Foundation

EIN 20-0337230

Form 990, Schedule A Part I - Supported Organization Listing

Name of Supported Organization	EIN	Code Section or	Type of	(V)	(VI)	Amount of
		Government Entity				
15th Judicial Circuit Court CASA	33-1005779	501(c)(3)	7			1,500
Cass Community Health Foundation	43-1349495	501(c)(3)	7			152,066
Communities Creating Opportunity	43-1127845	501(c)(3)	9			120,000
Community Health Council of Wyandotte County	01-0674969	501(c)(3)	9			30,000
Comprehensive Mental Health Services, Inc.	43-0949079	501(c)(3)	9			75,000
DeLaSalle Education Center	43-0971728	501(c)(3)	2			78,251
DentaQuest Foundation	04-3265080	501(c)(3)	Private Fdn			50,000
Duchesne Clinic	48-1009910	501(c)(3)	3			65,500
El Centro, Inc.	36-2904073	501(c)(3)				38,500
Enroll America	27-1661221	501(c)(3)	7			120,000
First Baptist Church of Peculiar	43-1312068	501(c)(3)	1			1,500
Health Care Coalition of Lafayette County	30-0349221	501(c)(3)	7			190,000
Health Partnership Clinic	48-1115529	501(c)(3)	7			65,000
Jackson County Casa	43-1401328	501(c)(3)	7			50
JayDoc Free Clinic						
KU Endowment	48-0547734	501(c)(3)	5			23,110
Jewish Community Relations Bureau American Jewish Committee	44-0545913	501(c)(3)	7			4,500
Jewish Vocational Service	44-0545994	501(c)(3)	7			38,500
Kansas Action for Children	48-0879502	501(c)(3)	7			115,000
Kansas Association for the Medically Underserved	48-1110925	501(c)(3)	7			70,000
Kansas City CARE Clinic	43-0967292	501(c)(3)	7			182,500
Kansas Health Consumer Coalition, Inc.	73-1733371	501(c)(3)	7			11,337
Kansas Health Information Network Inc	27-4437508	501(c)(3)	9			30,000
Kansas Hospital Education & Research Foundation	23-7058598	501(c)(3)	9			5,000
KCC Educational Foundation/Leadership Kansas	23-7339573	501(c)(3)	9			500
KidsTLC, Inc.	48-0774593	501(c)(3)	7			100,000
KU Center for Telemedicine & Telehealth						
KU Endowment	48-0547734	501(c)(3)	5			100,000
Mattie Rhodes Center	44-0546343	501(c)(3)	7			137,032
Mid-America Regional Council Community Services Corporation	20-1824454	501(c)(3)	11-Type I			313,735
Missouri Coalition For Oral Health	20-5032836	501(c)(3)	7			60,000
Missouri Coalition For Primary Health Care dba Missouri Primary Care Association	43-1419937	501(c)(3)	7			2,500
Missouri Health Advocacy Alliance	26-3426303	501(c)(3)	9			95,000
Missouri Jobs With Justice for Missouri Organizing Collaborative	43-1864844	501(c)(3)	9			25,000
Missouri Nurses Foundation	43-1832822	501(c)(3)	7			29,500
Niles Home for Children	44-0565392	501(c)(3)	9			100,000
Oral Health Kansas, Inc.	20-0337278	501(c)(3)	7			55,000
PACES	27-1701100	501(c)(3)	3			100,000
Qualis Health	91-1072875	501(c)(3)	9			149,298
ReDiscover	23-7169417	501(c)(3)	9			29,775
reStart, Inc.	43-1349378	501(c)(3)	9			38,500
Riverview Health Services, Inc.	48-1072716	501(c)(3)	7			40,000
Samuel U. Rodgers Health Center, Inc.	43-0899356	501(c)(3)	3			2,500
Silver City Health Center						
KU Endowment	48-0547734	501(c)(3)	5			94,863
Southeast Kansas Mental Health Center	48-0678906	501(c)(3)	7			30,000
Spofford Home	44-0546277	501(c)(3)	7			40,000
St. Peter's Lutheran Church	48-6109064	501(c)(3)	1			1,500
Sunflower House, Inc.	48-0918698	501(c)(3)	7			325
Swope Health Services	43-0957840	501(c)(3)	7			100,000
Synergy Services, Inc.	43-0970674	501(c)(3)	7			89,520
The ALS Association	13-3271855	501(c)(3)	7			50
The Children's Place	51-0195216	501(c)(3)	7			99,590
The Missouri Budget Project	26-0062334	501(c)(3)	7			55,000
Thrive Allen County, Inc.	32-0198379	501(c)(3)	7			155,000
Tides Center	94-3213100	501(c)(3)	7			10,000
Topeka Community Foundation	48-0972106	501(c)(3)	8			50,000
Truman Medical Center Charitable Foundation	43-1194064	501(c)(3)	7			39,973
Turner House Children's Clinic	48-1151382	501(c)(3)	7			65,500

The Reach Healthcare Foundation

EIN 20-0337230

Form 990, Schedule A Part I - Supported Organization Listing

Name of Supported Organization	EIN	Code Section or Government Entity Name	Type of Organization	(V)	(VI)	Amount of Support
Unified Government of WY County/Kansas City, KS	48-1194075	government	n/a			50,000
United Community Services of Johnson County	48-0914699	501(c)(3)	7			1,000
United Way of Greater Kansas City	44-0545812	501(c)(3)	7			51,424
University of Kansas Center for Research, Inc.	48-0680117	501(c)(3)	5			55,000
University of Kansas School of Medicine, Department of Family Medicine						
KU Endowment	48-0547734	501(c)(3)	5			70,266
University of Missouri- Kansas City	43-6003859	501(c)(3)	5			26,000
Urban League Of Kansas City Mo	44-0546273	501(c)(3)	9			50,820
Voices for Children Foundation, Inc.	30-0093249	501(c)(3)	11-Type I			50,000
Wichita State University	48-1124839	501(c)(3)	5			80,925
Wyandot Center for Community Behavioral Healthcare	48-0576044	501(c)(3)	7			75,000
TOTAL Amount of 2014 Support =						4,187,410

SUPPLEMENTAL INFORMATION STATEMENT

Part I

Item 11 a

The taxpayer received a determination letter from the IRS dated August 5, 2010 (the "Determination Letter") that the taxpayer is a "Type I" supporting organization within the meaning of section 509(a)(3) of the Internal Revenue Code of 1986 (the "Code"). The Determination Letter was received in response to the taxpayer's request to have its public charity status changed, with such request providing detailed information that established the taxpayer's classification as a Type I supporting organization. A copy of the Determination Letter is included with this return.

Part IV, Section A

Item 1

The taxpayer's supported organizations are designated by class or purpose in the taxpayer's Restated Articles of Incorporation. They are governments and non-governmental organizations a primary purpose or function of each of which is to provide healthcare related services or to support and promote the provision of healthcare related services and healthcare access and quality as outlined in the taxpayer's Articles of Incorporation. Pursuant to the taxpayer's Restated Articles of Incorporation the organizations described in sections 509(a)(1) and 509(a)(2) of the Code that the taxpayer supports include the following two groups.

* One group is the units of government that operate, supervise, or control the taxpayer for purposes of section 509(a)(3)(B)(i) of the Code. These units of government are: (1) the State of Kansas; (2) the Unified Government of Wyandotte County, Kansas; (3) Johnson County, Kansas; and (4) Allen County, Kansas (collectively, the "Controlling Governments").

* The other group consists of all public charities that are closely related in purpose or function to these governments in terms of the delivery and the support and promotion of healthcare. This group includes essentially all public charities with a healthcare focus that operate in the area which prior to April 1, 2003 was served by the Health Midwest integrated health system, *i.e.*, in Wyandotte, Johnson and Allen counties in Kansas and Kansas City, Missouri and Jackson, Cass and Lafayette counties in Missouri (the "Service Area").

Item 2

Before making a grant to an organization, the taxpayer will request a copy of the organization's most recent IRS determination letter to determine whether the organization is recognized by the IRS as an organization described in section 509(a)(1) or (2) of the Code. The taxpayer will also review the organization's status as listed on GuideStar Charity Check to confirm the organization's classification as an organization described in section 509(a)(1) or (2) of the Code prior to making a grant.

The taxpayer generally does not provide grants to organizations that are not described in section 509(a)(1) or (2) of the Code. However, there are limited situations where the taxpayer has made grants to organizations that are recognized by the IRS as organizations described in section 509(a)(3). Most often this involves situations when there is not a viable section 509(a)(1) or 509(a)(2) organization available to efficiently distribute funds or to operate programs in particular healthcare fields. Thus, in order to support and promote healthcare for individuals and communities needing assistance in such healthcare fields, the taxpayer will make grants to section 509(a)(3) organizations that can provide assistance if there is not a viable section 509(a)(1) or 509(a)(2) organization that serves this need.

The purpose and activities of the section 509(a)(3) organizations that receive grants from the taxpayer must satisfy the requirement in the taxpayer's Restated Articles of Incorporation described above, namely that each such organization's purpose and activities are closely related in purpose or function to the governments listed in the response to Item 1 above in terms of the delivery and the support and promotion of healthcare. The taxpayer made in 2014 a total of 104 grants of approximately \$4.2 million to 66 public charities and governmental entities recognized by the IRS as organizations described in section 509(a)(3) in accordance with the above criteria.

Items 5a and c

As indicated in Item 1 above, the taxpayer supports two groups of supported organizations. The supported organizations included in the first group are the Controlling Governments. No supported organization listed in this first group has been added, removed, or substituted since the taxpayer received the Determination Letter.

The second group is defined broadly in the taxpayer's Restated Articles of Incorporation that its practical effect is to include all public charities with a healthcare focus that operate in the Service Area. The nature of the taxpayer's activities is such that it may vary the amount of support it provides to a particular supported organization in this second group from year to year. For example, in some years a supported organization may receive a grant that is intended to provide support for more than a year. Thus, the organization may not receive another grant from the taxpayer for one or more years following the year that the multi-year grant was made. However, it does not mean that the organization has been removed or substituted as a supported organization by the taxpayer.

In the event a supported organization is added, substituted, or removed by the taxpayer, there may be a number of reasons why this occurs. The reasons include a shift in the healthcare needs of individuals living in the area served by the taxpayer, the supported organization no longer provides such services or goes out of existence, another supported

organization is more effective in providing such services, or for other similar reasons, with some of the reasons out of the control of the taxpayer.

Part IV, Section B

Item 1

As described in more detail in its request for which the IRS issued the Determination Letter, the taxpayer is "operated, supervised, or controlled by" one or more organizations de-

scribed in sections 509(a)(1) or 509(a)(2) of the Code, as such term is used in section 509(a)(3)(B)(i) of the Code. Specifically, the taxpayer is operated, supervised, or controlled by the Controlling Governments, each of which is a unit of government described in sections 170(b)(1)(A)(v) and 509(a)(1) of the Code. The remainder of the discussion describes the relationship between the taxpayer and the Controlling Governments.

The taxpayer's Board of Directors has 17 members. The 17 members of the taxpayer's Board of Directors are selected through a process that has three steps. These steps are as follows.

Step 1. The Controlling Governments designate all of the voting members of a nominating committee called the "Community Advisory Committee". Additional information about the Community Advisory Committee is set forth below.

Step 2. The Community Advisory Committee nominates a slate of qualified candidates for open positions on the taxpayer's Board of Directors. The Community Advisory Committee may, if it so desires, nominate its own members for the open positions on the Board of Directors.

Step 3. The Board of Directors elects Directors to fill open positions on the Board of Directors from among the nominees chosen by the Community Advisory Committee. No one else may be elected.

The Community Advisory Committee consists of 13 appointed members plus one ex officio, non-voting member. The 13 appointed members are appointed directly by the Controlling Governments. Specifically, one, the State of Kansas appoints six members of the Community Advisory Committee (three are appointed by the Kansas Governor and three are appointed by the Kansas Attorney General); two, Johnson County, Kansas appoints four members of the Community Advisory Committee; three, Unified Government of Wyandotte County, Kansas appoints two members of the Community Advisory Committee; and, four, Allen County, Kansas appoints one member of the Community Advisory Committee. The ex officio, non-voting member of the Community Advisory Committee at any given time is the individual who at that time is the taxpayer's chief executive officer.

In terms of control, the Controlling Governments appoint 100 percent of the voting members of the Community Advisory Committee. As a result, the Controlling Governments exercise absolute control over the committee. Thus, the Controlling Governments, albeit indirectly, appoint all of the taxpayer's Directors because (i) all of the taxpayer's Directors at

any point in time are individuals who were selected as potential Directors by the Community Advisory Committee; and (ii) all of the voting members of the Community Advisory Committee are appointed by, and the committee is absolutely controlled by, the Controlling Governments.

Item 2

As discussed in Part IV, Section A, Item 1, the taxpayer supports two groups of section 509(a)(1) and 509(a)(2) organizations described as follows:

* One group is the units of government that operate, supervise, or control the taxpayer for purposes of section 509(a)(3)(B)(i) of the Code (i.e., the “Controlling Governments”).

* The other group consists of all public charities that are closely related in purpose or function to these governments in terms of the delivery and the support and promotion of healthcare and healthcare access and quality as outlined in the taxpayer’s Articles of Incorporation. This group includes essentially all public charities with a healthcare focus that operate in the Service Area.

The taxpayer makes grants to the supported organizations described in the second group that are to be used to help such supported organizations accomplish their charitable purposes. The activities of the supported organizations in this group are closely related in purpose or function to these governments, i.e., the delivery and the support and promotion of healthcare of the residences living in the region that the government units are located.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **AUG 05 2010**

Employer Identification Number:
20-0337230

Person to Contact - ID Number:
David Schaeff ID# 31691

Contact Telephone Number:
877-829-5500 Toll-Free

THE REACH HEALTHCARE FOUNDATION
6700 ANTIOCH RD SUITE 200
MERRIAM, KS 66204

Dear Sir or Madam:

In your letter dated April 21, 2010, you requested classification as a public charity described in section 509(a)(3) of the Internal Revenue Code.

In our letter dated May 2004, we determined that you were exempt under section 501(c)(3) of the Code. We further determined that you were not a private foundation, and you were classified as a public charity described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

Based on information you provided, we have determined that you meet the requirements for classification as a public charity described in section 509(a)(3) of the Code. Specifically, we have determined that you are a Type 1 supporting organization under section 509(a)(3). A Type 1 is operated, supervised, or controlled by, a Type 2 is supervised or controlled in connection with, and a Type 3 is operated in connection with one or more publicly supported organizations. Accordingly, this letter modifies our letter of April 27, 2008, and we have modified your public charity status in our records as you have requested.

Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Grantors and contributors may generally rely on this determination of your foundation status unless the Internal Revenue Service publishes notice that you are no longer recognized as tax exempt or classified as a public charity in the Internal Revenue Bulletin. However, if a grantor or contributor takes any action, or fails to take any action, which causes you to lose your exempt status or causes you to be reclassified as a private foundation, that party cannot rely on this determination. Furthermore, a contributor or grantor who knows that the Internal Revenue Service has notified your organization of any change in your exempt status or foundation status cannot rely on this determination.

Letter 4425 (9-2008)
Catalog Number

52256W

THE REACH HEALTHCARE FOUNDATION
20-0337230

We have sent a copy of this letter to your representative as indicated in Form 2848, Power of Attorney and Declaration of Representative.

Because this letter could help resolve any questions about your exempt status and/or foundation status, you should keep it with your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely,

A handwritten signature in black ink that reads "Robert Choi". The signature is written in a cursive style with a large, prominent "R" and "C".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Schedule of Contributors

2014

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization THE REACH HEALTHCARE FOUNDATION

Employer identification number
20-0337230

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2014

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	65,000.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	67,000.													
c Total lobbying expenditures (add lines 1a and 1b)	132,000.													
d Other exempt purpose expenditures	6,681,241.													
e Total exempt purpose expenditures (add lines 1c and 1d)	6,813,241.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	490,662.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	122,666.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	463,353.	463,297.	486,338.	490,662.	1,903,650.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,855,475.
c Total lobbying expenditures	5,198.	35,000.	106,986.	132,000.	279,184.
d Grassroots nontaxable amount	115,838.	115,824.	121,585.	122,666.	475,913.
e Grassroots ceiling amount (150% of line 2d, column (e))					713,870.
f Grassroots lobbying expenditures			66,986.	65,000.	131,986.

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

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

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

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

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

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

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by Part IV.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE REACH HEALTHCARE FOUNDATION

20-0337230

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor informed consent.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and various monitoring and reporting questions.

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

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

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures held for public service and those held for financial gain.

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

Schedule D (Form 990) 2014

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%.

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

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, 3b. Includes sub-rows 3a(i), 3a(ii), 3b.

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALT. INV. PARTNERSHIP INTEREST	37,931,821.	FMV
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	37,931,821.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 8,708,011.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 6,813,241.

Part XIII Supplemental Information.

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.

SCHEDULE D, PART X, LINE 2
MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE
INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED
ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE
FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBB			PASSIVE INVESTMENTS		302,553.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					302,553.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					302,553.

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

Schedule F (Form 990) 2014

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ -----

3 Enter total number of other organizations or entities. ▶ -----

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* 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; do not file with Form 990)* Yes No

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

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

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

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V **Supplemental Information**

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE SCHEDULE I ATTACHMENT			4,187,410.				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 66.

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

51924X K922 9/11/2015 10:14:10 AM V 14-6F

51448

PAGE 40

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
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.

SCHEDULE I, PART I, LINE 2

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

COMPETITIVE GRANT PROCESS -- THE FOUNDATION AWARDS COMPETITIVE GRANTS - DURING ONE OPEN REQUEST FOR PROPOSAL (RFP) CYCLE EACH YEAR. THE MAXIMUM REQUEST AMOUNT FOR A COMPETITIVE GRANT IS ESTABLISHED ANNUALLY FOR A

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
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.

GRANT TERM OF ONE TO THREE YEARS. GRANT 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
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.

THE CEO.

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

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

STAFF DISCRETIONARY GRANTS PROCESS - THE FOUNDATION AWARDS STAFF

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

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

DISCRETIONARY GRANTS THROUGHOUT THE YEAR. THESE INCLUDE CAPACITY GRANTS, CEO DISCRETIONARY GRANTS, SOLICITED GRANTS, CORE OPERATING GRANTS, JOINT VENTURES AND ADVOCACY GRANTS. THE MAXIMUM REQUEST AMOUNT FOR A STAFF DISCRETIONARY GRANT IS \$150,000 PER GRANT. 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

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
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.

MEETINGS. 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 THE CEO.

THE PRESIDENT AND CEO AUTHORIZES, WITHIN THE LIMITS OF THE CURRENT BOARD-APPROVED BUDGET: DISPOSITION OF STAFF DISCRETIONARY GRANT REQUESTS.

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
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.

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

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
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.

ESTIMATED COST, AND EXPECTED OUTCOMES OF POTENTIAL INITIATIVES;

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

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
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.

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

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
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.

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

GRANT AGREEMENTS MUST BE FULLY EXECUTED AND RETURNED TO THE FOUNDATION

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
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.

WITHIN 60 DAYS OF AWARD NOTIFICATION. IF THE FULLY EXECUTED GRANT

AGREEMENT IS NOT RECEIVED WITHIN THIS TIME FRAME, THE FOUNDATION MAY, AT

ITS DISCRETION, RESCIND THE GRANT AWARD.

The Reach Healthcare Foundation
 EIN 20-0337230
 Form 990, Schedule I - Grant Listing

Name of organization or government	Street	City	State	Zip	EIN	Project Title	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	Program Area
15th Judicial Circuit Court CASA	924 Main Street	Lexington	MO	64067	33-1005779	One-time Holiday Gift - Children's Christmas Support	501(c)(3)	7	1,500	cash			CEO Discretionary	Other
Cass Community Health Foundation	2316 E. Meyer Blvd.	Kansas City	MO	64132	43-1349495	Cass County Dental Clinic	501(c)(3)	7	96,966	cash			Program	Oral Health
Cass Community Health Foundation	2316 E. Meyer Blvd.	Kansas City	MO	64132	43-1349495	2015 Core Operating Partnership Grant	501(c)(3)	7	55,000	cash			Core Operating	Oral Health
Cass Community Health Foundation	2316 E. Meyer Blvd.	Kansas City	MO	64132	43-1349495	One-time Gift Match - Dental Clinic	501(c)(3)	7	100	cash			Matching Gifts	Other
Communities Creating Opportunity	2400 Troost Ave. Suite 4600	Kansas City	MO	64108	43-1127845	Wyandotte County Health Opportunity Mapping for Equity Initiative	501(c)(3)	9	55,000	cash			Funded Initiative	Systemic
Communities Creating Opportunity	2400 Troost Ave. Suite 4600	Kansas City	MO	64108	43-1127845	2015 Core Operating Partnership Grant	501(c)(3)	9	65,000	cash			Core Operating - Advocacy	Systemic
Community Health Council of Wyandotte County	755 Minnesota Avenue	Kansas City	KS	66101	01-0674969	Enroll Wyandotte - Health Insurance Marketplace Outreach and Enrollment Initiative	501(c)(3)	9	30,000	cash			Funded Initiative	Systemic
Comprehensive Mental Health Services, Inc.	17844 E. 23rd Street	Independence	MO	64057	43-0949079	2015 Core Operating Partnership Grant	501(c)(3)	9	75,000	cash			Core Operating	Mental Health
DeLaSalle Education Center	3737 Troost	Kansas City	MO	64109	43-0971728	Team of Care	501(c)(3)	2	78,251	cash			Program	Mental Health
DentaQuest Foundation	465 Medford Street	Boston	MA	02129	04-3265080	Oral Health Integration into PCMH Initiative	501(c)(3)	Private Fdn	50,000	cash			Funded Initiative	Systemic
Duchesne Clinic	636 Taumoe Avenue	Kansas City	KS	66101	48-1009910	Contribution in recognition of outgoing REACH Foundation Board member, Janie Schumaker	501(c)(3)	3	500	cash			CEO Discretionary	Safety Net Services
Duchesne Clinic	636 Taumoe Avenue	Kansas City	KS	66101	48-1009910	2015 Core Operating Partnership Grant	501(c)(3)	3	65,000	cash			Core Operating	Safety Net Services
El Centro, Inc.	650 Minnesota Avenue	Kansas City	KS	66101	36-2904073	Health Navigation Program	501(c)(3)		38,500	cash			Program	Safety Net Services
Enroll America	1001 G St NW 8th Floor	Washington	DC	20005	27-1661221	ACA Enrollment Outreach	501(c)(3)	7	50,000	cash			Advocacy/Public Policy	Systemic
Enroll America	1001 G St NW 8th Floor	Washington	DC	20005	27-1661221	Health Insurance Marketplace Outreach and Enrollment Initiative (HIM)	501(c)(3)	7	70,000	cash			Funded Initiative	Systemic
First Baptist Church of Peculiar	216 E. Broadway PO Box 325	Peculiar	MO	64078	43-1312068	One-time Holiday Gift - Christmas Fund			1,500	cash			CEO Discretionary	Other
Health Care Coalition of Lafayette County	825 S Business HWY 13	Lexington	MO	64067	30-0349221	2015 Core Operating Partnership Grant	501(c)(3)	7	65,000	cash			Core Operating	Safety Net Services
Health Care Coalition of Lafayette County	825 S Business HWY 13	Lexington	MO	64067	30-0349221	Increasing Financial Capacity and Accountability	501(c)(3)	7	25,000	cash			Capacity	Safety Net Services
Health Care Coalition of Lafayette County	825 S Business HWY 13	Lexington	MO	64067	30-0349221	Live Well Health & Wellness Community	501(c)(3)	7	100,000	cash			Funded Initiative	Systemic
Health Partnership Clinic	407 S. Clairborne Rd. Suite 104 Olathe, KS 66062	Olathe	KS	66062	48-1115529	2015 Core Operating Partnership Grant	501(c)(3)	7	65,000	cash			Core Operating	Safety Net Services
Jackson County Casa	2544 Holmes Street	Kansas City	MO	64108	43-1401328	One-time Gift Match	501(c)(3)	7	50	cash			Matching Gifts	Other
JayDoc Free Clinic KU Endowment	c/o KU Endowment PO Box 928	Lawrence	KS	66044	48-0547734	Contribution in recognition of outgoing REACH Foundation Board member, Dr. Brenda Bohaty - Restricted to Oral Health Care Services	501(c)(3)	5	500	cash			CEO Discretionary	Oral Health
JayDoc Free Clinic KU Endowment	c/o KU Endowment PO Box 928	Lawrence	KS	66044	48-0547734	JayDoc Free Clinic	501(c)(3)	5	22,610	cash			Funded Initiative	Safety Net Services
Jewish Community Relations Bureau American Jewish Committee	5801 W. 115th Street, Suite 203	Overland Park	KS	66211	44-0545913	One-time Holiday Gift	501(c)(3)	7	4,500	cash			CEO Discretionary	Other
Jewish Vocational Service	1608 Baltimore	Kansas City	MO	64108	44-0545994	Healthcare Benefits Coordination Project	501(c)(3)	7	38,500	cash			Program	Safety Net Services
Kansas Action for Children	720 SW Jackson Ste 201	Topeka	KS	66603	48-0879502	Kansas Dental Project Initiative - Phase II	501(c)(3)	7	50,000	cash			Funded Initiative	Systemic
Kansas Action for Children	720 SW Jackson Ste 201	Topeka	KS	66603	48-0879502	2015 Core Operating Partnership Grant	501(c)(3)	7	65,000	cash			Core Operating - Advocacy	Systemic
Kansas Association for the Medically Underserved	1129 S Kansas, Suite B	Topeka	KS	66612	48-1110925	KAMU 2014 Annual Conference	501(c)(3)	7	5,000	cash			CEO Discretionary	Safety Net Services
Kansas Association for the Medically Underserved	1129 S Kansas, Suite B	Topeka	KS	66612	48-1110925	2015 Core Operating Partnership Grant	501(c)(3)	7	65,000	cash			Core Operating - Advocacy	Systemic
Kansas City CARE Clinic	3515 Broadway	Kansas City	MO	64111	43-0967292	After-Hours Integrated Care	501(c)(3)	7	100,000	cash			Program	Safety Net Services
Kansas City CARE Clinic	3515 Broadway	Kansas City	MO	64111	43-0967292	Pursuing FOHC Designation	501(c)(3)	7	7,500	cash			CEO Discretionary	Safety Net Services
Kansas City CARE Clinic	3515 Broadway	Kansas City	MO	64111	43-0967292	2015 Core Operating Partnership Grant	501(c)(3)	7	75,000	cash			Core Operating	Safety Net Services
Kansas Health Consumer Coalition, Inc.	534 S. Kansas Ave. Suite 1220	Topeka	KS	66603	73-1733371	KHCC Strategic Planning	501(c)(3)	7	11,337	cash			Capacity	Safety Net Services
Kansas Health Information Network Inc	623 S. W 10th Avenue	Topeka	KS	66612	27-4437508	MyKSHHealth eRecord Media Campaign	501(c)(3)	9	30,000	cash			Capacity	Safety Net Services
Kansas Hospital Education & Research Foundation	215 SE 8th Ave.	Topeka	KS	66603	23-7058598	Kansas Health Matters	501(c)(3)	9	5,000	cash			CEO Discretionary	Safety Net Services

The Reach Healthcare Foundation
 EIN 20-0337230
 Form 990, Schedule I - Grant Listing

Name of organization or government	Street	City	State	Zip	EIN	Project Title	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	Program Area
KCC Educational Foundation/Leadership Kansas	900 S. Kansas Ave., Suite 300	Topeka	KS	66612-1680	23-7339573	2014 KC Metro Session - "Challenges of Providing Healthcare in an Urban Setting"	501(c)(3)	9	500	cash			CEO Discretionary	Other
KidsTLC, Inc.	480 S Rogers Road	Olathe	KS	66062	48-0774593	Mental Health Outpatient Services	501(c)(3)	7	100,000	cash			Program	Mental Health
KU Center for Telemedicine & Telehealth	3901 Rainbow Blvd. MS1048	Kansas City	KS	66160	48-0547734	Home-Based Telemedicine Family Counseling Sessions	501(c)(3)	5	100,000	cash			Program	Mental Health
Mattie Rhodes Center	1740 Jefferson	Kansas City	MO	64108	44-0546343	Latino Mental Health/Kansas Access	501(c)(3)	7	99,766	cash			Program	Mental Health
Mattie Rhodes Center	1740 Jefferson	Kansas City	MO	64108	44-0546343	EXPLORE	501(c)(3)	7	37,266	cash			Solicited Grant	Mental Health
Mid-America Regional Council Community Services Corporation	600 Broadway	Kansas City	MO	64105	20-1824454	Regional Health Care Initiative 2014	501(c)(3)	11-Type I	175,000	cash			Funded Initiative	Systemic
Mid-America Regional Council Community Services Corporation	600 Broadway	Kansas City	MO	64105	20-1824454	Navigator Grant Proposal	501(c)(3)	11-Type I	50,000	cash			Solicited Grant	Systemic
Mid-America Regional Council Community Services Corporation	600 Broadway	Kansas City	MO	64105	20-1824454	Increasing Equity through ACA Outreach and Enrollment	501(c)(3)	11-Type I	18,735	cash			Funded Initiative	Systemic
Mid-America Regional Council Community Services Corporation	600 Broadway	Kansas City	MO	64105	20-1824454	Digital Health Care Initiative	501(c)(3)	11-Type I	30,000	cash			Solicited Grant	Systemic
Mid-America Regional Council Community Services Corporation	600 Broadway	Kansas City	MO	64105	20-1824454	Refresh of Regional Health Data Analysis 2014-5	501(c)(3)	11-Type I	40,000	cash			Solicited Grant	Systemic
Missouri Coalition For Oral Health	606 E. Capitol Ave	Jefferson City	MO	65101	20-5032836	2014 Coalition Oral Health Conference	501(c)(3)	7	5,000	cash			CEO Discretionary	Oral Health
Missouri Coalition For Oral Health	606 E. Capitol Ave	Jefferson City	MO	65101	20-5032836	2015 Core Operating Partnership Grant	501(c)(3)	7	55,000	cash			Core Operating - Advocacy	Systemic
Missouri Coalition For Primary Health Care dba Missouri Primary Care Association	3325 Emerald Lane	Jefferson City	MO	65109	43-1419937	Missouri Primary Care Association Clinical and Quality Conference	501(c)(3)	7	2,500	cash			CEO Discretionary	Oral Health
Missouri Health Advocacy Alliance	606 E. Capitol Ave	Jefferson City	MO	65101	26-3426303	Missouri Medicaid Coalition (2014)	501(c)(3)	9	40,000	cash			Advocacy/Public Policy	Systemic
Missouri Health Advocacy Alliance	606 E. Capitol Ave	Jefferson City	MO	65101	26-3426303	2015 Core Operating Partnership Grant	501(c)(3)	9	55,000	cash			Core Operating - Advocacy	Systemic
Missouri Jobs With Justice for Missouri Organizing Collaborative	4526 Paseo Blvd	Kansas City	MO	64110	43-1864844	Medicaid Expansion Program	501(c)(3)	9	25,000	cash			Advocacy/Public Policy	Systemic
Missouri Nurses Foundation	PO Box 105228	Jefferson City	MO	65110	43-1832822	Nurse Leadership Development	501(c)(3)	7	29,500	cash			Capacity	Safety Net Services
Niles Home for Children	1911 E. 23rd Street	Kansas City	MO	64127	44-0565392	On-Site Behavioral Health Services	501(c)(3)	9	100,000	cash			Program	Mental Health
Oral Health Kansas, Inc.	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	2015 Core Operating Partnership Grant	501(c)(3)	7	55,000	cash			Core Operating - Advocacy	Systemic
PACES	1301 North 47th Street	Kansas City	KS	66102	27-1701100	Pre-K Mental Health Program	501(c)(3)	3	100,000	cash			Program	Mental Health
Qualis Health	10700 Meridian Avenue North, Suite 100	Seattle	WA	98133	91-1072875	Medical Home Initiative, Year 6	501(c)(3)	9	96,300	cash			Funded Initiative	Systemic
Qualis Health	10700 Meridian Avenue North, Suite 100	Seattle	WA	98133	91-1072875	Oral Health in the Primary Care PCMH: TA for Implementation	501(c)(3)	9	52,998	cash			Funded Initiative	Systemic
Rediscover	901 NE Independence Avenue	Lee's Summit	MO	64086	23-7169417	Market Driven Capacity	501(c)(3)	9	29,775	cash			Capacity	Mental Health
reStart, Inc.	918 E. 9th Street	Kansas City	MO	64106	43-1349378	Healthy Starts	501(c)(3)	9	38,500	cash			Program	Safety Net Services
Riverview Health Services, Inc.	722 Reynolds Avenue	Kansas City	KS	66101	48-1072716	Riverview Chronic Disease Management Program	501(c)(3)	7	40,000	cash			Solicited Grant	Safety Net Services
Samuel U. Rodgers Health Center, Inc.	825 Euclid Avenue	Kansas City	MO	64124	43-0899356	NCQA Level III Designation	501(c)(3)	3	2,500	cash			CEO Discretionary	Safety Net Services
Silver City Health Center KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	Electronic Health Record Implementation	501(c)(3)	5	29,863	cash			Capacity	Safety Net Services
Silver City Health Center KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	2015 Core Operating Partnership Grant	501(c)(3)	5	65,000	cash			Core Operating	Safety Net Services
Southeast Kansas Mental Health Center	304 North Jefferson	Iola	KS	66749	48-0678906	Essentia Connect for HIE	501(c)(3)	7	30,000	cash			Capacity	Mental Health
Spofford Home	9700 Grandview Road	Kansas City	MO	64137	44-0546277	Family Resiliency Initiative	501(c)(3)	7	40,000	cash			Solicited Grant	Mental Health
St. Peter's Lutheran Church	910 Amos Street	Humboldt	KS	66748	48-6109064	One-time Holiday Gift - Ministerial Alliances Emergency Assistance Programs			1,500	cash			CEO Discretionary	Other
Sunflower House, Inc.	15440 W. 65th Street	Overland Park	KS	66217	48-0918698	One-time Gift Match - Education	501(c)(3)	7	100	cash			Matching Gifts	Other
Sunflower House, Inc.	15440 W. 65th Street	Overland Park	KS	66217	48-0918698	One-time Gift Match - General	501(c)(3)	7	25	cash			Matching Gifts	Other
Sunflower House, Inc.	15440 W. 65th Street	Overland Park	KS	66217	48-0918698	One-time Gift Match - Education	501(c)(3)	7	100	cash			Matching Gifts	Other
Sunflower House, Inc.	15440 W. 65th Street	Overland Park	KS	66217	48-0918698	One-time Gift Match - Education	501(c)(3)	7	100	cash			Matching Gifts	Other
Swope Health Services	3801 Blue Parkway	Kansas City	MO	64130	43-0957840	Improving Care with Engagement Specialists	501(c)(3)	7	100,000	cash			Program	Mental Health
Synergy Services, Inc.	400 East 6th Street	Parkville	MO	64152	43-0970674	Homeless Youth Campus Integrated Health Clinic	501(c)(3)	7	89,520	cash			Program	Safety Net Services
The ALS Association	27001 Agoura Road, Suite 250	Calabasas Hills	CA	91301	13-3271855	One-time Gift Match	501(c)(3)	7	50	cash			Matching Gifts	Other
The Children's Place	2 E. 59th Street	Kansas City	MO	64113	51-0195216	Clinical Services	501(c)(3)	7	99,590	cash			Program	Mental Health

The Reach Healthcare Foundation
 EIN 20-0337230
 Form 990, Schedule I - Grant Listing

Name of organization or government	Street	City	State	Zip	EIN	Project Title	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	Program Area
The Missouri Budget Project	3534 Washington Ave.	St. Louis	MO	63103	26-0062334	2015 Core Operating Partnership Grant	501(c)(3)	7	55,000	cash			Core Operating - Advocacy	Systemic
Thrive Allen County, Inc.	12 West Jackson	Iola	KS	66749	32-0198379	Year Three Allen County Rural Health Initiative	501(c)(3)	7	100,000	cash			Funded Initiative	Systemic
Thrive Allen County, Inc.	12 West Jackson	Iola	KS	66749	32-0198379	2015 Core Operating Partnership Grant	501(c)(3)	7	55,000	cash			Core Operating - Advocacy	Systemic
Tides Center	The Presidio: P.O. Box 29907	San Francisco	CA	94129-0907	94-3213100	Network Leadership Development: New Frontier	501(c)(3)	7	10,000	cash			CEO Discretionary	Other
Topeka Community Foundation	5431 SW 29th Street, Suite 300	Topeka	KS	66614	48-0972106	Kansas Grantmakers in Health (KGIH) Opportunity Fund Initiative	501(c)(3)	8	50,000	cash			Funded Initiative	Systemic
Truman Medical Center Charitable Foundation	2310 Holmes, Suite 735	Kansas City	MO	64108	43-1194064	Building Futures for Children and Families	501(c)(3)	7	39,973	cash			Solicited Grant	Mental Health
Turner House Children's Clinic	212 N. 12th St., Suite 300	Kansas City	KS	66102	48-1151382	Contribution in recognition of outgoing REACH Foundation Board member, Dr. George Pierson	501(c)(3)	7	500	cash			CEO Discretionary	Safety Net Services
Turner House Children's Clinic	212 N. 12th St., Suite 300	Kansas City	KS	66102	48-1151382	2015 Core Operating Partnership Grant	501(c)(3)	7	65,000	cash			Core Operating	Safety Net Services
Unified Government of WY County/Kansas City, KS	701 N. 7th Street, Ste. 926 Kansas City, KS 66101	Kansas City	KS	66101	48-1194075	Mayor's Healthy Campus			50,000	cash			Solicited Grant	Safety Net Services
United Community Services of Johnson County	12351 W 96 Terrace, Ste. 200	Lenexa	KS	66215	48-0914699	2014 Human Service Summit	501(c)(3)	7	1,000	cash			CEO Discretionary	Safety Net Services
United Way of Greater Kansas City	801 West 47th Street, Suite 500	Kansas City	MO	64112	44-0545812	Pledge Match 1/1/2014 - 12/31/2014	501(c)(3)	7	600	cash			Matching Gifts	Other
United Way of Greater Kansas City	801 West 47th Street, Suite 500	Kansas City	MO	64112	44-0545812	Pledge Match 1/1/2014 - 12/31/2014	501(c)(3)	7	720	cash			Matching Gifts	Other
United Way of Greater Kansas City	801 West 47th Street, Suite 500	Kansas City	MO	64112	44-0545812	Pledge Match 1/1/2014 - 12/31/2014	501(c)(3)	7	720	cash			Matching Gifts	Other
United Way of Greater Kansas City	801 West 47th Street, Suite 500	Kansas City	MO	64112	44-0545812	Pledge Match 1/1/2014 - 12/31/2014	501(c)(3)	7	600	cash			Matching Gifts	Other
United Way of Greater Kansas City	801 West 47th Street, Suite 500	Kansas City	MO	64112	44-0545812	One-time Contribution Match for 2014 Campaign	501(c)(3)	7	200	cash			Matching Gifts	Other
United Way of Greater Kansas City	801 West 47th Street, Suite 500	Kansas City	MO	64112	44-0545812	Pledge Match 1/1/2014 - 12/31/2014	501(c)(3)	7	384	cash			Matching Gifts	Other
United Way of Greater Kansas City	801 West 47th Street, Suite 500	Kansas City	MO	64112	44-0545812	Pledge Match 1/1/2014 - 12/31/2014	501(c)(3)	7	600	cash			Matching Gifts	Other
United Way of Greater Kansas City	801 West 47th Street, Suite 500	Kansas City	MO	64112	44-0545812	Pledge Match 1/1/2014 - 12/31/2014	501(c)(3)	7	2,000	cash			Matching Gifts	Other
United Way of Greater Kansas City	801 West 47th Street, Suite 500	Kansas City	MO	64112	44-0545812	Pledge Match 1/1/2014 - 12/31/2014	501(c)(3)	7	600	cash			Matching Gifts	Other
United Way of Greater Kansas City	801 West 47th Street, Suite 500	Kansas City	MO	64112	44-0545812	Pledge Match 1/1/2014 - 12/31/2014	501(c)(3)	7	45,000	cash			Solicited Grant	Safety Net Services
University of Kansas Center for Research, Inc.	2385 Irving Hill Road	Lawrence	KS	66045	48-0680117	Rural Health Initiative Field Support	501(c)(3)	5	20,000	cash			Funded Initiative	Systemic
University of Kansas Center for Research, Inc.	2385 Irving Hill Road	Lawrence	KS	66045	48-0680117	Rural Cultural Competency	501(c)(3)	5	35,000	cash			Funded Initiative	Systemic
University of Kansas School of Medicine, Department of Family Medicine KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	Bulldoc Cares: Increasing Mental Healthcare Access	501(c)(3)	5	70,266	cash			Program	Safety Net Services
University of Missouri- Kansas City	5100 Rockhill Road	Kansas City	MO	64110-2499	43-6003859	Sojourner Health Clinic			25,000	cash			Funded Initiative	Safety Net Services
University of Missouri-Kansas City	5100 Rockhill Road	Kansas City	MO	64110-2499	43-6003859	Healthy Lives-Healthy Communities Conference			1,000	cash			CEO Discretionary	Safety Net Services
Urban League Of Kansas City Mo	1710 Paseo Boulevard	Kansas City	MO	64108	44-0546273	State of Urban Health	501(c)(3)	9	50,820	cash			Solicited Grant	Systemic
Voices for Children Foundation, Inc.	720 SW Jackson, Suite 201	Topeka	KS	66603	30-0093249	Kansas Center for Economic Growth	501(c)(3)		50,000	cash			Advocacy/Public Policy	Systemic
Wichita State University	1845 Fairmount Box 201	Wichita	KS	67260	48-1124839	Rural Health Initiative - Coordination of TA, Leadership Development, and Operational Assistance			45,925	cash			Funded Initiative	Systemic
Wichita State University	1845 Fairmount Box 201	Wichita	KS	67260	48-1124839	Health Homes Learning Collaborative			35,000	cash			Solicited Grant	Systemic
Wyandot Center for Community Behavioral Healthcare	757 Armstrong Avenue	Kansas City	KS	66101	48-0576044	2015 Core Operating Partnership Grant	501(c)(3)	7	75,000	cash			Core Operating	Mental Health

TOTAL 2014 GRANTS 4,187,410

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

20-0337230

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		X

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRENDA SHARPE PRESIDENT & CEO	(i)	234,574.	0	0	39,193.	28,204.	301,971.	
	(ii)	0	0	0				
2 WILLIAM MOORE VP PROGRAM & EVALUATION	(i)	129,868.	0	0	4,071.	36,778.	170,717.	
	(ii)	0	0	0				
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

FORM 990, PART I, LINE 1

TO SUPPORT ACCESS TO QUALITY HEALTHCARE COVERAGE & SERVICES FOR THE
MEDICALLY INDIGENT & UNDERSERVED RESIDENTS OF ALLEN, JOHNSON & WYANDOTTE
COUNTIES IN KS AND CASS, JACKSON, & LAFAYETTE COUNTIES IN MO.

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 PREVENTATIVE CARE FOR CHILDREN, EMERGENCY SERVICES FOR CHILDREN
AND ADULTS, AND OTHER PROJECTS THAT REDUCE BARRIERS TO ORAL HEALTH CARE.
IN 2014, 5 ORAL HEALTH GRANTS WERE AWARDED.

EXPENSES: \$202,871

GRANTS: \$159,966

REVENUES: NONE

DESCRIPTION: MATCHING GIFTS AND MISCELLANEOUS DISCRETIONARY GRANTS. IN
2014, 22 MISCELLANEOUS GRANTS WERE AWARDED.

EXPENSES: \$33,543

GRANTS: \$26,449

REVENUES: NONE

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

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

THE 990 IS 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.

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.

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

IN 2011, THE BOARD CONDUCTED A COMPREHENSIVE, COMMISSIONED SALARY REVIEW PREPARED BY AN OUTSIDE COMPENSATION CONSULTANT. AN EXTENSIVE PERFORMANCE AND COMPENSATION REVIEW FOR THE CEO IS CONDUCTED ANNUALLY, BASED ON THE 2011 STUDY AND UPDATED WITH CURRENT NATIONAL AND REGIONAL SURVEY INFORMATION. THE EXECUTIVE COMMITTEE MAKES A COMPENSATION RECOMMENDATION TO THE BOARD BASED ON THE COMMISSIONED REVIEW AND MORE CURRENT SURVEY INFORMATION. RELEVANT MARKET INFORMATION FOR THIS ANALYSIS INCLUDES ORGANIZATIONS COMPARABLE IN TERMS OF SUCH CRITERIA AS MISSION, ASSETS,

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

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 EXECUTIVE COMPENSATION REVIEW AND APPROVAL PROCESSES AND THE BOARD AND CHIEF EXECUTIVE RELATIONSHIP ARE DOCUMENTED IN SEPARATE FORMAL BOARD POLICIES.

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

IN 2011, THE BOARD CONDUCTED A COMPREHENSIVE, COMMISSIONED COMPENSATION REVIEW FOR THE CFO AND VP OF PROGRAM, POLICY AND EVALUATION. THE CEO MAKES A COMPENSATION RECOMMENDATION TO THE BOARD BASED ON A COMMISSIONED REVIEW PREPARED BY AN OUTSIDE COMPENSATION CONSULTANT AND MORE CURRENT SURVEY INFORMATION AVAILABLE. 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 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

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

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.

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PROJECT READY SMILE, LLC 6700 ANTIOCH MERRIAM, KS 66204 26-1392850	ORAL HEALTH	KS	0	0	REACH HC FDN
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) STATE OF KANSAS 120 SW 10TH AVENUE TOPEKA, KS 66612 N/A	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		X
(2) UNIFIED GOV'T OF WYANDOTTE CO., KS 701 NORTH 7TH STREET KANSAS CITY, KS 66101 N/A	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		X
(3) JOHNSON COUNTY, KS 111 SOUTH CHERRY OLATHE, KS 66061 N/A	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		X
(4) ALLEN COUNTY, KS 1220 NEOSHO HUMBOLDT, KS 66748 N/A	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		X
(5) OTHER-SEE SCHEDULE R ATTACHMENT	VAR		VAR	VAR	VAR		X
(6)							
(7)							

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

Schedule R (Form 990) 2014

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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	2,082,356.	19,885,573.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE REACH HEALTHCARE FOUNDATION TRUST	S	3,700,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

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

(g)
 Section 512(b)(13) Controlled
 Entity?

Name of Supported Organization	Address	City	State	Zip	(a) EIN	(b) Primary Activity	(c) Legal Domicile (state or foreign country)	(d) Exempt Code Section	(e) Public Charity Status	(f) Direct Controlling Entity	(g) Section 512(b)(13) Controlled Entity?	
											Yes	No
15th Judicial Circuit Court CASA	924 Main Street	Lexington	MO	64067	33-1005779	Public Charity	MO	501(c)(3)	7	NO		X
Cass Community Health Foundation	2316 E. Meyer Blvd.	Kansas City	MO	64132	43-1349495	Public Charity	MO	501(c)(3)	7	NO		X
Communities Creating Opportunity	2400 Troost Ave. Suite 4600	Kansas City	MO	64108	43-1127845	Public Charity	MO	501(c)(3)	9	NO		X
Community Health Council of Wyandotte County	755 Minnesota Avenue	Kansas City	KS	66101	01-0674969	Public Charity	KS	501(c)(3)	9	NO		X
Comprehensive Mental Health Services, Inc.	17844 E. 23rd Street	Independence	MO	64057	43-0949079	Public Charity	MO	501(c)(3)	9	NO		X
DeLaSalle Education Center	3737 Troost	Kansas City	MO	64109	43-0971728	Public Charity	MO	501(c)(3)	2	NO		X
DentaQuest Foundation	465 Medford Street	Boston	MA	02129	04-3265080	Private Fdn	MA	501(c)(3)	Private Fdn	NO		X
Duchesne Clinic	636 Taoumee Avenue	Kansas City	KS	66101	48-1009910	Public Charity	KS	501(c)(3)	3	NO		X
El Centro, Inc.	650 Minnesota Avenue	Kansas City	KS	66101	36-2904073	Public Charity	KS	501(c)(3)		NO		X
Enroll America	1001 G St NW 8th Floor	Washington	DC	20005	27-1661221	Public Charity	DC	501(c)(3)	7	NO		X
First Baptist Church of Peculiar	216 E. Broadway PO Box 325	Peculiar	MO	64078	43-1312068	Public Charity	MO	501(c)(3)	1	NO		X
Health Care Coalition of Lafayette County	825 S Business HWY 13	Lexington	MO	64067	30-0349221	Public Charity	MO	501(c)(3)	7	NO		X
Health Partnership Clinic	407 S. Clairborne Rd. Suite 104 Olathe, KS 66062	Olathe	KS	66062	48-1115529	Public Charity	KS	501(c)(3)	7	NO		X
Jackson County Casa	2544 Holmes Street	Kansas City	MO	64108	43-1401328	Public Charity	MO	501(c)(3)	7	NO		X
JayDoc Free Clinic KU Endowment	c/o KU Endowment PO Box 928	Lawrence	KS	66044	48-0547734	Public Charity	KS	501(c)(3)	5	NO		X
Jewish Community Relations Bureau American Jewish Committee	5801 W. 115th Street, Suite 203	Overland Park	KS	66211	44-0545913	Public Charity	KS	501(c)(3)	7	NO		X
Jewish Vocational Service	1608 Baltimore	Kansas City	MO	64108	44-0545994	Public Charity	MO	501(c)(3)	7	NO		X
Kansas Action for Children	720 SW Jackson Ste 201	Topeka	KS	66603	48-0879502	Public Charity	KS	501(c)(3)	7	NO		X
Kansas Association for the Medically Underserved	1129 S Kansas, Suite B	Topeka	KS	66612	48-1110925	Public Charity	KS	501(c)(3)	7	NO		X
Kansas City CARE Clinic	3515 Broadway	Kansas City	MO	64111	43-0967292	Public Charity	MO	501(c)(3)	7	NO		X
Kansas Health Consumer Coalition, Inc.	534 S. Kansas Ave. Suite 1220	Topeka	KS	66603	73-1733371	Public Charity	KS	501(c)(3)	7	NO		X
Kansas Health Information Network Inc	623 S. W 10th Avenue	Topeka	KS	66612	27-4437508	Public Charity	KS	501(c)(3)	9	NO		X
Kansas Hospital Education & Research Foundation	215 SE 8th Ave.	Topeka	KS	66603	23-7058598	Public Charity	KS	501(c)(3)	9	NO		X
KCC Educational Foundation/Leadership Kansas	900 S. Kansas Ave., Suite 300	Topeka	KS	66612-1680	23-7339573	Public Charity	KS	501(c)(3)	9	NO		X
KidsTLC, Inc.	480 S Rogers Road	Olathe	KS	66062	48-0774593	Public Charity	KS	501(c)(3)	7	NO		X
KU Center for Telemedicine & Telehealth KU Endowment	3901 Rainbow Blvd. MS1048	Kansas City	KS	66160	48-0547734	Public Charity	KS	501(c)(3)	5	NO		X
Mattie Rhodes Center	1740 Jefferson	Kansas City	MO	64108	44-0546343	Public Charity	MO	501(c)(3)	7	NO		X
Mid-America Regional Council Community Services Corporation	600 Broadway	Kansas City	MO	64105	20-1824454	Public Charity	MO	501(c)(3)	11-Type I	NO		X
Missouri Coalition For Oral Health	606 E. Capitol Ave	Jefferson City	MO	65101	20-5032836	Public Charity	MO	501(c)(3)	7	NO		X
Missouri Coalition For Primary Health Care dba Missouri Primary Care Association	3325 Emerald Lane	Jefferson City	MO	65109	43-1419937	Public Charity	MO	501(c)(3)	7	NO		X
Missouri Health Advocacy Alliance	606 E. Capitol Ave	Jefferson City	MO	65101	26-3426303	Public Charity	MO	501(c)(3)	9	NO		X
Missouri Jobs With Justice for Missouri Organizing Collaborative	4526 Paseo Blvd	Kansas City	MO	64110	43-1864844	Public Charity	MO	501(c)(3)	9	NO		X
Missouri Nurses Foundation	PO Box 105228	Jefferson City	MO	65110	43-1832822	Public Charity	MO	501(c)(3)	7	NO		X
Niles Home for Children	1911 E. 23rd Street	Kansas City	MO	64127	44-0565392	Public Charity	MO	501(c)(3)	9	NO		X
Oral Health Kansas, Inc.	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	Public Charity	KS	501(c)(3)	7	NO		X
PACES	1301 North 47th Street	Kansas City	KS	66102	27-1701100	Public Charity	KS	501(c)(3)	3	NO		X
Qualis Health	10700 Meridian Avenue North, Suite 100	Seattle	WA	98133	91-1072875	Public Charity	WA	501(c)(3)	9	NO		X
ReDiscover	901 NE Independence Avenue	Lee's Summit	MO	64086	23-7169417	Public Charity	MO	501(c)(3)	9	NO		X
reStart, Inc.	918 E. 9th Street	Kansas City	MO	64106	43-1349378	Public Charity	MO	501(c)(3)	9	NO		X
Riverview Health Services, Inc.	722 Reynolds Avenue	Kansas City	KS	66101	48-1072716	Public Charity	KS	501(c)(3)	7	NO		X
Samuel U. Rodgers Health Center, Inc.	825 Euclid Avenue	Kansas City	MO	64124	43-0899356	Public Charity	MO	501(c)(3)	3	NO		X

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

(g)
 Section 512(b)(13) Controlled
 Entity?

Name of Supported Organization	Address	City	State	Zip	(a) EIN	(b) Primary Activity	(c) Legal Domicile (state or foreign country)	(d) Exempt Code Section	(e) Public Charity Status	(f) Direct Controlling Entity	(g) Section 512(b)(13) Controlled Entity?	
											Yes	No
Silver City Health Center	PO Box 928	Lawrence	KS	66044	48-0547734	Public Charity	KS	501(c)(3)	5	NO		X
Southeast Kansas Mental Health Center	304 North Jefferson	Iola	KS	66749	48-0678906	Public Charity	KS	501(c)(3)	7	NO		X
Spofford Home	9700 Grandview Road	Kansas City	MO	64137	44-0546277	Public Charity	MO	501(c)(3)	7	NO		X
St. Peter's Lutheran Church	910 Amos Street	Humboldt	KS	66748	48-6109064	Public Charity	KS	501(c)(3)	1	NO		X
Sunflower House, Inc.	15440 W. 65th Street	Overland Park	KS	66217	48-0918698	Public Charity	KS	501(c)(3)	7	NO		X
Swope Health Services	3801 Blue Parkway	Kansas City	MO	64130	43-0957840	Public Charity	MO	501(c)(3)	7	NO		X
Synergy Services, Inc.	400 East 6th Street	Parkville	MO	64152	43-0970674	Public Charity	MO	501(c)(3)	7	NO		X
The ALS Association	27001 Agoura Road, Suite 250	Calabasas Hills	CA	91301	13-3271855	Public Charity	CA	501(c)(3)	7	NO		X
The Children's Place	2 E. 59th Street	Kansas City	MO	64113	51-0195216	Public Charity	MO	501(c)(3)	7	NO		X
The Missouri Budget Project	3534 Washington Ave.	St. Louis	MO	63103	26-0062334	Public Charity	MO	501(c)(3)	7	NO		X
Thrive Allen County, Inc.	12 West Jackson	Iola	KS	66749	32-0198379	Public Charity	KS	501(c)(3)	7	NO		X
Tides Center	The Presidio: P.O. Box 29907	San Francisco	CA	94129-0907	94-3213100	Public Charity	CA	501(c)(3)	7	NO		X
Topeka Community Foundation	5431 SW 29th Street, Suite 300	Topeka	KS	66614	48-0972106	Public Charity	KS	501(c)(3)	8	NO		X
Truman Medical Center Charitable Foundation	2310 Holmes, Suite 735	Kansas City	MO	64108	43-1194064	Public Charity	MO	501(c)(3)	7	NO		X
Turner House Children's Clinic	212 N. 12th St., Suite 300	Kansas City	KS	66102	48-1151382	Public Charity	KS	501(c)(3)	7	NO		X
Unified Government of WY County/Kansas City, KS	701 N. 7th Street, Ste. 926 Kansas City, KS 66101	Kansas City	KS	66101	48-1194075	Public Charity	KS	government	n/a	NO		X
United Community Services of Johnson County	12351 W 96 Terrace, Ste. 200	Lenexa	KS	66215	48-0914699	Public Charity	KS	501(c)(3)	7	NO		X
United Way of Greater Kansas City	801 West 47th Street, Suite 500	Kansas City	MO	64112	44-0545812	Public Charity	MO	501(c)(3)	7	NO		X
University of Kansas Center for Research, Inc. University of Kansas School of Medicine, Department of Family Medicine KU Endowment	2385 Irving Hill Road PO Box 928	Lawrence	KS	66045 66044	48-0680117 48-0547734	Public Charity	KS	501(c)(3)	5	NO		X
University of Missouri- Kansas City	5100 Rockhill Road	Kansas City	MO	64110-2499	43-6003859	Public Charity	MO	501(c)(3)	5	NO		X
Urban League Of Kansas City Mo	1710 Paseo Boulevard	Kansas City	MO	64108	44-0546273	Public Charity	MO	501(c)(3)	9	NO		X
Voices for Children Foundation, Inc.	720 SW Jackson, Suite 201	Topeka	KS	66603	30-0093249	Public Charity	KS	501(c)(3)		NO		X
Wichita State University	1845 Fairmount Box 201	Wichita	KS	67260	48-1124839	Public Charity	KS	501(c)(3)	5	NO		X
Wyandot Center for Community Behavioral Healthcare	757 Armstrong Avenue	Kansas City	KS	66101	48-0576044	Public Charity	KS	501(c)(3)	7	NO		X