

THE REACH HEALTHCARE FOUNDATION  
FORM 990  
PUBLIC  
DISCLOSURE  
TAX YEAR 2020

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

**A** For the 2020 calendar year, or tax year beginning , 2020, 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"/>	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: **8131 METCALF AVENUE, STE 200**  
 City or town, state or province, country, and ZIP or foreign postal code: **OVERLAND PARK, KS 66204**

**D** Employer identification number: **20-0337230**

**E** Telephone number: **(913) 432-4196**

**F** Name and address of principal officer: **BRENDA R SHARPE**  
**8131 METCALF AVENUE, STE 200, OVERLAND PARK, KS 6620**

**G** Gross receipts \$: **18,675,044.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

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

**J** Website: ▶ **WWW.REACHHEALTH.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

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

## Part I Summary

<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> 17.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 17.
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) <b>5</b> 8.
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> 30.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> -737,091.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> 48,123.
	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>8</b> 160,455.
<b>9</b> Program service revenue (Part VIII, line 2g) <b>9</b> 0.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>10</b> 8,480,264.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>11</b> -205.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>12</b> 8,480,059.	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>13</b> 4,396,093.	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>14</b> 0.	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>15</b> 1,227,992.	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>16a</b> 0.	
<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>16b</b> 0.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>17</b> 1,157,340.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>18</b> 6,781,425.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>19</b> 1,698,634.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>20</b> 137,374,333.
	<b>21</b> Total liabilities (Part X, line 26) <b>21</b> 3,286,682.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20. <b>22</b> 134,087,651.

## 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: **11/15/2021**  
 BRENDA R. SHARPE PRESIDENT AND CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **MICHAEL J ENGLE** Preparer's signature: **COPY** Date: **11/15/2021** Check  if self-employed PTIN: **P00482834**  
 Firm's name ▶ **BKD, LLP** Firm's EIN ▶ **44-0160260**  
 Firm's address ▶ **1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246** Phone no. **816-221-6300**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2020)

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

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  THE REACH HEALTHCARE FOUNDATION	Taxpayer identification number (TIN)  20-0337230
	Number, street, and room or suite no. If a P.O. box, see instructions. 8131 METCALF AVENUE, STE 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OVERLAND PARK, KS 66204	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (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

JOANNE R YUN

• The books are in the care of ► 8131 METCALF AVENUE, STE 200 OVERLAND PARK 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2020 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

<b>3a</b> 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.	<b>3a</b> \$	0.
<b>b</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.	<b>3b</b> \$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	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 \$ 372,653. including grants of \$ 300,000. ) (Revenue \$ 0. )

ENROLL ALL ELIGIBLE OUTCOME INVESTMENT GRANTS ARE AWARDED TO ENROLL ALL ELIGIBLE PEOPLE IN THE HEALTH INSURANCE MARKETPLACE OR OTHER EXISTING PUBLIC HEALTH INSURANCE AND BENEFIT PROGRAMS. IN 2020, 8 ENROLL ALL ELIGIBLE GRANTS WERE AWARDED.

4b (Code: ) (Expenses \$ 832,962. including grants of \$ 644,000. ) (Revenue \$ 0. )

CLOSE THE COVERAGE GAP OUTCOME INVESTMENT GRANTS CLOSE THE HEALTH INSURANCE COVERAGE GAP THROUGH EXPANDED ELIGIBILITY/AVAILABILITY OF MEDICAID AND OTHER PUBLICLY FUNDED INSURANCE OPTIONS. IN 2020, 13 CLOSE THE COVERAGE GAP GRANTS WERE AWARDED.

4c (Code: ) (Expenses \$ 4,656,983. including grants of \$ 3,741,000. ) (Revenue \$ 0. )

STRONG SAFETY NET OUTCOME INVESTMENT GRANTS STRENGTHEN THE CAPACITY OF THE SAFETY NET AND COMMUNITY TO PROVIDE HIGH QUALITY, INTEGRATED CARE FOR CONSUMERS WITH NO OR INADEQUATE HEALTH INSURANCE COVERAGE. THIS PROGRAM AREA ALSO INCLUDES CORE OPERATING SUPPORT FOR ORGANIZATIONS AND HEALTH COALITIONS DETERMINED TO BE ESSENTIAL CONTRIBUTORS TO THE REGION'S HEALTH CARE SAFETY NET SYSTEM. IN 2020, 64 STRONG SAFETY NET GRANTS WERE AWARDED.

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

(Expenses \$ 431,873. including grants of \$ 347,675. ) (Revenue \$ 0. )

4e Total program service expenses 6,294,471.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 22-38 cover various organizational requirements.

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 3 columns: Question number, Question text, and Yes/No columns. Rows 1a-1c cover Form 1096 and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">2a</span> <span style="float:right">8</span>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
b	If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
d	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right">12a</span>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float:right">12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <span style="float:right">13a</span> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <span style="float:right">13b</span>		
c	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <span style="float:right">14a</span>		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . . <span style="float:right">14b</span>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <span style="float:right">15</span> If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i> <span style="float:right">16</span>		X

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 on 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 (1024 or 1024-A, 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 on 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



**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.
- See instructions for the order in which to list the persons above.

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) BRENDA SHARPE PRESIDENT AND CEO	40.00 0.			X			290,110.	0.	88,654.	
(2) JOANNE YUN VP FINANCE AND OPERATIONS/CFO	32.00 0.			X			144,761.	0.	69,315.	
(3) DAWN DOWNES SENIOR PROGRAM OFFICER	40.00 0.					X	102,162.	0.	36,322.	
(4) CARLA GIBSON VICE PRESIDENT OF PROGRAMS	40.00 0.					X	104,791.	0.	25,478.	
(5) LISA THURLOW PROGRAM COMM CHAIR/DIRECTOR	5.00 0.	X	X				0.	0.	0.	
(6) LYNETTE SPARKMAN-BARNES DIRECTOR	5.00 0.	X					0.	0.	0.	
(7) JIM SANDERS DIRECTOR	5.00 0.	X					0.	0.	0.	
(8) HEATHER SAMUEL DIRECTOR	5.00 0.	X					0.	0.	0.	
(9) JOE REUBEN VICE CHAIR/DIRECTOR	5.00 0.	X	X				0.	0.	0.	
(10) TODD PLEIMANN DIRECTOR	5.00 0.	X					0.	0.	0.	
(11) WENDY NEAL DIRECTOR	5.00 0.	X					0.	0.	0.	
(12) JERRIHLYN MCGEE DIRECTOR	5.00 0.	X					0.	0.	0.	
(13) JON MARSHALL BOARD CHAIR/DIRECTOR	5.00 0.	X	X				0.	0.	0.	
(14) ANDY KLOCKE DIRECTOR	5.00 0.	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) DANIELLE JONES ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
( 16) VICKI HOHENSTEIN ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
( 17) ANGELA HARSE ----- SECRETARY/DIRECTOR	5.00 ----- 0.	X		X			0.	0.	0.	
( 18) TOM HANDLEY ----- TREASURER/DIRECTOR	5.00 ----- 0.	X		X			0.	0.	0.	
( 19) KATIE FERRO ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
( 20) LAURA BOND ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
( 21) ARIF AHMED ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
( 22) GUY COLLIER ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
( 23) FABIAN GAYOSSO ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
( 24) KEVIN KLAMM ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							641,824.	0.	219,769.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							641,824.	0.	219,769.	

**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 **▶ 4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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 CONSULTING	169,000.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 1**

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	160,455.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		160,455.				
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		0.				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶		1,349,321.			1,349,321.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶		0.				
	<b>5</b>	Royalties . . . . . ▶		0.				
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal				
			<b>6a</b>					
			<b>6b</b>					
	<b>c</b>	Rental income or (loss) . . . . .	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . . ▶		0.				
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			<b>7a</b>	17,980,356.				
			<b>7b</b>	16,835,531.				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	1,144,825.				
	<b>d</b>	Net gain or (loss) . . . . . ▶		1,144,825.		77,997.	1,066,828.	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	0.				
			<b>8b</b>	0.				
<b>c</b>			Net income or (loss) from fundraising events. . . . . ▶	0.				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	0.					
		<b>9b</b>	0.					
		<b>c</b>	Net income or (loss) from gaming activities. . . . . ▶	0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	0.					
		<b>10b</b>	0.					
		<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶	0.				
<b>Miscellaneous Revenue</b>	<b>11a</b>	LOSS FROM PARTNERSHIPS	Business Code	900099	-815,088.	-815,088.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			-815,088.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			1,839,513.		-737,091.	2,416,149.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	5,032,675.	5,032,675.		
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 . . . . .	592,840.	297,246.	295,594.	
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 . . . . .	511,666.	414,940.	96,726.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	40,657.	36,610.	4,047.	
9 Other employee benefits . . . . .	80,673.	62,186.	18,487.	
10 Payroll taxes . . . . .	61,144.	41,672.	19,472.	
11 Fees for services (nonemployees):				
a Management . . . . .	0.			
b Legal . . . . .	4,062.		4,062.	
c Accounting . . . . .	42,848.		42,848.	
d Lobbying . . . . .	78,000.	78,000.		
e Professional fundraising services. See Part IV, line 17 . . . . .	0.			
f Investment management fees . . . . .	329,194.		329,194.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	67,845.	38,890.	28,955.	
12 Advertising and promotion . . . . .	7,191.	3,448.	3,743.	
13 Office expenses . . . . .	51,217.	20,923.	30,294.	
14 Information technology . . . . .	62,912.	36,130.	26,782.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	257,833.	112,838.	144,995.	
17 Travel . . . . .	2,280.	1,259.	1,021.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	23,491.	20,048.	3,443.	
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	138,418.	69,510.	68,908.	
23 Insurance . . . . .	22,076.		22,076.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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	2,161.	1,736.	425.	
b EQUIPMENT LEASING AND EXPENS	17,086.	5,407.	11,679.	
c MEMBERSHIP DUES	19,829.	18,065.	1,764.	
d STAFF DEVELOPMENT	9,495.	2,597.	6,898.	
e All other expenses _____	15,743.	291.	15,452.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>7,471,336.</b>	<b>6,294,471.</b>	<b>1,176,865.</b>	
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	151.	<b>1</b>	551.
	<b>2</b> Savings and temporary cash investments . . . . .	114,342.	<b>2</b>	100,117.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net. . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	24,472.	<b>9</b>	17,623.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,259,058.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 148,007.	1,218,778.	<b>10c</b> 1,111,051.
	<b>11</b> Investments - publicly traded securities . . . . .	101,596,925.	<b>11</b>	111,378,581.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	34,417,001.	<b>12</b>	30,274,926.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,664.	<b>15</b>	13.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	137,374,333.	<b>16</b>	142,882,862.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	459,266.	<b>17</b>	115,456.
	<b>18</b> Grants payable . . . . .	2,827,416.	<b>18</b>	2,582,371.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,286,682.	<b>26</b>	2,697,827.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	134,087,651.	<b>27</b>	140,185,035.
	<b>28</b> Net assets with donor restrictions . . . . .	0.	<b>28</b>	0.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	134,087,651.	<b>32</b>	140,185,035.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	137,374,333.	<b>33</b>	142,882,862.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,839,513.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,471,336.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-5,631,823.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	134,087,651.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	11,729,207.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	140,185,035.

**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 on 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 on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- 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 . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (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	30-0455147	7			5,032,675.	0.
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					5,032,675.	

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

Schedule A (Form 990 or 990-EZ) 2020

JSA  
0E1210 0.030

The Reach Healthcare Foundation

EIN 20-0337230

2020 Form 990, Schedule A Part I - Supported Organization Listing

Name of Supported Organization	EIN	Code Section or Government Entity		Type of Organization	(V)	(VI)	Amount of Support
		Name					
Ad Hoc Group Against Crime	30-0455147	501(c)(3)		7			100
Alive and Well Communities	82-1919438	501(c)(3)		7			75,000
Belton Educational Foundation	43-1942967	501(c)(3)		7			19,000
Belton Mt Pleasant Emergency Welfare Association	43-1375646	501(c)(3)		7			6,000
BlaqOut	82-1144166	501(c)(3)		7			20,000
Budget and Financial Management Assistance	43-1747260	501(c)(3)		7			30,000
Calvary Community Outreach Network	43-1686109	501(c)(3)		7			2,000
Cass Community Health Foundation	43-1349495	501(c)(3)		7			100,000
Community Assistance Council	23-7439079	501(c)(3)		7			6,000
Community Care Network of Kansas Inc	48-1110925	501(c)(3)		7			122,000
Community Health Center of Southeast Kansas, Inc.	75-3002264	501(c)(3)		10			145,000
Community Health Council of Wyandotte County	01-0674969	501(c)(3)		10			143,000
Community Network for Behavioral Healthcare Inc.	43-1718104	501(c)(3)		10			40,000
Compass Health, Inc.	431032835	501(c)(3)		10			45,000
Comprehensive Mental Health Services, Inc. (CMHS)	43-0949079	501(c)(3)		10			100,000
Cornerstones Of Care	43-1689138	501(c)(3)		7			50,000
El Centro, Inc.	36-2904073	501(c)(3)		7			125,000
First Call Alcohol Drug Prevention & Recovery	44-0641486	501(c)(3)		10			20,858
Food Equality Initiative	47-2377396	501(c)(3)		7			20,000
Gateway Of Hope Ministries Inc.	22-3922901	501(c)(3)		10			6,000
Grandview Park Presbyterian Church	67-0360237	501(c)(3)		1			500
Grantmakers In Health	13-3206571	501(c)(3)		7			8,500
Greater Kansas City Community Foundation	43-1152398	501(c)(3)		8			50,500
Harvesters - The Community Food Network	43-1208665	501(c)(3)		7			1,000
Health Care Coalition of Lafayette County	30-0349221	501(c)(3)		7			530,000
Health Partnership Clinic Inc.	48-1115529	501(c)(3)		7			125,000
Heartland Regional Alcohol & Drug Assessment Center Inc.	74-2842360	501(c)(3)		7			10,250
Hope Unlimited, Inc.	48-0988579	501(c)(3)		7			6,000
JDRF International	23-1907729	501(c)(3)		7			600
Jewish Family Services	44-0545829	501(c)(3)		7			21,179
Jewish Vocational Service (JVS)	44-0545994	501(c)(3)		7			95,000
Johnson County Community College Foundation	23-7164614	501(c)(3)		5			250
Johnson County Interfaith Hospitality Network Inc.	20-0118693	501(c)(3)		10			1,543
Johnson County Mental Health Center	48-6034760	government		government			100,000
Kansas Action for Children	48-0879502	501(c)(3)		7			50,000
Kansas City Medical Society Foundation	56-2552704	501(c)(3)		7			5,000
Kansas City Public Schools Education Foundation	46-1176494	501(c)(3)		7			250
Kansas Governor's Grants Program	48-1124839	government		government			1,000
KC CARE Health Center	43-0967292	501(c)(3)		7			180,000
KC Mothers in Charge	47-2342408	501(c)(3)		7			20,000
KCUR	43-6003859	501(c)(3)		5			50,100
Kids Win Missouri	82-5089535	501(c)(3)		7			90,050
KidsTLC, Inc.	48-0774593	501(c)(3)		7			144,867
KU Endowment	48-0547734	501(c)(3)		5			2,750
KVC Health Systems, Inc.	26-2516589	501(c)(3)		12-Type II			28,944



The Reach Healthcare Foundation

EIN 20-0337230

2020 Form 990, Schedule A Part I - Supported Organization Listing

Name of Supported Organization	EIN	Code Section or Government Entity		Type of Organization	(V)	(VI)	Amount of Support
		Name					
Lafayette County Health Department	43-1241723	government		government			30,000
Mattie Rhodes Center	44-0546343	501(c)(3)		7			50,000
Mental Health America of the Heartland	48-1185409	501(c)(3)		7			1,000
Mid-America Regional Council	43-0976432	government		government			300,000
Migrant Farmworkers Assistance Fund	43-1805495	501(c)(3)		7			121,000
Mirror, Inc.	23-7433368	501(c)(3)		10			9,904
Missouri Budget Project	26-0062334	501(c)(3)		7			50,000
Missouri Coalition For Oral Health	20-5032836	501(c)(3)		7			1,000
Missouri Health Care For All	27-3885910	501(c)(3)		7			80,000
Missouri Organizing and Voter Engagement Collaborative (MOVE)	43-1619531	501(c)(3)		7			100,000
Operation Breakthrough, Inc.	43-0971560	501(c)(3)		7			5,500
Reconciliation Services	36-4580402	501(c)(3)		7			50,000
ReDiscover	23-7169417	501(c)(3)		10			141,000
reStart, Inc.	43-1349378	501(c)(3)		10			94,000
Samuel U. Rodgers Health Center, Inc.	43-0899356	501(c)(3)		3			250,000
Shawnee Mission Education Foundation	74-2823938	501(c)(3)		7			3,158
Shirley's Kitchen Cabinet	82-4463445	501(c)(3)		10			20,000
Southeast Kansas Mental Health Center	48-0678906	501(c)(3)		7			100,000
Sunflower House	48-0918698	501(c)(3)		7			1,749
Synergy Services, Inc.	43-0970674	501(c)(3)		7			95,000
The Children's Mercy Hospital	44-0605373	501(c)(3)		3			16,661
The Village Initiative Inc.	90-0808727	501(c)(3)		7			50,000
Thrive Allen County	32-0198379	501(c)(3)		7			106,000
Topeka Community Foundation	48-0972106	501(c)(3)		8			50,000
Tri-County Mental Health Services, Inc.	43-1556416	501(c)(3)		10			100,000
Tri-County Outreach	83-1321916	501(c)(3)		7			6,000
Truman Medical Center Charitable Foundation	43-1194064	501(c)(3)		7			50,000
United Community Services of Johnson County	48-0914699	501(c)(3)		7			51,000
United Way of Greater Kansas City	44-0545812	501(c)(3)		7			9,412
Urban League Of Kansas City Mo	44-0546273	501(c)(3)		10			50
Uzazi Village	46-0589830	501(c)(3)		10			20,000
Vibrant Health-Neighborhood Clinics	48-1151382	501(c)(3)		7			330,000
Warriors 4 Wyandotte	84-2664886	501(c)(3)		7			6,000
Welcoming America Inc	27-1049805	501(c)(3)		7			35,000
Wichita State University Community Engagement Institute	48-1124839	501(c)(3)		5			1,000
Wyandot Center for Community Behavioral Healthcare, Inc	48-0576044	501(c)(3)		7			100,000
<b>TOTAL Amount of 2020 Support =</b>							<b>5,032,675</b>

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

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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 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 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2020; 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2019.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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
<b>2</b> 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	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	X	
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	X	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
<b>8</b> 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 or 990-EZ).</i>		X
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) 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
<b>c</b> Did a disqualified person (as defined in line 9a) 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
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		X
<b>b</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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		X
<b>b</b>	A family member of a person described in line 11a above?		X
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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	
<b>2</b>	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
<b>1</b>	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
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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>		
<b>3</b>	By reason of the relationship described in line 2, above, 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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	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>b</b>	Did the activities described in line 2a, above, 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>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	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>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</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 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 . . . . .			
b	From 2016 . . . . .			
c	From 2017 . . . . .			
d	From 2018 . . . . .			
e	From 2019 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016 . . . .			
b	Excess from 2017 . . . .			
c	Excess from 2018 . . . .			
d	Excess from 2019 . . . .			
e	Excess from 2020 . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART I, LINE 12A

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.

SCHEDULE A, PART IV, SECTION A, LINE 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 TAXPAYERS 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.

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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). LAFAYETTE COUNTIES IN MISSOURI (THE SERVICE AREA). CASS AND LAFAYETTE COUNTIES IN MISSOURI (THE SERVICE AREA). LAFAYETTE COUNTIES IN MISSOURI (THE SERVICE AREA).

SCHEDULE A, PART IV, SECTION A, LINE 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

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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 2020 A TOTAL OF 138 GRANTS OF APPROXIMATELY \$5 MILLION TO 81 PUBLIC CHARITIES AND GOVERNMENTAL ENTITIES RECOGNIZED BY THE IRS AS ORGANIZATIONS DESCRIBED IN SECTION 509(A)(3) IN ACCORDANCE WITH THE ABOVE CRITERIA.

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART IV, SECTION A, LINES 5A & 5C

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

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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.

SCHEDULE A, PART IV, SECTION B, LINE 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 DESCRIBED 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.

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.
2. THE COMMUNITY ADVISORY COMMITTEE NOMINATES A SLATE OF QUALIFIED

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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.

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

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

POINT IN TIME ARE INDIVIDUALS WHO WERE SELECTED AS POTENTIAL 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.

SCHEDULE A, PART IV, SECTION B, LINE 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



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

---

HEALTHCARE OF THE RESIDENCES LIVING IN THE REGION THAT THE GOVERNMENT

UNITS ARE LOCATED.

**Schedule of Contributors**

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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	N/A	\$ 160,455.	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.)

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

**2020**

**Open to Public Inspection**

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

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," on 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," on 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," on 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. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (See instructions). . . . .

**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) 2020

**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.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		78,000.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		78,000.													
<b>d</b> Other exempt purpose expenditures . . . . .		7,393,336.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		7,471,336.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		523,567.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		130,892.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>												

**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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount	497,845.	487,874.	489,071.	523,567.	1,998,357.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					2,997,536.
<b>c</b> Total lobbying expenditures	120,240.	208,821.	120,000.	78,000.	527,061.
<b>d</b> Grassroots nontaxable amount	124,461.	121,969.	122,268.	130,892.	499,590.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					749,385.
<b>f</b> Grassroots lobbying expenditures	22,870.	68,821.	30,000.		121,691.

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)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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 campaign activity 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); 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 the instructions.



---

**Part IV** Supplemental Information *(continued)*

---

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2020

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 make 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 program
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" on 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: Description, 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 on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 Term endowment %
The percentages on 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 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- (i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (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 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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) MARKETABLE ALTERNATIVE INV	12,818,027.	FMV
(B) PRIVATE EQUITY FUNDS	16,280,553.	FMV
(C) PARTNERSHIP INTERESTS	1,176,346.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	30,274,926.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on 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)	
<b>Total.</b> (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 FASB 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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	13,239,527.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments . . . . .	2a	11,729,208.	
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .	2e	11,729,208.	
3	Subtract line 2e from line 1 . . . . .	3	1,510,319.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	329,194.	
b	Other (Describe in Part XIII.) . . . . .	4b		
c	Add lines 4a and 4b . . . . .	4c	329,194.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	1,839,513.	

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

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

1	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	7,142,142.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .	2e		
3	Subtract line 2e from line 1 . . . . .	3	7,142,142.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	329,194.	
b	Other (Describe in Part XIII.) . . . . .	4b		
c	Add lines 4a and 4b . . . . .	4c	329,194.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	7,471,336.	

**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

**2020**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBB	0.	0.	PASSIVE INVESTMENTS		332,795.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .					332,795.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					332,795.

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

Schedule F (Form 990) 2020

JSA  
0E1274 1.000

**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 noncash assistance	(h) Description of noncash 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 a tax exempt 501(c)(3) organization 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 noncash assistance	(g) Description of noncash 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 separately 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; don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**

**Part V** **Supplemental Information**

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

---

SCHEDULE F, PART I, LINE 3(1)

THE INVESTMENTS IN THE CENTRAL AMERICA AND THE CARIBBEAN REGION ARE  
CARRIED AT FAIR MARKET VALUE IN THE FINANCIAL STATEMENTS OF THE  
ORGANIZATION.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) SEE SCHEDULE I ATTACHMENT			5,032,675.				
(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 ▶ 64.

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) 2020

The Reach Healthcare Foundation  
 EIN 20-0337230  
 2020 Form 990, Schedule I - Grant Listing

Name of organization or government	Street	City	State	Zip	EIN	Code Section or Government Entity Name	Amount of Cash Grant	Amount of non-cash	Method of Valuation	Description of non-cash	Purpose of grant or assistance
Ad Hoc Group Against Crime	2701 E 31st Street	Kansas City	MO	64128	30-0455147	501(c)(3)	100				Discretionary
Alive and Well Communities	3407 S. Jefferson Ave., #6	St. Louis	MO	63118	82-1919438	501(c)(3)	75,000				Strong Safety Net
Belton Educational Foundation	110 W Walnut	Belton	MO	64012	43-1942967	501(c)(3)	19,000				Strong Safety Net
Belton Mt Pleasant Emergency Welfare Association	20406 S. Mullen Rd	Belton	MO	64012	43-1375646	501(c)(3)	6,000				Discretionary
BlaqOut	517 Campbell Street	Kansas City	MO	64106	82-1144166	501(c)(3)	20,000				Close the Coverage Gap
Budget and Financial Management Assistance	P.O. Box 414711	Kansas City	MO	64141	43-1747260	501(c)(3)	30,000				Enroll All Eligible
Calvary Community Outreach Network	2940 Holmes St	Kansas City	MO	64109	43-1686109	501(c)(3)	2,000				Discretionary
Cass Community Health Foundation	2316 E. Meyer Boulevard	Kansas City	MO	64132	43-1349495	501(c)(3)	100,000				Strong Safety Net
Community Assistance Council	10901 Blue Ridge Blvd	Kansas City	MO	64134	23-7439079	501(c)(3)	6,000				Discretionary
Community Care Network of Kansas Inc	700 SW Jackson, Suite 600	Topeka	KS	66603	48-1110925	501(c)(3)	122,000				Discretionary/ Close the Coverage Gap/ Strong Safety Net
Community Health Center of Southeast Kansas, Inc.	PO Box 1832	Pittsburg	KS	66762	75-3002264	501(c)(3)	145,000				Strong Safety Net
Community Health Council of Wyandotte County	803 Armstrong Ave	Kansas City	KS	66101	01-0674969	501(c)(3)	143,000				Enroll All Eligible/ Strong Safety Net
Community Network for Behavioral Healthcare Inc.	1627 Main Street, Suite 700	Kansas City	MO	64108	43-1718104	501(c)(3)	40,000				Discretionary
Compass Health, Inc.	1800 Community Drive	Clinton	MO	64735	431032835	501(c)(3)	45,000				Strong Safety Net
Comprehensive Mental Health Services, Inc. (CMHS)	17844 East 23rd Street	Independence	MO	64057	43-0949079	501(c)(3)	100,000				Strong Safety Net
Cornerstones Of Care	300 East 36th Street	Kansas City	MO	64111	43-1689138	501(c)(3)	50,000				Strong Safety Net
El Centro, Inc.	650 Minnesota Ave	Kansas City	KS	66101	36-2904073	501(c)(3)	125,000				Enroll All Eligible/ Strong Safety Net
First Call Alcohol Drug Prevention & Recovery	9091 State Line Road	Kansas City	MO	64114-3251	44-0641486	501(c)(3)	20,858				Other - CARES
Food Equality Initiative	300 E. 39th Street	Kansas City	MO	64111	47-2377396	501(c)(3)	20,000				Close the Coverage Gap
Gateway Of Hope Ministries Inc.	801 N. Mur-Len Rd, Suite 111	Olathe	KS	66062-1794	22-3922901	501(c)(3)	6,000				Discretionary
Grandview Park Presbyterian Church	1613 Wilson Blvd.	Kansas City	KS	66102	67-0360237	501(c)(3)	500				Discretionary
Grantmakers In Health	1100 Connecticut Ave NW Suite 1100	Washington	DC	20036	13-3206571	501(c)(3)	8,500				Discretionary
Greater Kansas City Community Foundation	1055 Broadway Blvd., Suite 130	Kansas City	MO	64105	43-1152398	501(c)(3)	50,500				Discretionary/ Strong Safety Net
Harvesters - The Community Food Network	3801 Topping Avenue	Kansas City	MO	64129	43-1208665	501(c)(3)	1,000				Discretionary
Health Care Coalition of Lafayette County	825 S Business Highway 13	Lexington	MO	64067	30-0349221	501(c)(3)	530,000				Enroll All Eligible/ Strong Safety Net
Health Partnership Clinic Inc.	407 S Clairborne Rd Ste 104	Olathe	KS	66062-1744	48-1115529	501(c)(3)	125,000				Strong Safety Net
Heartland Regional Alcohol & Drug Assessment Center Inc.	5500 Buena Vista Suite 203	Roeland Park	KS	66205-2704	74-2842360	501(c)(3)	10,250				Other - CARES
Hope Unlimited, Inc.	406 North Buckeye Street	Iola	KS	66749	48-0988579	501(c)(3)	6,000				Discretionary
JDRF International	26 Broadway 14th Floor	New York	NY	10004	23-1907729	501(c)(3)	600				Discretionary

The Reach Healthcare Foundation  
 EIN 20-0337230  
 2020 Form 990, Schedule I - Grant Listing

Name of organization or government	Street	City	State	Zip	EIN	Code Section or Government Entity Name	Amount of Cash Grant	Amount of non-cash	Method of Valuation	Description of non-cash	Purpose of grant or assistance
Jewish Family Services	5801 W 115th St Ste 103	Overland Park	KS	66211-1800	44-0545829	501(c)(3)	21,179				Other - CARES
Jewish Vocational Service (JVS)	4600 The Paseo Kansas City, MO 64110	Kansas City	MO	64110	44-0545994	501(c)(3)	95,000				Strong Safety Net
Johnson County Community College Foundation	12345 College Boulevard	Overland Park	KS	66210	23-7164614	501(c)(3)	250				Discretionary
Johnson County Interfaith Hospitality Network Inc.	6315 W 110th St	Overland Park	KS	66211-1509	20-0118693	501(c)(3)	1,543				Other - CARES
Johnson County Mental Health Center	6000 Lamar Ave., Suite 130	Mission	KS	66202	48-6034760	government	100,000				Strong Safety Net
Kansas Action for Children	709 S Kansas Avenue, Suite 200	Topeka	KS	66603	48-0879502	501(c)(3)	50,000				Strong Safety Net
Kansas City Medical Society Foundation	6750 Antioch Road, Suite 305-J	Merriam	KS	66204	56-2552704	501(c)(3)	5,000				Discretionary
Kansas City Public Schools Education Foundation	2901 Troost Avenue	Kansas City	MO	64109	46-1176494	501(c)(3)	250				Discretionary
Kansas Governor's Grants Program	900 SW Jackson Street, Room 304N	Topeka	KS	66612	48-1124839	government	1,000				Discretionary
KC CARE Health Center	3515 Broadway	Kansas City	MO	64111	43-0967292	501(c)(3)	180,000				Enroll All Eligible/ Strong Safety Net
KC Mothers in Charge	3200 Wayne Ave. Suite 124W	Kansas City	MO	64109	47-2342408	501(c)(3)	20,000				Close the Coverage Gap
KCUR	4825 Troost	Kansas City	MO	64110-2499	43-6003859	501(c)(3)	50,100				Discretionary/ Close the Coverage Gap
Kids Win Missouri	One Campbell Plaza Suite 101, Building A, Center Entrance	St. Louis	MO	63139	82-5089535	501(c)(3)	90,050				Discretionary/ Close the Coverage Gap/ Strong Safety Net
KidsTLC, Inc.	480 S. Rogers Road	Olathe	KS	66062	48-0774593	501(c)(3)	144,867				Other - CARES/ Strong Safety Net
KU Endowment	1891 Constant Avenue	Lawrence	KS	66044	48-0547734	501(c)(3)	2,750				Discretionary
KVC Health Systems, Inc.	4300 Brenner Drive	Kansas City	KS	66104	26-2516589	501(c)(3)	28,944				Other - CARES
Lafayette County Health Department	547 S Bus. Hwy. 13	Lexington	MO	64067	43-1241723	government	30,000				Strong Safety Net
Mattie Rhodes Center	148 N TOPPING AVE	KANSAS CITY	MO	64123-1534	44-0546343	501(c)(3)	50,000				Strong Safety Net
Mental Health America of the Heartland	739 Minnesota Avenue	Kansas City	KS	66101	48-1185409	501(c)(3)	1,000				Discretionary
Mid-America Regional Council	600 Broadway, Suite 200	Kansas City	MO	64105	43-0976432	government	300,000				Strong Safety Net
Migrant Farmworkers Assistance Fund	P.O. Box 413223	Kansas City	MO	64141	43-1805495	501(c)(3)	121,000				Discretionary/ Strong Safety Net
Mirror, Inc.	130 E. 5th St.	Newton	KS	67114	23-7433368	501(c)(3)	9,904				Other - CARES
Missouri Budget Project	1 Campbell Plaza Suite 101, Building A	St. Louis	MO	63139	26-0062334	501(c)(3)	50,000				Strong Safety Net
Missouri Coalition For Oral Health	617 Boonville Road	Jefferson City	MO	65109-0882	20-5032836	501(c)(3)	1,000				Discretionary
Missouri Health Care For All	P.O. Box 190429	St. Louis	MO	63119	27-3885910	501(c)(3)	80,000				Discretionary/ Strong Safety Net
Missouri Organizing and Voter Engagement Collaborative (MOVE)	4526 Paseo Blvd	Kansas City	MO	64110	43-1619531	501(c)(3)	100,000				Close the Coverage Gap
Operation Breakthrough, Inc.	3039 Troost Avenue	Kansas City	MO	64111	43-0971560	501(c)(3)	5,500				Discretionary
Reconciliation Services	3101 Troost Avenue	Kansas City	MO	64109	36-4580402	501(c)(3)	50,000				Strong Safety Net

The Reach Healthcare Foundation  
 EIN 20-0337230  
 2020 Form 990, Schedule I - Grant Listing

Name of organization or government	Street	City	State	Zip	EIN	Code Section or Government Entity Name	Amount of Cash Grant	Amount of non-cash	Method of Valuation	Description of non-cash	Purpose of grant or assistance
ReDiscover	1555 NE Rice Road	Lee's Summit	MO	64086	23-7169417	501(c)(3)	141,000				Discretionary/ Strong Safety Net
reStart, Inc.	918 E 9th Street	Kansas City	MO	64106	43-1349378	501(c)(3)	94,000				Strong Safety Net
Samuel U. Rodgers Health Center, Inc.	825 Euclid Avenue	Kansas City	MO	64124	43-0899356	501(c)(3)	250,000				Enroll All Eligible/ Strong Safety Net
Shawnee Mission Education Foundation	8200 W. 71st Street	Shawnee Mission	KS	66204	74-2823938	501(c)(3)	3,158				Discretionary
Shirley's Kitchen Cabinet	31 West 31st Street	Kansas City	MO	64108	82-4463445	501(c)(3)	20,000				Close the Coverage Gap
Southeast Kansas Mental Health Center	304 North Jefferson, PO Box 807	Iola	KS	66749	48-0678906	501(c)(3)	100,000				Strong Safety Net
Sunflower House	15440 W 65th Street	Shawnee	KS	66217	48-0918698	501(c)(3)	1,749				Other - CARES/ Discretionary
Synergy Services, Inc.	400 East 6th Street	Parkville	MO	64152	43-0970674	501(c)(3)	95,000				Strong Safety Net
The Children's Mercy Hospital	2401 Gillham Rd	Kansas City	MO	64108	44-0605373	501(c)(3)	16,661				Other - CARES
The Village Initiative Inc.	3004 N. 27th Street	Kansas City	KS	66104	90-0808727	501(c)(3)	50,000				Discretionary/ Close the Coverage Gap
Thrive Allen County	9 S Jefferson Ave	Iola	KS	66749	32-0198379	501(c)(3)	106,000				Discretionary/ Enroll All Eligible/ Strong Safety Net
Topeka Community Foundation	5431 SW 29th Street, Suite 300	Topeka	KS	66614	48-0972106	501(c)(3)	50,000				Close the Coverage Gap
Tri-County Mental Health Services, Inc.	3100 NE 83rd Street, Suite 1001	Kansas City	MO	64119	43-1556416	501(c)(3)	100,000				Strong Safety Net
Tri-County Outreach	903 W. Walnut Street, P.O. Box 36	Waverly	MO	64096	83-1321916	501(c)(3)	6,000				Discretionary
Truman Medical Center Charitable Foundation	2310 Holmes, STE 735	Kansas City	MO	64108	43-1194064	501(c)(3)	50,000				Enroll All Eligible
United Community Services of Johnson County	9001 W. 110th St. Ste. 100	Overland Park	KS	66210	48-0914699	501(c)(3)	51,000				Discretionary/ Strong Safety Net
United Way of Greater Kansas City	801 West 47th Street	Kansas City	MO	64112	44-0545812	501(c)(3)	9,412				Discretionary
Urban League Of Kansas City Mo	1710 Paseo Boulevard	Kansas City	MO	64108	44-0546273	501(c)(3)	50				Discretionary
Uzazi Village	4232 Troost Ave	Kansas City	MO	64110	46-0589830	501(c)(3)	20,000				Close the Coverage Gap
Vibrant Health-Neighborhood Clinics	21 N. 12th Street, #300	Kansas City	KS	66102	48-1151382	501(c)(3)	330,000				Close the Coverage Gap/ Strong Safety Net
Warriors 4 Wyandotte	401 North 78th Street	Kansas City	KS	66112	84-2664886	501(c)(3)	6,000				Discretionary
Welcoming America Inc	P. O. Box 2554	Decatur	GA	30031	27-1049805	501(c)(3)	35,000				Close the Coverage Gap
Wichita State University Community Engagement Institute	1845 Fairmount, Box 201	Wichita	KS	67260	48-1124839	501(c)(3)	1,000				Discretionary
Wyandot Center for Community Behavioral Healthcare, Inc	757 Armstrong Avenue	Kansas City	KS	66101	48-0576044	501(c)(3)	100,000				Strong Safety Net

**Part III Grants and Other Assistance to Domestic Individuals.** 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.** 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 ESTABLISHED AND APPROVED A DISTINCT POLICY OUTLINING THE FOUNDATION'S GRANT 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:

ALL GRANTS FOLLOW THE REVIEW AND APPROVAL PROCESS OUTLINED BELOW:

1. A GRANT APPLICATION IS RECEIVED VIA THE GRANT APPLICATION MANAGER



**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

2. THE DIRECTOR OF GRANTS AND OPERATIONS PROCESSES THE PROPOSAL AND

CONDUCTS DUE DILIGENCE:

PRINTS A HARD COPY OF THE APPLICATION, INCLUDING THE PROPOSAL, BUDGET, BUDGET EXPLANATION AND ALL SUPPORTING DOCUMENTATION FOR THE PAPER FILE; CHECKS IT FOR COMPLETENESS AND CONTACTS THE APPLICANT IF THERE ARE ANY ISSUES; CREATES A NEW RECORD REQUEST IN THE GRANTS DATABASE, ASSIGNS THE REQUEST A UNIQUE REFERENCE NUMBER, APPROPRIATELY CODES THE REQUEST TO CAPTURE THE TYPE OF GRANT, OUTCOME, STRATEGY, AND OTHER NECESSARY CRITERIA TO TRACK; AND GENERATES A COVER SHEET;

**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

VERIFIES THE APPLICANT'S TAX STATUS VIA GUIDESTAR;

VERIFIES THE APPLICANT ORGANIZATION HAS FILED REGISTRATION AS A NONPROFIT

BUSINESS ENTITY WITH THEIR RESPECTIVE SECRETARY OF STATE'S OFFICE;

EMAILS A RECEIPT NOTIFICATION TO THE APPLICANT; AND FORWARDS THE HARD

COPY OF THE PROPOSAL AND SUPPORTING DOCUMENTATION TO THE APPROPRIATE

PROGRAM STAFF FOR REVIEW.

**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

3. PROGRAM STAFF COMPLETES A THOROUGH REVIEW OF THE PROPOSAL, AND FORWARDS TO THE PRESIDENT AND CEO FOR APPROVAL.

4. THE PRESIDENT AND CEO AUTHORIZES APPROVAL BY SIGNING THE COVER SHEET.

5. THE APPLICATION IS RETURNED TO THE DIRECTOR FOR APPROVAL IN THE GRANTS DATABASE. THE DIRECTOR NOTIFIES GRANT APPLICANTS OF AWARDS VIA EMAIL IMMEDIATELY FOLLOWING APPROVAL. A CHECK REQUEST IS GENERATED, AND THE GRANT IS BOOKED IN THE FINANCIAL ACCOUNTING SYSTEM. ALL GRANTS ARE BOOKED AT THE TIME OF APPROVAL.

**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

6. THE CHECK REQUEST IS FORWARDED TO THE DESIGNATED PROGRAM STAFF, AND A GRANT AGREEMENT MAY BE GENERATED.

ALL GRANTS FOR AMOUNTS \$150,000 AND BELOW, AND WITHIN THE LIMITS OF THE CURRENT BOARD APPROVED BUDGET, MAY BE REVIEWED AND APPROVED BY THE PRESIDENT AND CEO. ALL GRANTS GREATER THAN \$150,000 SHALL BE REVIEWED AND APPROVED BY THE PROGRAM AND POLICY COMMITTEE, AND THEN SUBMITTED TO THE BOARD OF DIRECTORS FOR ITS REVIEW AND APPROVAL, UNLESS SPECIFIC DISCRETION HAS BEEN OTHERWISE GIVEN TO THE PRESIDENT AND CEO OR PROGRAM

**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

AND POLICY COMMITTEE BY THE BOARD OF DIRECTORS.

GRANT AGREEMENTS

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

**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PRESIDENT AND CEO. GRANT AGREEMENTS MUST BE FULLY EXECUTED WITH THREE SIGNATURES AND RETURNED TO THE FOUNDATION WITHIN 60 DAYS OF AWARD NOTIFICATION. SCANNED OR FAXED COPIES ARE ACCEPTABLE. IF THE FULLY EXECUTED GRANT AGREEMENT IS NOT RECEIVED WITHIN THIS TIME FRAME, THE FOUNDATION MAY, AT ITS DISCRETION, RESCIND THE GRANT AWARD.

PAYMENTS

GRANT AWARDS OF \$30,000 AND BELOW ARE ISSUED IN A SINGLE PAYMENT BASED ON THE PRESIDENT AND CEO'S AUTHORIZATION. FOR GRANT AWARDS EXCEEDING

**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

\$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

VP FINANCE AND OPERATIONS AND CFO, BASED ON SPENDING THRESHOLDS

(GENERALLY 80% OF THE FIRST PAYMENT MUST BE EXPENDED) AND CONTINGENCIES

OUTLINED IN THE GRANT AGREEMENT.

**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANT PAYMENTS WILL BE INITIATED BY PROGRAM STAFF. PROGRAM STAFF WILL SIGN THE CHECK REQUEST, ATTACH THE SIGNED AGREEMENT (IF GRANT IS GREATER THAN \$10,000) AND DOCUMENTATION RELATED TO CONTINGENCIES (IF ANY), AND FORWARD TO THE CFO. THE CFO WILL REVIEW THE EXECUTED AGREEMENT, ENSURE CONTINGENCIES HAVE BEEN ADEQUATELY ADDRESSED, REVIEW SUPPORTING DOCUMENTATION IN THE PAPER FILE, AND PROVIDE AUTHORIZATION TO PROCESS THE PAYMENT.

PAYMENTS ARE PROCESSED BY THE DIRECTOR OF GRANTS AND OPERATIONS IN ACCORDANCE WITH THE SPECIFIC REQUIREMENTS DESCRIBED IN THE PAYMENT



**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE OF THE GRANT AGREEMENT. PAYMENTS CONTINGENT ON INTERIM PROGRESS

REPORTS LISTED IN THE REPORTING SCHEDULE OF THE GRANT AGREEMENT WILL BE

ISSUED WITHIN THIRTY (30) DAYS OF APPROVAL OF THE REPORTS.

CHECKS FOR AMOUNTS OVER \$10,000 REQUIRE A SECOND SIGNATURE BY EITHER THE

FOUNDATION'S CHARMAN OR TREASURER OF THE BOARD.

CHECK REQUESTS AND PAYMENT STUBS ARE FILED IN THE RESPECTIVE GRANT'S

PAPER FILE.

**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANTEES ARE ENCOURAGED TO DEPOSIT GRANT PAYMENTS IN A TIMELY MANNER. IF CHECKS ARE NOT CASHED WITHIN 90 DAYS OF THE PAYMENT DATE, THE CHECK WILL BE CANCELLED AND REISSUED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as 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 on line 1a?

**3** Indicate which, if any, of the following the 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

**8** Were any amounts reported on 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.

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

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

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

Schedule J (Form 990) 2020

**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 on 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 aren't 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOANNE YUN VP FINANCE AND OPERATIONS/CFO	(i)	144,761.	0.	0.	18,589.	50,726.	214,076.	
	(ii)	0.	0.	0.	0.	0.	0.	
2 BRENDA SHARPE PRESIDENT AND CEO	(i)	290,110.	0.	0.	44,855.	43,799.	378,764.	
	(ii)	0.	0.	0.	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**

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

Name of the organization

THE REACH HEALTHCARE FOUNDATION

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

20-0337230

FORM 990, PART 1, 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

CARES ACT SUB-RECIPIENT GRANTS, DISCRETIONARY GRANTS, AND MISCELLANEOUS  
GRANTS. FEDERAL CARES ACT FUNDING RECEIVED BY JOHNSON COUNTY, KS WAS  
REDISTRIBUTED BY THE FOUNDATION TO QUALIFIED GRANTEEES. DISCRETIONARY  
GRANTS SUPPORT SHORTTERM PROJECTS AND NEEDS (E.G., CONFERENCE AND  
CONVENING COSTS, SURVEY/DATA COLLECTION, TECHNICAL ASSISTANCE, AND  
NONPROFIT DEVELOPMENT PROGRAMS). IN 2020, 56 SUB-RECIPIENT,  
DISCRETIONARY, AND OTHER GRANTS WERE AWARDED.

EXPENSES: \$431,873

GRANTS: \$347,675

REVENUE: NONE

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.

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

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 2020, 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 2020 STUDY AND OTHER CURRENT AVAILABLE INFORMATION. THE EXECUTIVE COMMITTEE MAKES A COMPENSATION RECOMMENDATION TO THE BOARD BASED ON THE COMMISSIONED REVIEW AND OTHER CURRENT SURVEY INFORMATION AVAILABLE. RELEVANT MARKET INFORMATION FOR THIS ANALYSIS INCLUDES 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 DELIBERATIONS LEADING TO THE APPROVED ACTION. THE

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

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 2020, THE BOARD CONDUCTED A COMPREHENSIVE, COMMISSIONED COMPENSATION REVIEW FOR ALL STAFF, INCLUDING THE CFO AND VP OF PROGRAMS. THE CEO MAKES A COMPENSATION RECOMMENDATION TO THE BOARD BASED ON A PERIODIC COMMISSIONED REVIEW PREPARED BY AN OUTSIDE COMPENSATION CONSULTANT AND ANY OTHER CURRENT RELATED INFORMATION THAT MAY BE 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 INCLUDE 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 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



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

WWW.REACHHEALTH.ORG. ALSO INCLUDED ON THE WEBSITE ARE POLICIES REGARDING DIVERSITY AND INCLUSION, RECORDS RETENTION, INVESTMENT OBJECTIVES, WHISTLEBLOWER PRACTICE, AND PUBLIC ACCESS.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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) REACH REAL ESTATE HOLDINGS LLC 26-1392850 8131 METCALF AVENUE, STE 200 OVERLAND PARK, KS 66204	RE INVESTMENT	KS	-96.	1,176,346.	REACH HC FND
(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) JOHNSON COUNTY MENTAL HEALTH CENTER 48-6034760 6000 LAMAR AVE., SUITE 130 MISSION, KS 66202	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		X
(2) KANSAS GOVERNOR'S GRANTS PROGRAM 48-1124839 900 SW JACKSON STREET, ROOM 30 TOPEKA, KS 66612	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		X
(3) LAFAYETTE COUNTY HEALTH DEPARTMENT 43-1241723 547 S BUS. HWY. 13 LEXINGTON, MO 64067	GOVERNMENT	MO	GOVERNMENT	N/A	N/A		X
(4) MID-AMERICA REGIONAL COUNCIL 43-0976432 600 BROADWAY, SUITE 200 KANSAS CITY, MO 64105	GOVERNMENT	MO	GOVERNMENT	N/A	N/A		X
(5) OTHER-SEE SCHEDULE R ATTACHMENT	VARIOUS		VARIOUS	VARIOUS	VARIOUS		X
(6)							
(7)							

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

Schedule R (Form 990) 2020

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)	
											Yes	No
Ad Hoc Group Against Crime	2701 E 31st Street	Kansas City	MO	64128	30-0455147	Public Charity	MO	501(c)(3)	7	NO		X
Alive and Well Communities	3407 S. Jefferson Ave., #6	St. Louis	MO	63118	82-1919438	Public Charity	MO	501(c)(3)	7	NO		X
Belton Educational Foundation	110 W Walnut	Belton	MO	64012	43-1942967	Public Charity	MO	501(c)(3)	7	NO		X
Belton Mt Pleasant Emergency Welfare Association	20406 S. Mullen Rd	Belton	MO	64012	43-1375646	Public Charity	MO	501(c)(3)	7	NO		X
BlaqOut	517 Campbell Street	Kansas City	MO	64106	82-1144166	Public Charity	MO	501(c)(3)	7	NO		X
Budget and Financial Management Assistance	P.O. Box 414711	Kansas City	MO	64141	43-1747260	Public Charity	MO	501(c)(3)	7	NO		X
Calvary Community Outreach Network	2940 Holmes St	Kansas City	MO	64109	43-1686109	Public Charity	MO	501(c)(3)	7	NO		X
Cass Community Health Foundation	2316 E. Meyer Boulevard	Kansas City	MO	64132	43-1349495	Public Charity	MO	501(c)(3)	7	NO		X
Community Assistance Council	10901 Blue Ridge Blvd	Kansas City	MO	64134	23-7439079	Public Charity	MO	501(c)(3)	7	NO		X
Community Care Network of Kansas Inc	700 SW Jackson, Suite 600	Topeka	KS	66603	48-1110925	Public Charity	KS	501(c)(3)	7	NO		X
Community Health Center of Southeast Kansas, Inc.	PO Box 1832	Pittsburg	KS	66762	75-3002264	Public Charity	KS	501(c)(3)	10	NO		X
Community Health Council of Wyandotte County	803 Armstrong Ave	Kansas City	KS	66101	01-0674969	Public Charity	KS	501(c)(3)	10	NO		X
Community Network for Behavioral Healthcare Inc.	1627 Main Street, Suite 700	Kansas City	MO	64108	43-1718104	Public Charity	MO	501(c)(3)	10	NO		X
Compass Health, Inc.	1800 Community Drive	Clinton	MO	64735	431032835	Public Charity	MO	501(c)(3)	10	NO		X
Comprehensive Mental Health Services, Inc. (CMHS)	17844 East 23rd Street	Independence	MO	64057	43-0949079	Public Charity	MO	501(c)(3)	10	NO		X
Cornerstones Of Care	300 East 36th Street	Kansas City	MO	64111	43-1689138	Public Charity	MO	501(c)(3)	7	NO		X
El Centro, Inc.	650 Minnesota Ave	Kansas City	KS	66101	36-2904073	Public Charity	KS	501(c)(3)	7	NO		X
First Call Alcohol Drug Prevention & Recovery	9091 State Line Road	Kansas City	MO	64114-3251	44-0641486	Public Charity	MO	501(c)(3)	10	NO		X
Food Equality Initiative	300 E. 39th Street	Kansas City	MO	64111	47-2377396	Public Charity	MO	501(c)(3)	7	NO		X
Gateway Of Hope Ministries Inc.	801 N. Mur-Len Rd, Suite 111	Olathe	KS	66062-1794	22-3922901	Public Charity	KS	501(c)(3)	10	NO		X
Grandview Park Presbyterian Church	1613 Wilson Blvd.	Kansas City	KS	66102	67-0360237	Public Charity	KS	501(c)(3)	1	NO		X
Grantmakers In Health	1100 Connecticut Ave NW Suite 1100	Washington	DC	20036	13-3206571	Public Charity	DC	501(c)(3)	7	NO		X
Greater Kansas City Community Foundation	1055 Broadway Blvd., Suite 130	Kansas City	MO	64105	43-1152398	Public Charity	MO	501(c)(3)	8	NO		X
Harvesters - The Community Food Network	3801 Topping Avenue	Kansas City	MO	64129	43-1208665	Public Charity	MO	501(c)(3)	7	NO		X
Health Care Coalition of Lafayette County	825 S Business Highway 13	Lexington	MO	64067	30-0349221	Public Charity	MO	501(c)(3)	7	NO		X
Health Partnership Clinic Inc.	407 S Clairborne Rd Ste 104	Olathe	KS	66062-1744	48-1115529	Public Charity	KS	501(c)(3)	7	NO		X
Heartland Regional Alcohol & Drug Assessment Center Inc.	5500 Buena Vista Suite 203	Roeland Park	KS	66205-2704	74-2842360	Public Charity	KS	501(c)(3)	7	NO		X
Hope Unlimited, Inc.	406 North Buckeye Street	Iola	KS	66749	48-0988579	Public Charity	KS	501(c)(3)	7	NO		X

Name of Supported Organization	Address	City	State	Zip	(a) EIN	(b) Primary Activity	(c) Legal Domicile (state or foreign country)	(d) Exempt Code Section	(e) Public Charity Status	(f) Direct Controlling Entity	Yes/No	
											Yes	No
JDRF International	26 Broadway 14th Floor	New York	NY	10004	23-1907729	Public Charity	NY	501(c)(3)	7	NO		X
Jewish Family Services	5801 W 115th St Ste 103	Overland Park	KS	66211-1800	44-0545829	Public Charity	KS	501(c)(3)	7	NO		X
Jewish Vocational Service (JVS)	4600 The Paseo Kansas City, MO 64110	Kansas City	MO	64110	44-0545994	Public Charity	MO	501(c)(3)	7	NO		X
Johnson County Community College Foundation	12345 College Boulevard	Overland Park	KS	66210	23-7164614	Public Charity	KS	501(c)(3)	5	NO		X
Johnson County Interfaith Hospitality Network Inc.	6315 W 110th St	Overland Park	KS	66211-1509	20-0118693	Public Charity	KS	501(c)(3)	10	NO		X
Johnson County Mental Health Center	6000 Lamar Ave., Suite 130	Mission	KS	66202	48-6034760	Government	KS	government	governme nt	NO		X
Kansas Action for Children	709 S Kansas Avenue, Suite 200	Topeka	KS	66603	48-0879502	Public Charity	KS	501(c)(3)	7	NO		X
Kansas City Medical Society Foundation	6750 Antioch Road, Suite 305-J	Merriam	KS	66204	56-2552704	Public Charity	KS	501(c)(3)	7	NO		X
Kansas City Public Schools Education Foundation	2901 Troost Avenue	Kansas City	MO	64109	46-1176494	Public Charity	MO	501(c)(3)	7	NO		X
Kansas Governor's Grants Program	900 SW Jackson Street, Room 304N	Topeka	KS	66612	48-1124839	government	KS	government	governme nt	NO		X
KC CARE Health Center	3515 Broadway	Kansas City	MO	64111	43-0967292	Public Charity	MO	501(c)(3)	7	NO		X
KC Mothers in Charge	3200 Wayne Ave. Suite 124W	Kansas City	MO	64109	47-2342408	Public Charity	MO	501(c)(3)	7	NO		X
KCUR	4825 Troost	Kansas City	MO	64110-2499	43-6003859	Public Charity	MO	501(c)(3)	5	NO		X
Kids Win Missouri	One Campbell Plaza Suite 101, Building A, Center Entrance	St. Louis	MO	63139	82-5089535	Public Charity	MO	501(c)(3)	7	NO		X
KidsTLC, Inc.	480 S. Rogers Road	Olathe	KS	66062	48-0774593	Public Charity	KS	501(c)(3)	7	NO		X
KU Endowment	1891 Constant Avenue	Lawrence	KS	66044	48-0547734	Public Charity	KS	501(c)(3)	5	NO		X
KVC Health Systems, Inc.	4300 Brenner Drive	Kansas City	KS	66104	26-2516589	Public Charity	KS	501(c)(3)	12-Type II	NO		X
Lafayette County Health Department	547 S Bus. Hwy. 13	Lexington	MO	64067	43-1241723	Government	MO	government	governme nt	NO		X
Mattie Rhodes Center	148 N TOPPING AVE	KANSAS CITY	MO	64123-1534	44-0546343	Public Charity	MO	501(c)(3)	7	NO		X
Mental Health America of the Heartland	739 Minnesota Avenue	Kansas City	KS	66101	48-1185409	Public Charity	KS	501(c)(3)	7	NO		X
Mid-America Regional Council	600 Broadway, Suite 200	Kansas City	MO	64105	43-0976432	government	MO	government	governme nt	NO		X
Migrant Farmworkers Assistance Fund	P.O. Box 413223	Kansas City	MO	64141	43-1805495	Public Charity	MO	501(c)(3)	7	NO		X
Mirror, Inc.	130 E. 5th St.	Newton	KS	67114	23-7433368	Public Charity	KS	501(c)(3)	10	NO		X
Missouri Budget Project	1 Campbell Plaza Suite 101, Building A	St. Louis	MO	63139	26-0062334	Public Charity	MO	501(c)(3)	7	NO		X
Missouri Coalition For Oral Health	617 Boonville Road	Jefferson City	MO	65109-0882	20-5032836	Public Charity	MO	501(c)(3)	7	NO		X
Missouri Health Care For All	P.O. Box 190429	St. Louis	MO	63119	27-3885910	Public Charity	MO	501(c)(3)	7	NO		X
Missouri Organizing and Voter Engagement Collaborative (MOVE)	4526 Paseo Blvd	Kansas City	MO	64110	43-1619531	Public Charity	MO	501(c)(3)	7	NO		X
Operation Breakthrough, Inc.	3039 Troost Avenue	Kansas City	MO	64111	43-0971560	Public Charity	MO	501(c)(3)	7	NO		X
Reconciliation Services	3101 Troost Avenue	Kansas City	MO	64109	36-4580402	Public Charity	MO	501(c)(3)	7	NO		X
ReDiscover	1555 NE Rice Road	Lee's Summit	MO	64086	23-7169417	Public Charity	MO	501(c)(3)	10	NO		X
reStart, Inc.	918 E 9th Street	Kansas City	MO	64106	43-1349378	Public Charity	MO	501(c)(3)	10	NO		X

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	
											Yes	No
Samuel U. Rodgers Health Center, Inc.	825 Euclid Avenue	Kansas City	MO	64124	43-0899356	Public Charity	MO	501(c)(3)	3	NO		X
Shawnee Mission Education Foundation	8200 W. 71st Street	Shawnee Mission	KS	66204	74-2823938	Public Charity	KS	501(c)(3)	7	NO		X
Shirley's Kitchen Cabinet	31 West 31st Street	Kansas City	MO	64108	82-4463445	Public Charity	MO	501(c)(3)	10	NO		X
Southeast Kansas Mental Health Center	304 North Jefferson, PO Box 807	Iola	KS	66749	48-0678906	Public Charity	KS	501(c)(3)	7	NO		X
Sunflower House	15440 W 65th Street	Shawnee	KS	66217	48-0918698	Public Charity	KS	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 Children's Mercy Hospital	2401 Gillham Rd	Kansas City	MO	64108	44-0605373	Public Charity	MO	501(c)(3)	3	NO		X
The Village Initiative Inc.	3004 N. 27th Street	Kansas City	KS	66104	90-0808727	Public Charity	KS	501(c)(3)	7	NO		X
Thrive Allen County	9 S Jefferson Ave	Iola	KS	66749	32-0198379	Public Charity	KS	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
Tri-County Mental Health Services, Inc.	3100 NE 83rd Street, Suite 1001	Kansas City	MO	64119	43-1556416	Public Charity	MO	501(c)(3)	10	NO		X
Tri-County Outreach	903 W. Walnut Street, P.O. Box 36	Waverly	MO	64096	83-1321916	Public Charity	MO	501(c)(3)	7	NO		X
Truman Medical Center Charitable Foundation	2310 Holmes, STE 735	Kansas City	MO	64108	43-1194064	Public Charity	MO	501(c)(3)	7	NO		X
United Community Services of Johnson County	9001 W. 110th St. Ste. 100	Overland Park	KS	66210	48-0914699	Public Charity	KS	501(c)(3)	7	NO		X
United Way of Greater Kansas City	801 West 47th Street	Kansas City	MO	64112	44-0545812	Public Charity	MO	501(c)(3)	7	NO		X
Urban League Of Kansas City Mo	1710 Paseo Boulevard	Kansas City	MO	64108	44-0546273	Public Charity	MO	501(c)(3)	10	NO		X
Uzazi Village	4232 Troost Ave	Kansas City	MO	64110	46-0589830	Public Charity	MO	501(c)(3)	10	NO		X
Vibrant Health-Neighborhood Clinics	21 N. 12th Street, #300	Kansas City	KS	66102	48-1151382	Public Charity	KS	501(c)(3)	7	NO		X
Warriors 4 Wyandotte	401 North 78th Street	Kansas City	KS	66112	84-2664886	Public Charity	KS	501(c)(3)	7	NO		X
Welcoming America Inc	P. O. Box 2554	Decatur	GA	30031	27-1049805	Public Charity	GA	501(c)(3)	7	NO		X
Wichita State University Community Engagement Institute	1845 Fairmount, Box 201	Wichita	KS	67260	48-1124839	Public Charity	KS	501(c)(3)	5	NO		X
Wyandot Center for Community Behavioral Healthcare, Inc	757 Armstrong Avenue	Kansas City	KS	66101	48-0576044	Government	KS	501(c)(3)	7	NO		X

**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 400 HOWARD ST. SAN FRANCISCO, CA 94105 33-6357400	GRANTOR TRUST	CA	REACH	TRUST	1,402,927.	9,035,250.	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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> 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)			
(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)													