

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning, 2024, and ending, 20

B Check if applicable: C Name of organization THE REACH HEALTHCARE FOUNDATION D Employer identification number 20-0337230 E Telephone number (913) 432-4196 G Gross receipts \$ 23,141,661 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number I Tax-exempt status: J Website: WWW.REACHHEALTH.ORG K Form of organization: L Year of formation: 2003 M State of legal domicile: KS

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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 BRENDA R SHARPE, PRESIDENT & CEO. Date. Paid Preparer Use Only: Print/Type preparer's name MICHAEL ENGLE, Preparer's signature, Date, Check if self-employed, PTIN P00482834, Firm's name FORVIS MAZARS, LLP, Firm's EIN 44-0160260, Firm's address 1201 WALNUT STREET 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 [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2024)

**Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans**

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, 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).

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

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.

**Part I — Identification**

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information  
 Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II — Automatic Extension of Time To File for Exempt Organizations** (see instructions)

- The books are in the care of JOANNE R YUN, 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 11/17, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 24 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-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-TE and Form 8879-TE for payment instructions.



**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**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  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 2,893,866 including grants of \$ 2,210,500 ) (Revenue \$ 0 )  
STRENGTHEN THE SAFETY NET OUTCOME INVESTMENT GRANTS ARE AWARDED TO STRENGTHEN THE SAFETY NET AND EXPAND ITS CAPACITY TO PROVIDE QUALITY, WHOLE-PERSON CARE. THIS PROGRAM AREA ALSO INCLUDES CORE OPERATING SUPPORT FOR ORGANIZATIONS DETERMINED TO BE ESSENTIAL CONTRIBUTORS TO THE REGION'S HEALTH CARE SAFETY NET SYSTEM. IN 2024, 43 STRENGTHEN THE SAFETY NET GRANTS WERE AWARDED.

**4b** (Code: ) (Expenses \$ 1,508,786 including grants of \$ 1,082,000 ) (Revenue \$ 0 )  
BRIDGE THE COVERAGE DIVIDE OUTCOME INVESTMENT GRANTS BRIDGE THE COVERAGE DIVIDE THROUGH EXPANDED ACCESS TO MEDICAID AND OTHER PUBLICLY FUNDED HEALTH AND HUMAN SERVICES. IN 2024, 27 BRIDGE THE COVERAGE GRANTS WERE AWARDED.

**4c** (Code: ) (Expenses \$ 1,456,076 including grants of \$ 908,355 ) (Revenue \$ 0 )  
CLOSE THE HEALTH EQUITY GAP OUTCOME INVESTMENT GRANTS ADVANCE HEALTH EQUITY THROUGH PROGRAMS AND PARTNERSHIPS THAT FULLY ENGAGE IMPACTED POPULATIONS IN REDUCING HEALTH DISPARITIES. IN 2024, 47 CLOSE THE HEALTH EQUITY GAP GRANTS WERE AWARDED.

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 242,225 including grants of \$ 117,718 ) (Revenue \$ 0 )

**4e** Total program service expenses 6,100,953

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

**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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	✓	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	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	<b>2a</b>	9		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓	
<b>b</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>	<b>3b</b>		✓	
<b>4a</b>	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)?	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<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>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 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.  
JOANNE R YUN, 8131 METCALF AVENUE, STE 200, OVERLAND PARK, KS 66204, (913) 432-4196

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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	40.0 0.0			✓			341,128	0	50,287	
(2) JOANNE YUN VP FINANCE AND OPERATIONS/CFO	40.0 0.0			✓			245,152	0	79,982	
(3) CARLA GIBSON VICE PRESIDENT OF PROGRAMS	40.0 0.0					✓	192,653	0	37,744	
(4) REBECCA BENAK DIRECTOR OF GRANTS & OPERATION	40.0 0.0					✓	126,547	0	15,744	
(5) GUY COLLIER CHAIR/DIRECTOR	5.0 0.0	✓		✓			0	0	0	
(6) JERMEE JONES VICE CHAIR/DIRECTOR	5.0 0.0	✓		✓			0	0	0	
(7) JUSTIN RICHTER TREASURER/DIRECTOR	5.0 0.0	✓		✓			0	0	0	
(8) OCTAVIO ESTRELLA SECRETARY/DIRECTOR	5.0 0.0	✓		✓			0	0	0	
(9) PATTI MIKLOS-BOYD PROGRAM COMM CHAIR/DIRECTOR	5.0 0.0	✓		✓			0	0	0	
(10) ANNA SAHLI DIRECTOR	5.0 0.0	✓					0	0	0	
(11) CELIA BYERS DIRECTOR	5.0 0.0	✓					0	0	0	
(12) DERYL WYNN DIRECTOR	5.0 0.0	✓					0	0	0	
(13) DICK WORKS DIRECTOR	5.0 0.0	✓					0	0	0	
(14) JENNA ROSE DIRECTOR	5.0 0.0	✓					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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KATHY WOLFE MOORE DIRECTOR	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) KEVIN KLAMM DIRECTOR	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) LYNETTE SPARKMAN-BARNES DIRECTOR	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) MEGAN KNOBLAUCH DIRECTOR	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) NICOLE PALMER DIRECTOR	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) SHARLA SMITH DIRECTOR	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) TIFFANY GLADDIS DIRECTOR	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>								905,480	0	183,757
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								905,480	0	183,757

**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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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, 101 CALIFORNIA STREET, STE 3300, SAN FRANCISCO, CA 94111	INVEST CONSULTING	191,512

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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>				
	<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 . . . . .			0		
	<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 . .		0	0	0	0
<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) . . . . .		949,108			949,108
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	22,054,667			
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	14,251,049			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	7,803,618	0		
	<b>d</b>	Net gain or (loss) . . . . .		7,803,618		104,424	7,699,194
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>				
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>11a</b>	INCOME FROM PARTNERSHIPS	Business Code 901101	137,886	0	137,886	0
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		0	0	0	0
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		137,886			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		8,890,612	0	242,310	8,648,302	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	4,318,573	4,318,573		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	739,549	338,861	400,688	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	609,271	523,920	85,351	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	55,913	49,786	6,127	
<b>9</b> Other employee benefits . . . . .	51,132	47,386	3,746	
<b>10</b> Payroll taxes . . . . .	75,107	52,108	22,999	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	20,789		20,789	
<b>c</b> Accounting . . . . .	52,210		52,210	
<b>d</b> Lobbying . . . . .	155,035	155,035		
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	416,750		416,750	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	301,711	270,246	31,465	0
<b>12</b> Advertising and promotion . . . . .	13,088	8,313	4,775	
<b>13</b> Office expenses . . . . .	86,032	54,938	31,094	
<b>14</b> Information technology . . . . .	65,406	30,768	34,638	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	270,771	115,329	155,442	
<b>17</b> Travel . . . . .	27,373	15,641	11,732	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	66,158	50,449	15,709	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	79,601	35,360	44,241	
<b>23</b> Insurance . . . . .	25,810		25,810	
<b>24</b> 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.) . . . . .				
<b>a</b> <u>MEMBERSHIP DUES</u> . . . . .	29,256	22,562	6,694	
<b>b</b> <u>EQUIPMENT LEASING AND EXPENSE</u> . . . . .	13,474	1,207	12,267	
<b>c</b> <u>STAFF DEVELOPMENT</u> . . . . .	12,946	8,381	4,565	
<b>d</b> <u>BOOKS, SUBSCRIPTIONS, REFERENCE</u> . . . . .	2,403	1,676	727	
<b>e</b> All other expenses . . . . .	11,108	414	10,694	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	7,499,466	6,100,953	1,398,513	0
<b>26</b> <b>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) . . . . .				

**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 . . . . .	45	<b>1</b>	45
	<b>2</b> Savings and temporary cash investments . . . . .	3,785,362	<b>2</b>	3,424,569
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<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 . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	522,583	<b>9</b>	586,489
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	1,278,917		
	<b>b</b> Less: accumulated depreciation . . . . .	575,848		
	<b>11</b> Investments—publicly traded securities . . . . .	77,245,247	<b>11c</b>	703,069
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	60,520,671	<b>12</b>	77,783,835
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	68,322,469
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,398,243	<b>15</b>	2,267,867
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	145,254,821	<b>16</b>	153,088,343	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	647,551	<b>17</b>	713,206
	<b>18</b> Grants payable . . . . .	3,175,630	<b>18</b>	3,229,193
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<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 . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<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 . . . . .	2,433,039	<b>25</b>	2,324,830
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,256,220	<b>26</b>	6,267,229
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	138,998,601	<b>27</b>	146,821,114
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 . . . . .	138,998,601	<b>32</b>	146,821,114	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	145,254,821	<b>33</b>	153,088,343	

**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>	8,890,612
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,499,466
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,391,146
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	138,998,601
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,356,367
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	75,000
<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>	146,821,114

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b>	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.	<input checked="" type="checkbox"/>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<input checked="" type="checkbox"/>
<b>b</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.		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the organization <b>THE REACH HEALTHCARE FOUNDATION</b>	Employer identification number <b>20-0337230</b>
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**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).)
- 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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 on 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 109

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 STATEMENT)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					4,318,573	0

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

Cat. No. 11285F

Schedule A (Form 990) 2024

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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.) . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2024.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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>		✓
<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>		✓
<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>		✓
<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>3c</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>		✓
<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>	✓	
<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?	✓	
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	✓	
<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>		✓
<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).</i>		✓
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		✓
<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>		✓
<b>b</b> Did one or more disqualified persons (as defined on 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>		✓
<b>c</b> Did a disqualified person (as defined on 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>		✓
<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>		✓
<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 on lines 11b and 11c below, the governing body of a supported organization?		✓
<b>b</b>	A family member of a person described on line 11a above?		✓
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		✓

**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? If "No," describe in <b>Part VI</b> 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.	✓	
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	✓	

**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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b>	By reason of the relationship described on 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**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 <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> 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? If "Yes," then in <b>Part VI</b> 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.		
<b>b</b>	Did the activities described on 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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<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? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**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>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 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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART I, LINE 12A - DESCRIPTION OF SUPPORTING ORG	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 - SUPPORTED ORGS LISTED BY NAME	<p>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:</p> <p>- ONE GROUP IS THE UNITS OF GOVERNMENT THAT OPERATE, SUPERVISE, OR CONTROL THE TAXPAYER FOR PURPOSES OF SECTION 509(A)(3)(B)(I) OF THE CODE. THESE UNITS OF GOVERNMENT ARE:            (1) THE STATE OF KANSAS;            (2) THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY, KANSAS;            (3) JOHNSON COUNTY, KANSAS; AND            (4) ALLEN COUNTY, KANSAS (COLLECTIVELY, THE CONTROLLING GOVERNMENTS)</p> <p>- 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).</p>
SCHEDULE A, PART IV, SECTION A, LINE 5A - ADDED, SUBSTITUTED, OR REMOVED SUP. ORG.	<p>AS INDICATED IN ITEM 1 ABOVE, THE TAXPAYER SUPPORTS TWO GROUPS OF SUPPORTED ORGANIZATIONS.</p> <p>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.</p> <p>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.</p> <p>IN THE EVENT A SUPPORTED ORGANIZATION IS ADDED, SUBSTITUTED, OR REMOVED BY THE TAXPAYER, THERE MAY BE A NUMBER OF REASONS WHY THIS OCCURS. THE REASONS INCLUDE A SHIFT IN THE HEALTHCARE NEEDS OF INDIVIDUALS LIVING IN THE AREA SERVED BY THE TAXPAYER, THE SUPPORTED ORGANIZATION NO LONGER PROVIDES SUCH SERVICES OR GOES OUT OF EXISTENCE, ANOTHER SUPPORTED ORGANIZATION IS MORE EFFECTIVE IN PROVIDING SUCH SERVICES, OR FOR OTHER SIMILAR REASONS, WITH SOME OF THE REASONS OUT OF THE CONTROL OF THE TAXPAYER.</p>
SCHEDULE A, PART IV, SECTION B, LINE 2 - BENEFIT OF SUPP. ORG. OTHER THAN THE ONE OPERATING THE ORG.	<p>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:</p> <p>- 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).</p> <p>- 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.</p> <p>THE TAXPAYER MAKES GRANTS TO THE SUPPORTED ORGANIZATIONS DESCRIBED IN THE SECOND GROUP THAT ARE TO BE USED TO HELP SUCH SUPPORTED ORGANIZATIONS ACCOMPLISH THEIR CHARITABLE PURPOSES. THE ACTIVITIES OF THE SUPPORTED ORGANIZATIONS IN THIS GROUP ARE CLOSELY RELATED IN PURPOSE OR FUNCTION TO THESE GOVERNMENTS, I.E., THE DELIVERY AND THE SUPPORT AND PROMOTION OF HEALTHCARE OF THE RESIDENCES LIVING IN THE REGION THAT THE GOVERNMENT UNITS ARE LOCATED.</p>

**Part I**

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.)

**Part I** Line 12g. Information about the supported organization(s). (continued)

(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		
ACLU FOUNDATION OF KANSAS	43-0926406	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	60,000	0
ADHOC GROUP AGAINST CRIME	30-0455147	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	136,000	0
ALLEN COUNTY, KS	48-6039815	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).	✓		0	0
ALLIANCE FOR A HEALTHY KANSAS, INC.	93-1904197	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	100,000	0
ALTRUISM MEDIA INC.	87-4455294	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	40,000	0
AMERICAN FOUNDATION FOR SUICIDE PREVENTION	13-3393329	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	250	0
ARCHIE R-V SCHOOL DISTRICT	44-6001717	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).		✓	25,000	0
ARCHIE UNITED METHODIST CHURCH - DAVID'S CUPBOARD	43-1491943	1. CHURCH. SECTION 170(B)(1)(A)(I).		✓	6,000	0
AVENUE OF LIFE INC	46-2526799	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	30,000	0
BEACON MENTAL HEALTH	43-1556416	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	10,000	0
BELTON SCHOOL DISTRICT 124	44-6001808	2. SCHOOL. SECTION 170(B)(1)(A)(II).		✓	45,000	0
BETTER TOGETHER	27-0574873	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
BLAQOUT, INC.	82-1144166	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	130,000	0
BUDGET AND FINANCIAL MANAGEMENT ASSISTANCE	43-1747260	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	35,000	0
BURRELL INC	43-1081715	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
CASS COMMUNITY HEALTH FOUNDATION	43-1349495	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	123,895	0
CASS COUNTY HEALTH DEPARTMENT	44-6000465	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).		✓	32,500	0
CENTER FOR EFFECTIVE PHILANTHROPY	04-3523528	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	29,350	0
CENTRAL AVENUE CENTER OF HOPE	20-0639824	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	6,000	0
CHAMBER OF COMMERCE OF GREATER KANSAS CITY FOUNDATION	46-1163376	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	40,000	0
CHILDREN OF INCARCERATED PARENTS	61-1710320	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	1,000	0
CHILDREN'S MERCY HOSPITAL	44-0605373	3. HOSPITAL. SECTION 170(B)(1)(A)(III).		✓	70,000	0
COMMUNITIES CREATING OPPORTUNITY	43-1127845	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	5,000	0
COMMUNITY ASSISTANCE COUNCIL	23-7439079	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	100	0
COMMUNITY CARE NETWORK OF KANSAS	48-1110925	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	2,500	0

(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		
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS	75-3002264	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	145,000	0
COMMUNITY HEALTH COMMISSION OF MISSOURI	43-1883638	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	40,000	0
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY INC.	01-0674969	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	95,000	0
COMPASS HEALTH, INC.	43-1032835	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	40,000	0
CORNERSTONES OF CARE	43-1689138	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	30,000	0
CROSS-LINES COMMUNITY OUTREACH INC	48-0697177	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	45,000	0
EL CENTRO	36-2904073	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	163,000	0
ELEVATING MEN	87-1908526	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	2,000	0
FAMILY RESOURCE CENTER OF CASS COUNTY INC.	46-4070406	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	22,000	0
FOUNTAIN OF LIFE INC	88-3154252	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	7,500	0
GATEWAY OF HOPE	22-3922901	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	30,000	0
GIRLS ON THE RUN OF GREATER KANSAS CITY	20-8508128	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	150	0
GRANTMAKERS IN HEALTH	13-3206571	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	2,500	0
GREATER IMPACT	87-4344096	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	10,000	0
GREENLINE FOUNDATION INC	85-2704983	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	7,000	0
HCC NETWORK	30-0349221	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	180,000	0
HEALTH PARTNERSHIP CLINIC INC	48-1115529	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	4,960	0
HIDDEN GEMS	86-2070457	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
HISPANIC DEVELOPMENT FUND	43-1152398	8. COMMUNITY TRUST. SECTION 170(B)(1)(A)(VI).		✓	1,000	0
HOUSE OF HOPE INC	43-1730519	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	6,000	0
HUMANITY HOUSE	81-1799536	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	20,000	0
HUMBOLDT MINISTERIAL ALLIANCE	26-4659392	1. CHURCH. SECTION 170(B)(1)(A)(I).		✓	6,000	0
IMMUNIZE KANSAS COALITION	82-2718681	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	50,500	0
INTERURBAN ARTHOUSE	45-3049864	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
JEWISH VOCATIONAL SERVICE BUREAU OF KANSAS CITY	44-0545994	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	150,000	0
JOHNSON COUNTY COMMUNITY COLLEGE FOUNDATION	23-7164614	5. AN ORG. OPERATED F/B/O COLLEGE OR UNIVERSITY. SECTION 170(B)(1)(A)(IV).		✓	600	0
JOHNSON COUNTY, KS	48-6034760	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).	✓		0	0
JOHNSON COUNTY MENTAL HEALTH CENTER	48-0678625	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).		✓	5,000	0
JUSTICE FOR WYANDOTTE	87-1122775	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0

(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		
KANSAS ACTION FOR CHILDREN	48-0879502	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	100,000	0
KANSAS CITY BLACK MENTAL HEALTH INITIATIVE	92-1026896	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	15,000	0
KANSAS CITY MEDICAL SOCIETY FOUNDATION	56-2552704	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	75,000	0
KANSAS PUBLIC HEALTH ASSOCIATION	48-0764023	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	1,000	0
KC CARE HEALTH CENTER	43-0967292	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	45,000	0
KC MOTHERS IN CHARGE	47-2342408	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	1,000	0
KCUR 89.3/KANSAS NEWS SERVICE	43-6003859	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).		✓	935	0
KIDS WIN MISSOURI	82-5089535	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	101,000	0
KIDSTLC INC	48-0774593	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
KU ENDOWMENT OBO CENTER FOR AFRICAN AMERICAN HEALTH	48-0547734	5. AN ORG. OPERATED F/B/O COLLEGE OR UNIVERSITY. SECTION 170(B)(1)(A)(IV).		✓	240,000	0
LAFAYETTE COUNTY HEALTH DEPARTMENT	43-1241723	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).		✓	77,000	0
MATTIE RHODES CENTER	44-0546343	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	157,000	0
MENTAL HEALTH AMERICA OF THE HEARTLAND	48-1185409	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	1,000	0
METROPOLITAN COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS (METRO COUNCIL)	83-2063878	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	3,000	0
MID-AMERICA REGIONAL COUNCIL	43-0976432	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).		✓	38,500	0
MIGRANT FARMWORKERS ASSISTANCE FUND	43-1805495	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	181,000	0
MISSION VISION PROJECT KC	84-2139145	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	30,000	0
MISSOURI BUDGET PROJECT	26-0062334	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	130,000	0
MISSOURI COALITION FOR PRIMARY HEALTH CARE DBA MISSOURI PRIMARY CARE ASSOCIATION	43-1419937	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	1,000	0
MISSOURI JOBS WITH JUSTICE	43-1864844	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	75	0
MISSOURI ORGANIZING AND VOTER ENGAGEMENT COLLABORATIVE (MOVE)	43-1619531	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	55,000	0
NAMI KANSAS INC	48-1061361	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	6,000	0
PETE'S GARDEN INC.	84-4596250	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	6,000	0
PHARMACY OF GRACE INC.	82-5372375	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	30,000	0
POETRY FOR PERSONAL POWER INC.	46-2612596	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	2,500	0
PUBLIC TELEVISION 19 INC	23-7114952	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	6,000	0
RED APPLE EDCO	83-4315545	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	10,000	0

(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		
REDISCOVER	23-7169417	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	5,000	0
RONALD MCDONALD HOUSE CHARITIES	43-1190760	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	250	0
SAMUEL U. RODGERS HEALTH CENTER, INC.	43-0899356	3. HOSPITAL. SECTION 170(B)(1)(A)(III).		✓	45,000	0
SEK MULTI-COUNTY HEALTH DEPARTMENT	48-0785109	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).		✓	35,000	0
SHAWNEE MISSION EDUCATION FOUNDATION	74-2823938	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	2,508	0
SHEPHERDS CENTER OF KANSAS CITY KANSAS INC	48-1039483	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
SISTERS IN CHRIST	43-1799360	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	45,000	0
SOUTHEAST KANSAS MENTAL HEALTH CENTER	48-0678906	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	105,000	0
STARFISH PROJECT FOUNDATION	47-1675433	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	6,000	0
STATE OF KANSAS	48-1124839	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).	✓		2,500	0
STW CHARITIES INC	47-2131016	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	10,000	0
SUNFLOWER HOUSE	48-0918698	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	1,000	0
SWOPE HEALTH	43-0957840	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	130,000	0
SWOPE PARKWAY CHURCH OF CHRIST	51-0196229	1. CHURCH. SECTION 170(B)(1)(A)(I).		✓	1,000	0
THE URBAN INSTITUTE	52-0880375	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	65,000	0
THE VILLAGE INITIATIVE INC.	90-0808727	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	135,000	0
THE VOTER NETWORK	92-1581742	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	54,000	0
THRIVE ALLEN COUNTY	32-0198379	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	100,000	0
TREATMENT ADVOCACY CENTER	54-1905826	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
TRUE LIGHT FAMILY RESOURCE CENTER, INC.	02-0783393	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
UNIFIED GOV'T OF WYANDOTTE COUNTY, KS	48-1194075	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).	✓		0	0
UNITED COMMUNITY SERVICES OF JOHNSON COUNTY	48-0914699	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	2,500	0
UNIVERSITY HEALTH FOUNDATION	43-1194064	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	95,000	0
UZAZI VILLAGE	46-0589830	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
VIBRANT HEALTH	48-1151382	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	75,000	0
WICHITA STATE UNIVERSITY FOUNDATION	48-6121167	5. AN ORG. OPERATED F/B/O COLLEGE OR UNIVERSITY. SECTION 170(B)(1)(A)(IV).		✓	15,000	0
WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.	48-0576044	3. HOSPITAL. SECTION 170(B)(1)(A)(III).		✓	5,000	0
YOUTH GUIDANCE	36-2167032	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	30,000	0

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

Department of the Treasury  
Internal Revenue Service

**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.**

**Open to Public Inspection**

**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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 <b>THE REACH HEALTHCARE FOUNDATION</b>	Employer identification number (EIN) <b>20-0337230</b>
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**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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	100,000													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	55,035													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	155,035													
<b>d</b>	Other exempt purpose expenditures . . . . .	7,344,431													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	7,499,466													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	524,973													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">IF the amount on line 1e, column (a) or (b) is:</th> <th>THEN 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:	THEN 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:	THEN 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) . . . . .	131,243													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -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 type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	533,973	478,826	509,980	524,973	2,047,751
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					3,071,627
<b>c</b> Total lobbying expenditures	130,276	78,775	129,460	155,035	493,546
<b>d</b> Grassroots nontaxable amount	133,493	119,706	127,495	131,243	511,938
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					767,906
<b>f</b> Grassroots lobbying expenditures	0	0	50,620	100,000	150,620

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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 expenditures next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	<b>5</b>	

**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.

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SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 1-9 for various questions and values.

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

Table with 2 columns: Description, Amount. Rows 1a-1b, 2a-2b for art and historical treasures.

**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?  Yes  No

**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?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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:

	Yes	No
<b>(i)</b> Unrelated organizations?	<b>3a(i)</b>	
<b>(ii)</b> Related organizations?	<b>3a(ii)</b>	
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

**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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		832,858	208,171	624,687
<b>d</b> Equipment		446,059	367,677	78,382
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				703,069

**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 INVESTMENTS	5,203,997	END OF YEAR MARKET VALUE
(B) PRIVATE EQUITY FUNDS	27,506,309	END OF YEAR MARKET VALUE
(C) PARTNERSHIP INTERESTS	35,612,163	END OF YEAR MARKET VALUE
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . . .	<b>68,322,469</b>	

**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, line 13, col. (B)) . . . . .		

**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, line 15, col. (B)) . . . . .	

**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) OPERATING LEASE LIABILITY	2,324,830
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	<b>2,324,830</b>

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 XIII**

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a)</b> Description	<b>(b)</b> Amount
	REVERSAL OF GRANT FUNDS	75,000
	<b>TOTAL</b>	<b>75,000</b>

**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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - UNCERTAIN TAX POSITIONS	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.

**SCHEDULE F  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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 CARIBBEAN	0	0	INVESTMENTS		17,696,374
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	0	0			17,696,374
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			17,696,374

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - OTHER: CARRIED AT FAIR MARKET VALUE IN THE FINANCIAL STATEMENTS OF THE ORGANIZATION

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

**Open to Public  
Inspection**

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACLU FOUNDATION OF KANSAS PO BOX 13048, OVERLAND PARK, KS 66282	43-0926406	501(C)(3)	60,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(2) (SEE STATEMENT)	30-0455147	501(C)(3)	136,000	0	N/A	N/A	(SEE STATEMENT)
(3) ALLIANCE FOR A HEALTHY KANSAS, INC. PO BOX 750031, TOPEKA, KS 66675	93-1904197	501(C)(3)	100,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(4) (SEE STATEMENT)	87-4455294	501(C)(3)	40,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(5) ARCHIE R-V SCHOOL DISTRICT 302 W STATE ROUTE A, ARCHIE, MO 64725	44-6001717	ARCHIE R-V SCHOOL	25,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(6) (SEE STATEMENT)	43-1491943	501(C)(3)	6,000	0	N/A	N/A	DISCRETIONARY
(7) AVENUE OF LIFE INC PO BOX 34495, KANSAS CITY, MO 64116	46-2526799	501(C)(3)	30,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(8) (SEE STATEMENT)	43-1556416	501(C)(3)	10,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(9) BELTON SCHOOL DISTRICT 12 110 W WALNUT, BELTON, MO 64012-4808	44-6001808	501(C)(3)	45,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(10) BLAQOUT, INC. 517 CAMPBELL STREET, KANSAS CITY, MO 64106	82-1144166	501(C)(3)	130,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(11) (SEE STATEMENT)	43-1747260	501(C)(3)	35,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 68

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)



## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) CASS COMMUNITY HEALTH FOUNDATION 2316 EAST MEYER BOULEVARD, KANSAS CITY, MO 64132	43-1349495	501(C)(3)	123,895	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(13) CASS COUNTY HEALTH DEPARTMENT 1411 S. COMMERCIAL STREET, HARRISONVILLE, MO 64701	44-6000465	CASS COUNTY HEALTH	32,500	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(14) CENTER FOR EFFECTIVE PHILANTHROPY 675 MASSACHUSETTS AVENUE, 7TH FLOOR, CAMBRIDGE, MA 02139	04-3523528	501(C)(3)	29,350	0	N/A	N/A	OTHER
(15) CENTRAL AVENUE CENTER OF HOPE 11 N. 15TH STREET, KANSAS CITY, KS 66102	20-0639824	501(C)(3)	6,000	0	N/A	N/A	DISCRETIONARY
(16) CHAMBER OF COMMERCE OF GREATER KANSAS CITY FOUNDATION 30 W. PERSHING ROAD, SUITE 301, KANSAS CITY, MO 64108	46-1163376	501(C)(3)	40,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(17) CHILDREN'S MERCY HOSPITAL 2401 GILLHAM RD, KANSAS CITY, MO 64108	44-0605373	501(C)(3)	70,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(18) COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS PO BOX 1832, PITTSBURG, KS 66762	75-3002264	501(C)(3)	145,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / STRENGTHEN THE SAFETY NET
(19) COMMUNITY HEALTH COMMISSION OF MISSOURI 1 CAMPBELL PLAZA, SUITE 2A, ST. LOUIS, MO 63139-1707	43-1883638	501(C)(3)	40,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(20) COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY INC. 803 ARMSTRONG AVE, KANSAS CITY, KS 66101-2604	01-0674969	501(C)(3)	95,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / STRENGTHEN THE SAFETY NET
(21) COMPASS HEALTH, INC. 1800 COMMUNITY DRIVE, CLINTON, MO 67435	43-1032835	501(C)(3)	40,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(22) CORNERSTONES OF CARE 8150 WORNALL ROAD, KANSAS CITY, MO 64114	43-1689138	501(C)(3)	30,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(23) CROSS-LINES COMMUNITY OUTREACH INC 736 SHAWNEE AVE, KANSAS CITY, KS 66105-2025	48-0697177	501(C)(3)	45,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP
(24) EL CENTRO 650 MINNESOTA AVE., KANSAS CITY, KS 66101	36-2904073	501(C)(3)	163,000	0	N/A	N/A	DISCRETIONARY / BRIDGE THE COVERAGE DIVIDE / STRENGTHEN THE SAFETY NET
(25) FAMILY RESOURCE CENTER OF CASS COUNTY INC. PO BOX 604, BELTON, MO 64012	46-4070406	501(C)(3)	22,000	0	N/A	N/A	DISCRETIONARY / CLOSE THE HEALTH EQUITY GAP

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(26) FOUNTAIN OF LIFE INC PO BOX 26445, OVERLAND PARK, KS 66225	88-3154252	501(C)(3)	7,500	0	N/A	N/A	DISCRETIONARY / STRENGTHEN THE SAFETY NET
(27) GATEWAY OF HOPE 801 N MUR LEN RD SUITE 111, OLATHE, KS 66062	22-3922901	501(C)(3)	30,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(28) GREATER IMPACT 3735 WABASH AVE, KANSAS CITY, MO 64109	87-4344096	501(C)(3)	10,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(29) GREENLINE FOUNDATION INC 3230 BENTON BLVD, KANSAS CITY, MO 64128-2019	85-2704983	501(C)(3)	7,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(30) HCC NETWORK 819 S BUSINESS HWY 13, LEXINGTON, MO 64067	30-0349221	501(C)(3)	180,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(31) HOUSE OF HOPE INC 301 BROADWAY, LEXINGTON, MO 64067	43-1730519	501(C)(3)	6,000	0	N/A	N/A	DISCRETIONARY
(32) HUMANITY HOUSE FOUNDATION 110 EAST STREET, IOLA, KS 66749	81-1799536	501(C)(3)	20,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(33) HUMBOLDT MINISTERIAL ALLIANCE 910 AMES STREET, HUMBOLDT, KS 66748	26-4659392	501(C)(3)	6,000	0	N/A	N/A	DISCRETIONARY
(34) IMMUNIZE KANSAS COALITION 800 SW JACKSON STREET, SUITE 618, #, TOPEKA, KS 66612	82-2718681	501(C)(3)	50,500	0	N/A	N/A	DISCRETIONARY / CLOSE THE HEALTH EQUITY GAP
(35) JEWISH VOCATIONAL SERVICE BUREAU OF KANSAS CITY 4600 THE PASEO, KANSAS CITY, MO 64110	44-0545994	501(C)(3)	150,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(36) KANSAS ACTION FOR CHILDREN 100 SE 9TH ST., SUITE 300, TOPEKA, KS 66612	48-0879502	501(C)(3)	100,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(37) KANSAS CITY BLACK MENTAL HEALTH INITIATIVE 300 E. 39TH STREET, SUITE 5C, KANSAS CITY, MO 64111	92-1026896	501(C)(3)	15,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(38) KANSAS CITY MEDICAL SOCIETY FOUNDATION 6750 ANTIOCH RD STE 305J, MERRIAM, KS 66204-1289	56-2552704	501(C)(3)	75,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(39) KC CARE HEALTH CENTER 4435 MAIN ST., SUITE 1000, KANSAS CITY, MO 64111	43-0967292	501(C)(3)	45,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(40) KIDS WIN MISSOURI 6750 ANTIOCH RD., SUITE 305K, MERRIAM, KS 66204	82-5089535	501(C)(3)	101,000	0	N/A	N/A	DISCRETIONARY / STRENGTHEN THE SAFETY NET
(41) KU ENDOWMENT OBO CENTER FOR AFRICAN AMERICAN HEALTH 3901 RAINBOW BLVD. KANSAS CITY, KS, KANSAS CITY, KS 66160	48-0547734	501(C)(3)	240,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET / BRIDGE THE COVERAGE DIVIDE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(42) LAFAYETTE COUNTY HEALTH DEPARTMENT 547 S BUSINESS HWY 13, LEXINGTON, MO 64067	43-1241723	LAFAYETTE CO HEALTH	77,000	0	N/A	N/A	DISCRETIONARY / CLOSE THE HEALTH EQUITY GAP
(43) MATTIE RHODES CENTER 148 N. TOPPING AVENUE, KANSAS CITY, MO 64123	44-0546343	501(C)(3)	157,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(44) MID-AMERICA REGIONAL COUNCIL 600 BROADWAY BLVD, SUITE 200, KANSAS CITY, MO 64105	43-0976432	MID-AMERICA REGIONAL	38,500	0	N/A	N/A	DISCRETIONARY / STRENGTHEN THE SAFETY NET
(45) MIGRANT FARMWORKERS ASSISTANCE FUND P.O. BOX 413223, KANSAS CITY, MO 64141	43-1805495	501(C)(3)	181,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(46) MISSION VISION PROJECT KC P. O. BOX 32134, KANSAS CITY, MO 64171	84-2139145	501(C)(3)	30,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(47) MISSOURI BUDGET PROJECT 5501 DELMAR BLVD., BOX 9, ST. LOUIS, MO 63112	26-0062334	501(C)(3)	130,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(48) MISSOURI ORGANIZING AND VOTER ENGAGEMENT COLLABORATIVE (MOVE) 1530 S BIG BEND, ST LOUIS, MO 63117	43-1619531	501(C)(3)	55,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP
(49) NAMI KANSAS INC 1801 SW WANAMAKER RD., BOX 164, SUI, TOPEKA, KS 66604	48-1061361	501(C)(3)	6,000	0	N/A	N/A	DISCRETIONARY
(50) PETE'S GARDEN INC. 6215 SUMMIT ST., KANSAS CITY, MO 64113	84-4596250	501(C)(3)	6,000	0	N/A	N/A	DISCRETIONARY
(51) PHARMACY OF GRACE INC. 721 N. 31ST, SUITE 100, KANSAS CITY, KS 66102	82-5372375	501(C)(3)	30,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(52) PUBLIC TELEVISION 19 INC 125 E 31ST STREET, KANSAS CITY, MO 64108-3216	23-7114952	501(C)(3)	6,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(53) RED APPLE EDCO 7420 TROOST AVE UNIT 16254, KANSAS CITY, MO 64112-4114	83-4315545	501(C)(3)	10,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET / CLOSE THE HEALTH EQUITY GAP
(54) SAMUEL U. RODGERS HEALTH CENTER, INC. 825 EUCLID AVENUE, KANSAS CITY, MO 64124	43-0899356	501(C)(3)	45,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(55) SEK MULTI-COUNTY HEALTH DEPARTMENT 411 N. WASHINGTON, IOLA, KS 66749	48-0785109	SEK MULTI-CO HEALTH	35,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(56) SISTERS IN CHRIST 6317 EVANSTON AVE, RAYTOWN, MO 64133-4929	43-1799360	501(C)(3)	45,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(57) SOUTHEAST KANSAS MENTAL HEALTH CENTER 1106 SOUTH NINTH, HUMBOLDT, KS 66748-1948	48-0678906	501(C)(3)	105,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(58) STARFISH PROJECT FOUNDATION 134 S CLAIRBORNE RD, STE B, OLATHE, KS 66062	47-1675433	501(C)(3)	6,000	0	N/A	N/A	DISCRETIONARY
(59) STW CHARITIES INC 1414 E 103RD ST, KANSAS CITY, MO 64131-3412	47-2131016	501(C)(3)	10,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(60) SWOPE HEALTH 3801 DR. MARTIN LUTHER KING, JR. BL, KANSAS CITY, MO 64130	43-0957840	501(C)(3)	130,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(61) THE URBAN INSTITUTE 500 L'ENFANT PLAZA SW, WASHINGTON, DC 20024	52-0880375	501(C)(3)	65,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(62) THE VILLAGE INITIATIVE INC. 3004 N 27TH STREET, KANSAS CITY, KS 66104	90-0808727	501(C)(3)	135,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(63) THE VOTER NETWORK PO BOX 4006, OVERLAND PARK, KS 66204	92-1581742	501(C)(3)	54,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP
(64) THRIVE ALLEN COUNTY 9 S JEFFERSON AVE, IOLA, KS 66749	32-0198379	501(C)(3)	100,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(65) UNIVERSITY HEALTH FOUNDATION 2310 HOLMES, SUITE 735, KANSAS CITY, MO 64108	43-1194064	501(C)(3)	95,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP
(66) VIBRANT HEALTH 21 N 12TH ST., STE 300, KANSAS CITY, KS 66102	48-1151382	501(C)(3)	75,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(67) WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT, BOX 2, WICHITA, KS 67260-0002	48-6121167	501(C)(3)	15,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(68) YOUTH GUIDANCE 300 E. 39TH STREET, KANSAS CITY, MO 64111	36-2167032	501(C)(3)	30,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>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:</p> <p>ALL GRANTS FOLLOW THE REVIEW AND APPROVAL PROCESS OUTLINED BELOW:</p> <ol style="list-style-type: none"> <li>1. A GRANT APPLICATION IS RECEIVED VIA THE GRANTS MANAGEMENT SYSTEM AND RETAINED ELECTRONICALLY.</li> <li>2. THE DIRECTOR OF GRANTS AND OPERATIONS PROCESSES THE PROPOSAL AND CONDUCTS DUE DILIGENCE: <ul style="list-style-type: none"> <li>CHECKS THE REQUEST FOR COMPLETENESS AND CONTACTS THE APPLICANT WITH 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 ASSIGNS A WORKFLOW TO AID IN TRACKING THE REVIEW AND APPROVAL PROCESS; AND VERIFIES THE APPLICANT'S TAX STATUS.</li> </ul> </li> <li>3. PROGRAM STAFF COMPLETES A THOROUGH REVIEW OF THE PROPOSAL, AND FORWARDS TO THE PRESIDENT AND CEO FOR APPROVAL.</li> <li>4. THE PRESIDENT AND CEO AUTHORIZES APPROVAL OF THE GRANT.</li> <li>5. THE DIRECTOR OF GRANTS AND OPERATIONS APPROVES THE GRANT AND NOTIFIES THE GRANT APPLICANT OF AWARD 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.</li> <li>6. THE DIRECTOR GENERATES A GRANT AGREEMENT FOR ALL GRANTS OVER \$10,000 AND ISSUES THE AGREEMENT TO THE ORGANIZATION ELECTRONICALLY FOR SIGNATURES.</li> </ol> <p>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 AND POLICY COMMITTEE BY THE BOARD OF DIRECTORS.</p> <p>GRANT AGREEMENTS</p> <p>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 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.</p> <p>PAYMENTS</p> <p>GRANT AWARDS OF \$30,000 AND BELOW ARE ISSUED IN A SINGLE PAYMENT BASED ON THE PRESIDENT AND CEO'S AUTHORIZATION. FOR GRANT AWARDS EXCEEDING \$30,000, THE NUMBER OF PAYMENTS, TIMING OF PAYMENTS AND AMOUNTS ARE APPROVED BY THE PRESIDENT AND CEO AND OUTLINED IN THE FULLY EXECUTED GRANT AGREEMENT.</p> <p>FOR AWARDS ISSUED IN MULTIPLE INSTALLMENTS, THE RELEASE OF SUBSEQUENT PAYMENTS IS INITIATED BY STAFF ASSIGNED TO THE GRANT AND APPROVED BY THE CFO, BASED ON SPENDING THRESHOLDS (GENERALLY 80% OF THE FIRST PAYMENT MUST BE EXPENDED) AND CONTINGENCIES OUTLINED IN THE GRANT AGREEMENT.</p> <p>GRANT PAYMENTS WILL BE INITIATED BY PROGRAM STAFF AND EXECUTED BY THE DIRECTOR OF GRANTS AND OPERATIONS. PROGRAM STAFF MARKS THE PAYMENT AS "SCHEDULED" IN THE GRANTS MANAGEMENT SYSTEM AND UPLOADS APPROPRIATE DOCUMENTATION RELATED TO REQUIREMENTS OR CONTINGENCIES (IF ANY) TO THE PAYMENT RECORD. DIRECTOR OF GRANTS AND OPERATIONS VERIFIES THE PAYMENT INFORMATION FOR ACCURACY AND FORWARDS THE CHECK REQUEST ELECTRONICALLY TO THE CFO FOR APPROVAL. THE CFO REVIEWS THE EXECUTED AGREEMENT, ENSURES CONTINGENCIES HAVE BEEN ADEQUATELY ADDRESSED, REVIEWS AND SUPPORTING DOCUMENTATION, AND PROVIDES AUTHORIZATION TO PROCESS THE PAYMENT.</p> <p>PAYMENTS ARE PROCESSED BY THE DIRECTOR OF GRANTS AND OPERATIONS IN ACCORDANCE WITH THE SPECIFIC REQUIREMENTS DESCRIBED IN THE PAYMENT 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.</p> <p>ALL GRANT PAYMENTS SHALL BE MADE ELECTRONICALLY VIA ACH IN ACCORDANCE WITH THE FOUNDATION'S INTERNAL CONTROL POLICY.</p>
<p>(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>ADHOC GROUP AGAINST CRIME</p> <p>104 VIETNAM VETERANS MEMORIAL DR, KANSAS CITY, MO 64111</p>

Return Reference - Identifier	Explanation
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALTRUISM MEDIA INC. P.O. BOX 252, 721 S. BUSINESS HIGHW, LEXINGTON, MO 64067
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ARCHIE UNITED METHODIST CHURCH - DAVID'S CUPBOARD 315 S MAIN STREET, ARCHIE, MO 64725
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BEACON MENTAL HEALTH 3100 NE 83RD STREET, SUITE 1001, KANSAS CITY, MO 64119
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BUDGET AND FINANCIAL MANAGEMENT ASSISTANCE 908 BALTIMORE AVE., SUITE 102, KANSAS CITY, MO 64105
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ADHOC GROUP AGAINST CRIME: CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET

**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

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

**Open to Public Inspection**

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <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)                 </p>		
<p><b>b</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 . . . . .</p>	<b>1b</b>	
<p><b>2</b> 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? . . . . .</p>	<b>2</b>	
<p><b>3</b> 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.</p> <p> <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                 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> 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 . . . . .</p>	<b>7</b>	✓
<p><b>8</b> 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 . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

**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 and/or 1099-NEC 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	BRENDA SHARPE PRESIDENT AND CEO	(i) 318,128	(ii) 0	(iii) 23,000	33,198	17,089	391,415	0
	(ii) 0	0	0	0	0	0	0	0
2	JOANNE YUN VP FINANCE AND OPERATIONS/CFO	(i) 245,152	(ii) 0	(iii) 0	25,752	54,230	325,134	0
	(ii) 0	0	0	0	0	0	0	0
3	CARLA GIBSON VICE PRESIDENT OF PROGRAMS	(i) 192,653	(ii) 0	(iii) 0	18,868	18,876	230,397	0
	(ii) 0	0	0	0	0	0	0	0
4		(i)						
	(ii)							
5		(i)						
	(ii)							
6		(i)						
	(ii)							
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

Return Reference - Identifier	Explanation						
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$242,225 INCLUDING GRANTS OF \$117,718)(REVENUE \$0)  DISCRETIONARY GRANTS AND MISCELLANEOUS GRANTS. DISCRETIONARY GRANTS SUPPORT SHORT TERM PROJECTS AND NEEDS (E.G., CONFERENCE AND CONVENING COSTS). IN 2024, 41 DISCRETIONARY AND OTHER GRANTS WERE AWARDED.						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE 990 IS REVIEWED BY THE OFFICERS AND ACCOUNTING PERSONNEL. ANY QUESTIONS ARE ADDRESSED AND CORRECTIONS MADE IF NECESSARY. THE 990 IS THEN REVIEWED AND APPROVED BY BOTH THE FINANCE COMMITTEE AND THE FULL BOARD PRIOR TO FILING THE 990. THE 990 REVIEW IS DOCUMENTED IN PUBLICLY AVAILABLE MEETING MINUTES.						
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	CONFLICT OF INTEREST DISCLOSURES ARE ANNUALLY COMPLETED BY THE BOARD OF DIRECTORS, OFFICERS, 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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	IN 2020, THE BOARD CONDUCTED A COMPREHENSIVE, COMMISSIONED SALARY REVIEW PREPARED BY AN OUTSIDE COMPENSATION CONSULTANT. THE EXECUTIVE COMMITTEE MAKES A COMPENSATION RECOMMENDATION TO THE BOARD BASED ON THE COMMISSIONED REVIEW AND OTHER MORE CURRENT SURVEY INFORMATION AVAILABLE. THE PERIODIC INDEPENDENT ASSESSMENT INCLUDES ANALYSIS OF OTHER ORGANIZATIONS COMPARABLE IN TERMS OF SUCH CRITERIA AS MISSION, ASSETS, ENTREPRENEURIAL MINDSET, BUDGET, STAFF SIZE, REGIONAL FOCUS, AND MIDWEST LOCATION. THE ADDITIONAL INFORMATION PROVIDED TO THE EXECUTIVE COMMITTEE EVERY YEAR INCLUDES: SALARY AND BENEFIT COMPENSATION STUDIES, TELEPHONE CALLS, AND IRS FORM 990 FILINGS. THE BOARD DOCUMENTS HOW IT REACHES ITS DECISION, INCLUDING MARKET DATA, ADVICE, AND OPINIONS ON WHICH THE DECISION IS BASED. MEETING MINUTES ARE MAINTAINED PROVIDING A DETAILED RECORD OF THE ACTIONS TAKEN AND THE DELIBERATIONS LEADING TO THE APPROVED ACTION. THE MINUTES ALSO DOCUMENT THE MEMBERS OF THE BOARD PRESENT DURING THE DISCUSSION AND THE RESULTS OF THE VOTE. THE EXECUTIVE COMPENSATION REVIEW AND APPROVAL PROCESSES AND THE BOARD AND CHIEF EXECUTIVE RELATIONSHIP ARE DOCUMENTED IN SEPARATE FORMAL BOARD POLICIES.						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	IN 2024, 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 THIS COMMISSIONED REVIEW AND 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. THE INFORMATION AND SALARY RECOMMENDATIONS ARE PRESENTED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND INPUT. MEETING MINUTES ARE MAINTAINED PROVIDING A DETAILED RECORD OF THE ACTIONS TAKEN.						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON OUR WEBSITE AT <a href="http://WWW.REACHHEALTH.ORG">WWW.REACHHEALTH.ORG</a> . ALSO INCLUDED ON THE WEBSITE ARE POLICIES REGARDING DIVERSITY AND INCLUSION, RECORDS RETENTION, INVESTMENT OBJECTIVES, WHISTLEBLOWER PRACTICE, AND PUBLIC ACCESS.						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>REVERSAL OF GRANT FUNDS</td> <td>75,000</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>75,000</b></td> </tr> </tbody> </table>	(a) Description	(b) Amount	REVERSAL OF GRANT FUNDS	75,000	<b>TOTAL</b>	<b>75,000</b>
(a) Description	(b) Amount						
REVERSAL OF GRANT FUNDS	75,000						
<b>TOTAL</b>	<b>75,000</b>						

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" 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, SUITE 200, OVERLAND PARK, KS 66204	REAL ESTATE INVESTMENT	KS	39,692	244,585	REACH HEALTHCARE FOUNDATION
(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) (SEE STATEMENT)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

**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) -----									
(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 <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	✓	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**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) .....													
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(14) .....													
(15) .....													
(16) .....													

**Part II**

**Identification of Related Tax-Exempt Organizations** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) STATE OF KANSAS (48-1124839) 120 SW 10TH AVENUE, TOPEKA, KS 66612	GOVERNMENT	KS			N/A		✓
(2) UNIFIED GOV'T OF WYANDOTTE CO.KS (48-1194075) 101 NORTH 7TH STREET, KANSAS CITY , KS 66101	GOVERNMENT	KS			N/A		✓
(3) JOHNSON COUNTY, KS (48-6034760) 111 SOUTH CHERRY, OLATHE , KS 66061	GOVERNMENT	KS			N/A		✓
(4) ALLEN COUNTY, KS (48-6039815) 1 NORTH WASHINGTON, IOLA, KS 66749	GOVERNMENT	KS			N/A		✓
(5) ACLU FOUNDATION OF KANSAS (43-0926406) PO BOX 13048, OVERLAND PARK, KS 66282	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(6) ADHOC GROUP AGAINST CRIME (30-0455147) 104 VIETNAM VETERANS MEMORIAL DR, KANSAS CITY, MO 64111	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(7) ALLIANCE FOR A HEALTHY KANSAS, INC. (93-1904197) PO BOX 750031, TOPEKA, KS 66675	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(8) ALTRUISM MEDIA INC. (87-4455294) P.O. BOX 252, 721 S. BUSINESS HIGHW, LEXINGTON, MO 64067	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(9) AMERICAN FOUNDATION FOR SUICIDE PREVENTION (13-3393329) PO BOX 24, SMITHVILLE, MO 64089	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(10) ARCHIE R-V SCHOOL DISTRICT (44-6001717) 302 W STATE ROUTE A, ARCHIE, MO 64725	GOVERNMENT	MO			N/A		✓
(11) ARCHIE UNITED METHODIST CHURCH - DAVID'S CUPBOARD (43-1491943) 315 S MAIN STREET, ARCHIE, MO 64725	PUBLIC CHARITY	MO	501(C)(3)	1	N/A		✓
(12) AVENUE OF LIFE INC (46-2526799) PO BOX 34495, KANSAS CITY, MO 64116	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(13) BEACON MENTAL HEALTH (43-1556416) 3100 NE 83RD STREET, SUITE 1001, KANSAS CITY, MO 64119	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(14) BELTON SCHOOL DISTRICT 124 (44-6001808) 110 W WALNUT, BELTON, MO 64012-4808	PUBLIC CHARITY	MO	501(C)(3)	2	N/A		✓
(15) BETTER TOGETHER (27-0574873) 8413 HALLET ST, LENEXA, KS 66215-6002	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(16) BLAQOUT, INC. (82-1144166) 517 CAMPBELL STREET, KANSAS CITY, MO 64106	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(17) BUDGET AND FINANCIAL MANAGEMENT ASSISTANCE (43-1747260) 908 BALTIMORE AVE., SUITE 102, KANSAS CITY, MO 64105	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(18) BURRELL INC (43-1081715) 17844 EAST 23RD STREET, SPRINGFIELD, MO 64057	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(19) CASS COMMUNITY HEALTH FOUNDATION (43-1349495) 2316 EAST MEYER BOULEVARD, KANSAS CITY, MO 64132	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(20) CASS COUNTY HEALTH DEPARTMENT (44-6000465) 1411 S. COMMERCIAL STREET, HARRISONVILLE, MO 64701	GOVERNMENT	MO			N/A		✓
(21) CENTER FOR EFFECTIVE PHILANTHROPY (04-3523528) 675 MASSACHUSETTS AVENUE, 7TH FLOOR, CAMBRIDGE, MA 02139	PUBLIC CHARITY	MA	501(C)(3)	10	N/A		✓
(22) CENTRAL AVENUE CENTER OF HOPE (20-0639824) 11 N. 15TH STREET, KANSAS CITY, KS 66102	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓

(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
(23) CHAMBER OF COMMERCE OF GREATER KANSAS CITY FOUNDATION (46-1163376) 30 W. PERSHING ROAD, SUITE 301, KANSAS CITY, MO 64108	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(24) CHILDREN OF INCARCERATED PARENTS (61-1710320) 5110 PITTMAN RD, KANSAS CITY, MO 64133	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(25) CHILDREN'S MERCY HOSPITAL (44-0605373) 2401 GILLHAM RD, KANSAS CITY, MO 64108	PUBLIC CHARITY	MO	501(C)(3)	3	N/A		✓
(26) COMMUNITIES CREATING OPPORTUNITY (43-1127845) 3227 BROOKLYN AVENUE, KANSAS CITY, MO 64109	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(27) COMMUNITY ASSISTANCE COUNCIL (23-7439079) 10901 BLUE RIDGE BLVD, KANSAS CITY, MO 64134	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(28) COMMUNITY CARE NETWORK OF KANSAS (48-1110925) 700 SW JACKSON, SUITE 600, TOPEKA, KS 66603	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(29) COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS (75-3002264) PO BOX 1832, PITTSBURG, KS 66762	PUBLIC CHARITY	KS	501(C)(3)	10	N/A		✓
(30) COMMUNITY HEALTH COMMISSION OF MISSOURI (43-1883638) 1 CAMPBELL PLAZA, SUITE 2A, ST. LOUIS, MO 63139-1707	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(31) COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY INC. (01-0674969) 803 ARMSTRONG AVE, KANSAS CITY, KS 66101-2604	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(32) COMPASS HEALTH, INC. (43-1032835) 1800 COMMUNITY DRIVE, CLINTON, MO 67435	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(33) CORNERSTONES OF CARE (43-1689138) 8150 WORNALL ROAD, KANSAS CITY, MO 64114	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(34) CROSS-LINES COMMUNITY OUTREACH INC (48-0697177) 736 SHAWNEE AVE, KANSAS CITY, KS 66105-2025	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(35) EL CENTRO (36-2904073) 650 MINNESOTA AVE., KANSAS CITY, KS 66101	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(36) ELEVATING MEN (87-1908526) 12910 E 51ST STREET SOUTH, INDEPENDENCE, MO 64055	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(37) FAMILY RESOURCE CENTER OF CASS COUNTY INC. (46-4070406) PO BOX 604, BELTON, MO 64012	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(38) FOUNTAIN OF LIFE INC (88-3154252) PO BOX 26445, OVERLAND PARK, KS 66225	PUBLIC CHARITY	KS	501(C)(3)	10	N/A		✓
(39) GATEWAY OF HOPE (22-3922901) 801 N MUR LEN RD SUITE 111, OLATHE, KS 66062	PUBLIC CHARITY	KS	501(C)(3)	10	N/A		✓
(40) GIRLS ON THE RUN OF GREATER KANSAS CITY (20-8508128) 11880 COLLEGE BLVD. SUITE 201, OVERLAND PARK, KS 66210	PUBLIC CHARITY	KS	501(C)(3)	10	N/A		✓
(41) GRANTMAKERS IN HEALTH (13-3206571) 1100 CONNECTICUT AVE NW, SUITE 1100, WASHINGTON, DC 20036	PUBLIC CHARITY	DC	501(C)(3)	10	N/A		✓
(42) GREATER IMPACT (87-4344096) 3735 WABASH AVE, KANSAS CITY, MO 64109	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(43) GREENLINE FOUNDATION INC (85-2704983) 3230 BENTON BLVD, KANSAS CITY, MO 64128-2019	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(44) HCC NETWORK (30-0349221) 819 S BUSINESS HWY 13, LEXINGTON, MO 64067	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(45) HEALTH PARTNERSHIP CLINIC INC (48-1115529) 407 S CLAIRBORNE RD STE 104, OLATHE, KS 66062-1744	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(46) HIDDEN GEMS (86-2070457) 7625 BROOKLYN AVE, KANSAS CITY, MO 64132-2154	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓

(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
(47) HISPANIC DEVELOPMENT FUND (43-1152398) 1055 BROADWAY BLVD., SUITE 130, KANSAS CITY, MO 64105	PUBLIC CHARITY	MO	501(C)(3)	8	N/A		✓
(48) HOUSE OF HOPE INC (43-1730519) 301 BROADWAY, LEXINGTON, MO 64067	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(49) HUMANITY HOUSE FOUNDATION (81-1799536) 110 EAST STREET, IOLA, KS 66749	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(50) HUMBOLDT MINISTERIAL ALLIANCE (26-4659392) 910 AMES STREET, HUMBOLDT, KS 66748	PUBLIC CHARITY	KS	501(C)(3)	1	N/A		✓
(51) IMMUNIZE KANSAS COALITION (82-2718681) 800 SW JACKSON STREET, SUITE 618, #, TOPEKA, KS 66612	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(52) INTERURBAN ARTHOUSE (45-3049864) 8001 NEWTON STREET, OVERLAND PARK, KS 66204	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(53) JEWISH VOCATIONAL SERVICE BUREAU OF KANSAS CITY (44-0545994) 4600 THE PASEO, KANSAS CITY, MO 64110	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(54) JOHNSON COUNTY COMMUNITY COLLEGE FOUNDATION (23-7164614) 12345 COLLEGE BOULEVARD, OVERLAND PARK, KS 66210	PUBLIC CHARITY	KS	501(C)(3)	5	N/A		✓
(55) JOHNSON COUNTY MENTAL HEALTH CENTER (48-0678625) 6000 LAMAR AVE., SUITE 130, MISSION, KS 66202	GOVERNMENT	KS			N/A		✓
(56) JUSTICE FOR WYANDOTTE (87-1122775) 6610 BERRY RD, KANSAS CITY, KS 66106-5216	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(57) KANSAS ACTION FOR CHILDREN (48-0879502) 100 SE 9TH ST., SUITE 300, TOPEKA, KS 66612	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(58) KANSAS CITY BLACK MENTAL HEALTH INITIATIVE (92-1026896) 300 E. 39TH STREET, SUITE 5C, KANSAS CITY, MO 64111	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(59) KANSAS CITY MEDICAL SOCIETY FOUNDATION (56-2552704) 6750 ANTIOCH RD STE 305J, MERRIAM, KS 66204-1289	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(60) KANSAS PUBLIC HEALTH ASSOCIATION (48-0764023) 6750 ANTIOCH RD., SUITE 305E, MERRIAM, KS 66204	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(61) KC CARE HEALTH CENTER (43-0967292) 4435 MAIN ST., SUITE 1000, KANSAS CITY, MO 64111	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(62) KC MOTHERS IN CHARGE (47-2342408) 3200 WAYNE AVENUE, #124, KANSAS CITY, MO 64109	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(63) KCUR 89.3/KANSAS NEWS SERVICE (43-6003859) 4825 TROOST, SUITE 202, KANSAS CITY, MO 64110-2499	GOVERNMENT	MO			N/A		✓
(64) KIDS WIN MISSOURI (82-5089535) 6750 ANTIOCH RD., SUITE 305K, MERRIAM, KS 66204	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(65) KIDSTLC INC (48-0774593) 480 S ROGERS RD, OLATHE, KS 66062-1706	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(66) KU ENDOWMENT OBO CENTER FOR AFRICAN AMERICAN HEALTH (48-0547734) 3901 RAINBOW BLVD. KANSAS CITY, KS, KANSAS CITY, KS 66160	PUBLIC CHARITY	KS	501(C)(3)	5	N/A		✓
(67) LAFAYETTE COUNTY HEALTH DEPARTMENT (43-1241723) 547 S BUSINESS HWY 13, LEXINGTON, MO 64067	GOVERNMENT	MO			N/A		✓
(68) MATTIE RHODES CENTER (44-0546343) 148 N. TOPPING AVENUE, KANSAS CITY, MO 64123	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(69) MENTAL HEALTH AMERICA OF THE HEARTLAND (48-1185409) 739 MINNESOTA AVENUE, KANSAS CITY, KS 66101	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓

(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
(70) METROPOLITAN COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS (METRO COUNCIL) (83-2063878) 3300 NE 83RD ST., SUITE 1001, KANSAS CITY, MO 64119	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(71) MID-AMERICA REGIONAL COUNCIL (43-0976432) 600 BROADWAY BLVD, SUITE 200, KANSAS CITY, MO 64105	GOVERNMENT	MO			N/A		✓
(72) MIGRANT FARMWORKERS ASSISTANCE FUND (43-1805495) P.O. BOX 413223, KANSAS CITY, MO 64141	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(73) MISSION VISION PROJECT KC (84-2139145) P. O. BOX 32134, KANSAS CITY, MO 64171	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(74) MISSOURI BUDGET PROJECT (26-0062334) 5501 DELMAR BLVD., BOX 9, ST. LOUIS, MO 63112	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(75) MISSOURI COALITION FOR PRIMARY HEALTH CARE DBA MISSOURI PRIMARY CARE ASSOCIATION (43-1419937) 3325 EMERALD LANE, SUITE B, JEFFERSON CITY, MO 65109	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(76) MISSOURI JOBS WITH JUSTICE (43-1864844) 2725 CLIFTON, ST. LOUIS, MO 63139	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(77) MISSOURI ORGANIZING AND VOTER ENGAGEMENT COLLABORATIVE (MOVE) (43-1619531) 1530 S BIG BEND, ST LOUIS, MO 63117	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(78) NAMI KANSAS INC (48-1061361) 1801 SW WANAMAKER RD., BOX 164, SUI, TOPEKA, KS 66604	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(79) PETE'S GARDEN INC. (84-4596250) 6215 SUMMIT ST., KANSAS CITY, MO 64113	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(80) PHARMACY OF GRACE INC. (82-5372375) 721 N. 31ST, SUITE 100, KANSAS CITY, KS 66102	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(81) POETRY FOR PERSONAL POWER INC. (46-2612596) PO BOX 300440, KANSAS CITY, KS 64130-0440	PUBLIC CHARITY	KS	501(C)(3)	10	N/A		✓
(82) PUBLIC TELEVISION 19 INC (23-7114952) 125 E 31ST STREET, KANSAS CITY, MO 64108-3216	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(83) RED APPLE EDCO (83-4315545) 7420 TROOST AVE UNIT 16254, KANSAS CITY, MO 64112-4114	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(84) REDISCOVER (23-7169417) 1555 NE RICE ROAD, LEES SUMMIT, MO 64086	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(85) RONALD MCDONALD HOUSE CHARITIES (43-1190760) 2501 CHERRY STREET, KANSAS CITY, MO 64108	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(86) SAMUEL U. RODGERS HEALTH CENTER, INC. (43-0899356) 825 EUCLID AVENUE, KANSAS CITY, MO 64124	PUBLIC CHARITY	MO	501(C)(3)	3	N/A		✓
(87) SEK MULTI-COUNTY HEALTH DEPARTMENT (48-0785109) 411 N. WASHINGTON, IOLA, KS 66749	GOVERNMENT	KS			N/A		✓
(88) SHAWNEE MISSION EDUCATION FOUNDATION (74-2823938) 8200 W. 71ST STREET, SHAWNEE MISSION, KS 66204	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(89) SHEPHERDS CENTER OF KANSAS CITY KANSAS INC (48-1039483) 757 ARMSTRONG AVE, KANSAS CITY, KS 66101-2701	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(90) SISTERS IN CHRIST (43-1799360) 6317 EVANSTON AVE, RAYTOWN, MO 64133-4929	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(91) SOUTHEAST KANSAS MENTAL HEALTH CENTER (48-0678906) 1106 SOUTH NINTH, HUMBOLDT, KS 66748-1948	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(92) STARFISH PROJECT FOUNDATION (47-1675433) 134 S CLAIRBORNE RD, STE B, OLATHE, KS 66062	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓

(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
(93) STW CHARITIES INC (47-2131016) 1414 E 103RD ST, KANSAS CITY, MO 64131-3412	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(94) SUNFLOWER HOUSE (48-0918698) 15440 W 65TH STREET, SHAWNEE, KS 66217	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(95) SWOPE HEALTH (43-0957840) 3801 DR. MARTIN LUTHER KING, JR. BL, KANSAS CITY, MO 64130	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(96) SWOPE PARKWAY CHURCH OF CHRIST (51-0196229) 5620 SWOPE PARKWAY, KANSAS CITY, KS 66285-5451	PUBLIC CHARITY	KS	501(C)(3)	1	N/A		✓
(97) THE URBAN INSTITUTE (52-0880375) 500 L'ENFANT PLAZA SW, WASHINGTON, DC 20024	PUBLIC CHARITY	DC	501(C)(3)	10	N/A		✓
(98) THE VILLAGE INITIATIVE INC. (90-0808727) 3004 N 27TH STREET, KANSAS CITY, KS 66104	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(99) THE VOTER NETWORK (92-1581742) PO BOX 4006, OVERLAND PARK, KS 66204	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(100) THRIVE ALLEN COUNTY (32-0198379) 9 S JEFFERSON AVE, IOLA, KS 66749	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(101) TREATMENT ADVOCACY CENTER (54-1905826) 200 NORTH GLEBE ROAD, SUITE 801, ARLINGTON, VA 22203	PUBLIC CHARITY	VA	501(C)(3)	7	N/A		✓
(102) TRUE LIGHT FAMILY RESOURCE CENTER, INC. (02-0783393) 712 E 31ST ST, KANSAS CITY, MO 64109-1438	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(103) UNITED COMMUNITY SERVICES OF JOHNSON COUNTY (48-0914699) 9001 W. 110TH STREET, SUITE 100, OVERLAND PARK, KS 66210	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(104) UNIVERSITY HEALTH FOUNDATION (43-1194064) 2310 HOLMES, SUITE 735, KANSAS CITY, MO 64108	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(105) UZAZI VILLAGE (46-0589830) 4232 TROOST AVE, KANSAS CITY, MO 64110	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(106) VIBRANT HEALTH (48-1151382) 21 N 12TH ST., STE 300, KANSAS CITY, KS 66102	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(107) WICHITA STATE UNIVERSITY FOUNDATION (48-6121167) 1845 FAIRMOUNT, BOX 2, WICHITA, KS 67260-0002	PUBLIC CHARITY	KS	501(C)(3)	5	N/A		✓
(108) WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC. (48-0576044) 757 ARMSTRONG AVENUE, KANSAS CITY, KS 66101	PUBLIC CHARITY	KS	501(C)(3)	3	N/A		✓
(109) YOUTH GUIDANCE (36-2167032) 300 E. 39TH STREET, KANSAS CITY, MO 64111	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓