Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: THE REACH HEALTHCARE FOUNDATION

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 8131 METCALF AVENUE, STE 200

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: OVERLAND PARK, KS 66204

D Employer identification number: 20-0337230

E Telephone number: (913) 432-4196

G Gross receipts $: 35,575,108

F Name and address of principal officer: BRENDA R. SHARPE
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

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

J Website: WWW.REACHHEALTH.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2003

M State of legal domicile: KS

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO SUPPORT ACCESS TO QUALITY HEALTHCARE COVERAGE & SERVICES FOR THE MEDICALLY INDIGENT & UNDERSERVED RESIDENTS OF ALLEN, JOHNSON & WYANDOTTE COUNTIES IN KS AND CASS, JACKSON, & LAFAYETTE COUNTIES IN MO.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	18
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	192,665
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	33,369

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,752,726	4,133,231
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	137,886	192,665
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,890,612	4,325,896

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,318,573	4,403,542
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,530,972	1,563,477
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,649,921	1,536,974
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,499,466	7,503,993
19	Revenue less expenses. Subtract line 18 from line 12	1,391,146	(3,178,097)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	153,088,343	165,161,272
21	Total liabilities (Part X, line 26)	6,267,229	6,117,876
22	Net assets or fund balances. Subtract line 21 from line 20	146,821,114	159,043,396

Part II Signature Block

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

Sign Here

Signature of officer — Date

BRENDA R SHARPE, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHAEL ENGLE	MICHAEL ENGLE			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 ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2025) Created 4/30/25

Part III Statement of Program Service Accomplishments

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

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 $ 2,801,430 including grants of $ 2,080,000) (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 2025, 42 STRENGTHEN THE SAFETY NET GRANTS WERE AWARDED.

4b (Code:) (Expenses $ 1,618,190 including grants of $ 1,084,364) (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 2025, 64 CLOSE THE HEALTH EQUITY GAP GRANTS WERE AWARDED.

4c (Code:) (Expenses $ 1,542,191 including grants of $ 1,125,000) (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 2025, 25 BRIDGE THE COVERAGE GRANTS WERE AWARDED.

4d Other program services (Describe on Schedule O.)
(Expenses $ 174,957 including grants of $ 114,178) (Revenue $ 0)

4e Total program service expenses 6,136,768

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	12		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	✔	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b	✔	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		✔
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		✔
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		✔
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		✔
17	**Section 501(c)(21) organizations.** 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.		17		

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
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	17		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✔
3	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? .	3			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6			✔
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✔	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			✔

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

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

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	40.0									
PRESIDENT AND CEO	0.0			✔				348,396	0	53,894
(2) JOANNE YUN	40.0									
VP FINANCE AND OPERATIONS/CFO	0.0			✔				254,891	0	87,291
(3) CARLA GIBSON	40.0									
VICE PRESIDENT OF PROGRAMS	0.0					✔		191,621	0	40,009
(4) ANDREA PERDOMO-MORALES	40.0									
PROGRAM OFFICER	0.0					✔		110,381	0	51,469
(5) REBECCA BENAK	40.0									
DIRECTOR OF GRANTS & OPERATION	0.0					✔		129,610	0	16,412
(6) GUY COLLIER	5.0									
CHAIR/DIRECTOR	0.0	✔		✔				0	0	0
(7) JERMEE JONES	5.0									
VICE CHAIR/DIRECTOR	0.0	✔		✔				0	0	0
(8) JUSTIN RICHTER	5.0									
TREASURER/DIRECTOR	0.0	✔		✔				0	0	0
(9) OCTAVIO ESTRELLA	5.0									
SECRETARY/DIRECTOR	0.0	✔		✔				0	0	0
(10) PATTI MIKLOS-BOYD	5.0									
PROGRAM COMM CHAIR/DIRECTOR	0.0	✔		✔				0	0	0
(11) AMY WILLIAMS	5.0									
DIRECTOR	0.0	✔						0	0	0
(12) ANNA SAHLI	5.0									
DIRECTOR	0.0	✔						0	0	0
(13) CELIA BYERS	5.0									
DIRECTOR	0.0	✔						0	0	0
(14) DERYL WYNN	5.0									
DIRECTOR	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) DICK WORKS	5.0									
DIRECTOR	0.0	✔						0	0	0
(16) JENNA ROSE	5.0									
DIRECTOR	0.0	✔						0	0	0
(17) JOE WATERS	5.0									
DIRECTOR	0.0	✔						0	0	0
(18) MARISA MARTINEZ	5.0									
DIRECTOR	0.0	✔						0	0	0
(19) MEGAN KNOBLAUCH	5.0									
DIRECTOR	0.0	✔						0	0	0
(20) NICOLE PALMER	5.0									
DIRECTOR	0.0	✔						0	0	0
(21) SHARLA SMITH	5.0									
DIRECTOR	0.0	✔						0	0	0
(22) TIFFANY GLADDIS	5.0									
DIRECTOR	0.0	✔						0	0	0
(23)										
(24)										
(25)										
1b Subtotal								1,034,899	0	249,075
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,034,899	0	249,075

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 5

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

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	INVESTMENT CONSULTING	192,558

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
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a–1f	1g	$				
	h	**Total.** Add lines 1a–1f			0			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,166,277			1,166,277
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)						
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	34,216,166				
	b	Less: cost or other basis and sales expenses	7b	31,249,212				
	c	Gain or (loss)	7c	2,966,954	0			
	d	Net gain or (loss)				2,966,954			2,966,954
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
	11a	PARTNERSHIP INCOME - AVENUE 82	531120		195,720		195,720	
	b	QUALIFIED PARTNERSHIP INTEREST	901101		(3,055)		(3,055)	
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			192,665			
	12	**Total revenue.** See instructions			4,325,896	0	192,665	4,133,231

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,403,542	4,403,542		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	744,472	353,045	391,427	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	604,195	505,094	99,101	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,799	52,166	9,633	
9 Other employee benefits	78,072	75,580	2,492	
10 Payroll taxes	74,939	51,622	23,317	
11 Fees for services (nonemployees):				
a Management				
b Legal	15,367		15,367	
c Accounting	54,178		54,178	
d Lobbying	205,807	205,807		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	389,421		389,421	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	197,218	178,934	18,284	0
12 Advertising and promotion	9,695	7,320	2,375	
13 Office expenses	61,007	31,398	29,609	
14 Information technology	78,336	47,129	31,207	
15 Royalties				
16 Occupancy	286,079	118,603	167,476	
17 Travel	28,761	9,672	19,089	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,882	30,297	15,585	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,602	35,361	44,241	
23 Insurance	29,249		29,249	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP DUES	23,778	17,309	6,469	
b EQUIPMENT LEASING AND EXPENSE	16,784	6,027	10,757	
c STAFF DEVELOPMENT	6,546	6,546		
d BOOKS, SUBSCRIPTIONS, REFERENCE	687	163	524	
e All other expenses	8,577	1,153	7,424	0
25 **Total functional expenses.** Add lines 1 through 24e	7,503,993	6,136,768	1,367,225	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ 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
Assets	1	Cash—non-interest-bearing		45	1	45
	2	Savings and temporary cash investments		3,424,569	2	4,226,720
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	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	5	0
	6	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	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		586,489	9	697,121
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,288,744			
	b	Less: accumulated depreciation	10b 655,449	703,069	10c	633,295
	11	Investments—publicly traded securities		77,783,835	11	86,264,346
	12	Investments—other securities. See Part IV, line 11		68,322,469	12	71,201,355
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,267,867	15	2,138,390
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		153,088,343	16	165,161,272
Liabilities	17	Accounts payable and accrued expenses		713,206	17	783,129
	18	Grants payable		3,229,193	18	3,123,178
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	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	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		2,324,830	25	2,211,569
	26	**Total liabilities.** Add lines 17 through 25		6,267,229	26	6,117,876
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		146,821,114	27	159,043,396
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		146,821,114	32	159,043,396
	33	Total liabilities and net assets/fund balances		153,088,343	33	165,161,272

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,325,896
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,503,993
3	Revenue less expenses. Subtract line 2 from line 1	3	(3,178,097)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	146,821,114
5	Net unrealized gains (losses) on investments	5	15,377,879
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	22,500
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	159,043,396

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		✔
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	3b		

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* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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 must generally 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 111

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) (SEE STATEMENT)						
(B)						
(C)						
(D)						
(E)						
Total					4,403,542	0

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2024 Schedule A, Part II, line 14 . . . . . **15** %

16a **33 1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

b **33 1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2025.** 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 **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		✔
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		✔
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		✔
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		✔
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a	✔	
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	✔	
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c	✔	
6	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? *If "Yes," provide detail in* ***Part VI****.*	6		✔
7	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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		✔
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		✔
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		✔
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? *If "Yes," provide detail in* ***Part VI****.*	9b		✔
c	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? *If "Yes," provide detail in* ***Part VI****.*	9c		✔
10a	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)? *If "Yes," answer line 10b below.*	10a		✔
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		✔
b	A family member of a person described on line 11a above?	11b		✔
c	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* ***Part VI****.*	11c		✔

Section B. Type I Supporting Organizations

			Yes	No
1	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* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	✔	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	✔	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	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* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
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* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a, 3b, and 3c below.***			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3c		

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.

Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	**1**		
2	Recoveries of prior-year distributions	**2**		
3	Other gross income (see instructions)	**3**		
4	Add lines 1 through 3.	**4**		
5	Depreciation and depletion	**5**		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7	Other expenses (see instructions)	**7**		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

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

Section C—Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2	Enter 0.85 of line 1.	**2**		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4	Enter greater of line 2 or line 3.	**4**		
5	Income tax imposed in prior year	**5**		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	**5**	
6	**Total annual distributions.** Add lines 1 through 5.	**6**	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**7**	
8	Distributable amount for 2025 from Section C, line 6	**8**	
9	Line 7 amount divided by line 8 amount	**9**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021 . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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	THE TAXPAYER'S SUPPORTED ORGANIZATIONS ARE DESIGNATED BY CLASS OR PURPOSE IN THE TAXPAYER'S RESTATED ARTICLES OF INCORPORATION. THEY ARE GOVERNMENTS AND NON-GOVERNMENTAL ORGANIZATIONS A PRIMARY PURPOSE OR FUNCTION OF EACH OF WHICH IS TO PROVIDE HEALTHCARE RELATED SERVICES OR TO SUPPORT AND PROMOTE THE PROVISION OF HEALTHCARE RELATED SERVICES AND HEALTHCARE ACCESS AND QUALITY AS OUTLINED IN THE TAXPAYER'S ARTICLES OF INCORPORATION. PURSUANT TO THE TAXPAYERS RESTATED ARTICLES OF INCORPORATION THE ORGANIZATIONS DESCRIBED IN SECTIONS 509(A)(1) AND 509(A)(2) OF THE CODE THAT THE TAXPAYER SUPPORTS INCLUDE THE FOLLOWING TWO GROUPS: - ONE GROUP IS THE UNITS OF GOVERNMENT THAT OPERATE, SUPERVISE, OR CONTROL THE TAXPAYER FOR PURPOSES OF SECTION 509(A)(3)(B)(I) OF THE CODE. THESE UNITS OF GOVERNMENT ARE: (1) THE STATE OF KANSAS; (2) THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY, KANSAS; (3) JOHNSON COUNTY, KANSAS; AND (4) ALLEN COUNTY, KANSAS (COLLECTIVELY, THE CONTROLLING GOVERNMENTS) - THE OTHER GROUP CONSISTS OF ALL PUBLIC CHARITIES THAT ARE CLOSELY RELATED IN PURPOSE OR FUNCTION TO THESE GOVERNMENTS IN TERMS OF THE DELIVERY AND THE SUPPORT AND PROMOTION OF HEALTHCARE. THIS GROUP INCLUDES ESSENTIALLY ALL PUBLIC CHARITIES WITH A HEALTHCARE FOCUS THAT OPERATE IN THE AREA WHICH PRIOR TO APRIL 1, 2003 WAS SERVED BY THE HEALTH MIDWEST INTEGRATED HEALTH SYSTEM, I.E., IN WYANDOTTE, JOHNSON AND ALLEN COUNTIES IN KANSAS AND KANSAS CITY, MISSOURI AND JACKSON, CASS AND LAFAYETTE COUNTIES IN MISSOURI (THE SERVICE AREA).
SCHEDULE A, PART IV, SECTION A, LINE 5A - ADDED, SUBSTITUTED, OR REMOVED SUP. ORG.	AS INDICATED IN ITEM 1 ABOVE, THE TAXPAYER SUPPORTS TWO GROUPS OF SUPPORTED ORGANIZATIONS. THE SUPPORTED ORGANIZATIONS INCLUDED IN THE FIRST GROUP ARE THE CONTROLLING GOVERNMENTS. NO SUPPORTED ORGANIZATION LISTED IN THIS FIRST GROUP HAS BEEN ADDED, REMOVED, OR SUBSTITUTED SINCE THE TAXPAYER RECEIVED THE DETERMINATION LETTER. THE SECOND GROUP IS DEFINED BROADLY IN THE TAXPAYER'S RESTATED ARTICLES OF INCORPORATION THAT ITS PRACTICAL EFFECT IS TO INCLUDE ALL PUBLIC CHARITIES WITH A HEALTHCARE FOCUS THAT OPERATE IN THE SERVICE AREA. THE NATURE OF THE TAXPAYER'S ACTIVITIES IS SUCH THAT IT MAY VARY THE AMOUNT OF SUPPORT IT PROVIDES TO A PARTICULAR SUPPORTED ORGANIZATION IN THIS SECOND GROUP FROM YEAR TO YEAR. FOR EXAMPLE, IN SOME YEARS A SUPPORTED ORGANIZATION MAY RECEIVE A GRANT THAT IS INTENDED TO PROVIDE SUPPORT FOR MORE THAN A YEAR. THUS, THE ORGANIZATION MAY NOT RECEIVE ANOTHER GRANT FROM THE TAXPAYER FOR ONE OR MORE YEARS FOLLOWING THE YEAR THAT THE MULTI-YEAR GRANT WAS MADE. HOWEVER, IT DOES NOT MEAN THAT THE ORGANIZATION HAS BEEN REMOVED OR SUBSTITUTED AS A SUPPORTED ORGANIZATION BY THE TAXPAYER. IN THE EVENT A SUPPORTED ORGANIZATION IS ADDED, SUBSTITUTED, OR REMOVED BY THE TAXPAYER, THERE MAY BE A NUMBER OF REASONS WHY THIS OCCURS. THE REASONS INCLUDE A SHIFT IN THE HEALTHCARE NEEDS OF INDIVIDUALS LIVING IN THE AREA SERVED BY THE TAXPAYER, THE SUPPORTED ORGANIZATION NO LONGER PROVIDES SUCH SERVICES OR GOES OUT OF EXISTENCE, ANOTHER SUPPORTED ORGANIZATION IS MORE EFFECTIVE IN PROVIDING SUCH SERVICES, OR FOR OTHER SIMILAR REASONS, WITH SOME OF THE REASONS OUT OF THE CONTROL OF THE TAXPAYER.
SCHEDULE A, PART IV, SECTION B, LINE 2 - BENEFIT OF SUPP. ORG. OTHER THAN THE ONE OPERATING THE ORG.	AS DISCUSSED IN PART IV, SECTION A, ITEM 1, THE TAXPAYER SUPPORTS TWO GROUPS OF SECTION 509(A)(1) AND 509(A)(2) ORGANIZATIONS DESCRIBED AS FOLLOWS: - ONE GROUP IS THE UNITS OF GOVERNMENT THAT OPERATE, SUPERVISE, OR CONTROL THE TAXPAYER FOR PURPOSES OF SECTION 509(A)(3)(B)(I) OF THE CODE (I.E., THE CONTROLLING GOVERNMENTS). - THE OTHER GROUP CONSISTS OF ALL PUBLIC CHARITIES THAT ARE CLOSELY RELATED IN PURPOSE OR FUNCTION TO THESE GOVERNMENTS IN TERMS OF THE DELIVERY AND THE SUPPORT AND PROMOTION OF HEALTHCARE AND HEALTHCARE ACCESS AND QUALITY AS OUTLINED IN THE TAXPAYER'S ARTICLES OF INCORPORATION. THIS GROUP INCLUDES ESSENTIALLY ALL PUBLIC CHARITIES WITH A HEALTHCARE FOCUS THAT OPERATE IN THE SERVICE AREA. THE TAXPAYER MAKES GRANTS TO THE SUPPORTED ORGANIZATIONS DESCRIBED IN THE SECOND GROUP THAT ARE TO BE USED TO HELP SUCH SUPPORTED ORGANIZATIONS ACCOMPLISH THEIR CHARITABLE PURPOSES. THE ACTIVITIES OF THE SUPPORTED ORGANIZATIONS IN THIS GROUP ARE CLOSELY RELATED IN PURPOSE OR FUNCTION TO THESE GOVERNMENTS, I.E., THE DELIVERY AND THE SUPPORT AND PROMOTION OF HEALTHCARE OF THE RESIDENCES LIVING IN THE REGION THAT THE GOVERNMENT UNITS ARE LOCATED.

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
ABILITY KC	44-0552045	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	150	0
ACLU FOUNDATION OF KANSAS	43-0926406	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	50,000	0
ADHOC GROUP AGAINST CRIME	30-0455147	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
ADVOCATES FOR IMMIGRANT RIGHTS AND RECONCILIATION	47-4636795	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	500	0
ALLEN COUNTY, KS	48-6039815	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).	✓		0	0
ALLEN REGIONAL TRANSIT	88-2825226	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	35,000	0
ALLIANCE FOR A HEALTHY KANSAS INC.	93-1904197	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	55,000	0
ALTRUISM MEDIA INC.	87-4455294	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	15,000	0
ARCHIE R-V SCHOOL DISTRICT	44-6001717	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).		✓	70,000	0
ARTHROPY INC.	46-2612596	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	5,000	0
ASYLUM CLINIC KANSAS CITY	82-1240928	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	100	0
AVENUE OF LIFE ON BEHALF OF RACIAL EQUITY COLLABORATIVE	46-2526799	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	70,000	0
BEACON MENTAL HEALTH	43-1556416	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	100,000	0
BETHEL NEIGHBORHOOD CENTER ON BEHALF OF BETTER TOGETHER	23-7098818	1. CHURCH. SECTION 170(B)(1)(A)(I).		✓	20,000	0
BLACK OWNED BUSINESS KANSAS CITY FOUNDATION	92-0897973	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	1,000	0
BLAQOUT, INC.	82-1144166	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	24,500	0
BREAKTHROUGH T1D	23-1907729	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	260	0
BUDGET AND FINANCIAL MANAGEMENT ASSISTANCE	43-1747260	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	36,000	0
BURRELL, INC	43-1081715	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	100,000	0
CASS COMMUNITY HEALTH FOUNDATION	43-1349495	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	3,800	0
CASS COUNTY HEALTH DEPARTMENT	44-6000465	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).		✓	30,000	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
CHANDLER TURNER SCHOLARSHIP FUND	46-2760522	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	7,000	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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
CHILDREN OF HOMICIDE VICTIMS	83-4645651	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	10,000	0
CHILDREN OF INCARCERATED PARENTS	61-1710320	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	4,771	0
CHILDREN'S MERCY HOSPITAL	44-0605373	3. HOSPITAL. SECTION 170(B)(1)(A)(III).		✓	70,000	0
COMMUNITY CARE NETWORK OF KANSAS	48-1110925	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	102,500	0
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS	75-3002264	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	50,000	0
COMMUNITY HEALTH COMMISSION OF MISSOURI	43-1883638	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	85,000	0
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY INC.	01-0674969	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	145,000	0
COMPASS HEALTH NETWORK	43-1032835	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	140,000	0
CROSS-LINES COMMUNITY OUTREACH INC.	48-0697177	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	55,000	0
DADS AGAINST CRIME INC.	93-4497406	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	10,000	0
EL CENTRO	36-2904073	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	51,000	0
ELEVATING MEN	87-1908526	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	5,000	0
ENNOVATION CENTER FOR INDEPENDENCE JUNETEENTH	81-2209930	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	1,000	0
ESSENTIAL FAMILIES	84-4124831	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	40,000	0
EXCULTA HEALTH & WELLNESS	93-3086301	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	7,000	0
FAMILY RESOURCE CENTER OF CASS COUNTY INC.	46-4070406	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	45,800	0
FOUNTAIN OF LIFE INC	88-3154252	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	35,000	0
FRIENDS OF YATES BRANCH INC.	48-0908425	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
GREATER KANSAS CITY COMMUNITY FOUNDATION ON BEHALF OF HISPANIC DEVELOPMENT FUND	43-1152398	8. COMMUNITY TRUST. SECTION 170(B)(1)(A)(VI).		✓	1,000	0
HARVESTERS - THE COMMUNITY FOOD NETWORK	43-1208665	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	13,500	0
HCC NETWORK	30-0349221	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	47,500	0
HEALTH EQTI	92-0852823	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	1,000	0
HEALTH PARTNERSHIP CLINIC INC.	48-1115529	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	105,000	0
HEART & HAND MINISTRIES	43-1804592	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	7,000	0
HELLA GOOD DEEDS	92-2216716	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	10,000	0
HIDDEN GEMS	86-2070457	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	10,000	0
HOLD EM UP 4 CARE	84-2067956	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
HUMANITY HOUSE FOUNDATION	81-1799536	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	32,000	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		
INNER-CITY COMPUTER STARS FOUNDATION	36-4253411	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	28,000	0
JEWISH VOCATIONAL SERVICE	44-0545994	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	50,000	0
JOHNSON COUNTY COMMUNITY COLLEGE FOUNDATION	23-7164614	5. AN ORG. OPERATED F/B/O COLLEGE OR UNIVERSITY. SECTION 170(B)(1)(A)(IV).		✓	2,500	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).		✓	100,000	0
KANSAS ACTION FOR CHILDREN	48-0879502	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
KANSAS BLACK LEADERSHIP COUNCIL INC	87-2969074	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	30,000	0
KANSAS CITY CARE CLINIC DBA KC CARE HEALTH CENTER	43-0967292	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	150,000	0
KANSAS CITY MEDICAL SOCIETY FOUNDATION	56-2552704	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
KANSAS HISPANIC AND LATINO AMERICAN AFFAIRS COMMISSION	48-1124839	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).		✓	2,500	0
KANSAS LEGAL SERVICES	48-0872528	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	50,000	0
KCUR 89.3/KANSAS NEWS SERVICE (UMKC FOUNDATION)	26-0840496	5. AN ORG. OPERATED F/B/O COLLEGE OR UNIVERSITY. SECTION 170(B)(1)(A)(IV).		✓	1,020	0
KIDS WIN MISSOURI	82-5089535	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	31,000	0
KIDSTLC INC.	48-0774593	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	25,000	0
KU ENDOWMENT	48-0547734	5. AN ORG. OPERATED F/B/O COLLEGE OR UNIVERSITY. SECTION 170(B)(1)(A)(IV).		✓	141,500	0
LAFAYETTE COUNTY HEALTH DEPARTMENT	43-1241723	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).		✓	75,000	0
LATINO COMMUNITY NETWORK	88-2522034	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	20,000	0
LYRIKS INSTITUTION	84-2799526	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
MATTIE RHODES CENTER	44-0546343	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	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	83-2063878	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	6,000	0
MID-AMERICA REGIONAL COUNCIL	43-0976432	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).		✓	37,500	0
MIGRANT FARMWORKERS ASSISTANCE FUND	43-1805495	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	79,000	0
MISSION VISION PROJECT KC	84-2139145	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	35,000	0
MISSOURI ORGANIZING AND VOTER ENGAGEMENT COLLABORATIVE	43-1619531	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	50,000	0
MISSOURI PRIMARY CARE ASSOCIATION	43-1419937	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	150,000	0
MISSOURI RURAL HEALTH ASSOCIATION	43-1691291	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	50,000	0
NAMI KANSAS	48-1061361	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	30,000	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		
NEIGHBOR2NEIGHBOR (N2N)	26-0346152	8. COMMUNITY TRUST. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
ORAL HEALTH KANSAS, INC.	20-0337278	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	1,000	0
PATTY CAKES FAMILY CENTER	68-0557736	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	7,635	0
PHARMACY OF GRACE INC.	82-5372375	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	50,000	0
RACIAL EQUITY COLLABORATIVE	92-1273432	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	3,098	0
RAYMORE-PECULIAR PUBLIC SCHOOL FOUNDATION	43-1597516	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	8,000	0
RED APPLE EDCO	83-4315545	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
REDISCOVER	23-7169417	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	100,000	0
REGAL HEALTH AND WELLNESS INC	82-3107253	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	1,500	0
SAMUEL U. RODGERS HEALTH CENTER, INC.	43-0899356	3. HOSPITAL. SECTION 170(B)(1)(A)(III).		✓	145,000	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).		✓	2,548	0
SISTERS IN CHRIST	43-1799360	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	175,000	0
STATE OF KANSAS	48-1124839	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).	✓		0	0
STW CHARITIES INC.	47-2131016	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	35,000	0
THE HOPE MARKET FOUNDATION	87-3119934	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
THE PROSPECT KC	84-4576270	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,100	0
THE SINGLE MOM KC	82-0538147	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	7,000	0
THE TRANSITION ACADEMY	84-2533606	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	40,000	0
THE VILLAGE INITIATIVE INC.	90-0808727	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,500	0
THE VOTER NETWORK	92-1581742	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	55,000	0
THRIVE ALLEN COUNTY INC.	32-0198379	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	107,500	0
TRI-COUNTY OUTREACH	83-1321916	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
TRUE LIGHT FAMILY RESOURCE CENTER	02-0783393	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	5,000	0
UNITED COMMUNITY SERVICES OF JOHNSON COUNTY	48-0914699	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	107,260	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
UNIVERSITY HEALTH FOUNDATION	43-1194064	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	120,000	0
UZAZI VILLAGE	46-0589830	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	100,000	0
VIBRANT HEALTH	48-1151382	7. ORG. SUBSTANTIALLY SUPPORTED BY GOVT/PUBLIC. SECTION 170(B)(1)(A)(VI).		✓	190,000	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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
WALKER FOUNDATION	37-1996333	10. AN ORG. FOLLOWING SUPPORT/INVESTMENT INCOME TEST. SECTION 509(A)(2).		✓	5,000	0
WICHITA STATE UNIVERSITY	48-6121167	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).		✓	1,000	0
WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.	48-0576044	3. HOSPITAL. SECTION 170(B)(1)(A)(III).		✓	144,000	0

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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* for instructions and the latest information.

OMB No. 1545-0047

2025

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	Employer identification number (EIN)
THE REACH HEALTHCARE FOUNDATION	20-0337230

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses, and 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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	205,807	
c	Total lobbying expenditures (add lines 1a and 1b)	205,807	
d	Other exempt purpose expenditures	7,298,186	
e	Total exempt purpose expenditures (add lines 1c and 1d)	7,503,993	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	525,200	
g	Grassroots nontaxable amount (enter 25% of line 1f)	131,300	
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No		

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.

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2022	(b) 2023	(c) 2024	(d) 2025	(e) Total
2a	Lobbying nontaxable amount	478,826	509,980	524,973	525,200	2,038,978
b	Lobbying ceiling amount (150% of line 2a, column (e))					3,058,467
c	Total lobbying expenditures	78,775	129,460	155,035	205,807	569,077
d	Grassroots nontaxable amount	119,706	127,495	131,243	131,300	509,745
e	Grassroots ceiling amount (150% of line 2d, column (e))					764,617
f	Grassroots lobbying expenditures	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) Yes	(a) No	(b) Amount
1	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:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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."**

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

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.

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

3 Using the organization's 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment _____ %
b Permanent endowment _____ %
c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" 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
1a Land				
b Buildings				
c Leasehold improvements		832,857	249,814	583,043
d Equipment		455,887	405,635	50,252
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				633,295

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	7,328,188	END OF YEAR MARKET VALUE
(B) PRIVATE EQUITY FUNDS	30,671,576	END OF YEAR MARKET VALUE
(C) PARTNERSHIP INTERESTS	33,201,591	END OF YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	71,201,355	

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)		
Total. *(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)	
Total. *(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	2,211,569
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	2,211,569

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	19,314,354
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	15,377,879		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	15,377,879
3	Subtract line **2e** from line **1**			3	3,936,475
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	389,421		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	389,421
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	4,325,896

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

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

1	Total expenses and losses per audited financial statements			1	7,092,072
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	7,092,072
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	389,421		
b	Other (Describe in Part XIII.)	4b	22,500		
c	Add lines **4a** and **4b**			4c	411,921
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	7,503,993

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.

SEE STATEMENT

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	

(a) Description	**(b)** Amount
REVERSAL OF GRANT FUNDS	22,500

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* 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		18,353,326
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	0			18,353,326
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			18,353,326

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

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

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I - 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* 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)	50,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(2) ALLEN REGIONAL TRANSIT 16 NORTH BUCKEYE STREET, IOLA, KS 66749	88-2825226	501(C)(3)	35,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(3) ALLIANCE FOR A HEALTHY KANSAS INC. PO BOX 750031, TOPEKA, KS 66675	93-1904197	501(C)(3)	55,000	0	N/A	N/A	(SEE STATEMENT)
(4) (SEE STATEMENT)	87-4455294	501(C)(3)	15,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(5) ARCHIE R-V SCHOOL DISTRICT 302 W STATE ROUTE A, ARCHIE, MO 64725-8217	44-6001717	ARCHIE R-V SCHOOL	70,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(6) (SEE STATEMENT)	46-2526799	501(C)(3)	70,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(7) (SEE STATEMENT)	43-1556416	501(C)(3)	100,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(8) (SEE STATEMENT)	23-7098818	501(C)(3)	20,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(9) BLAQOUT, INC. 517 CAMPBELL STREET, KANSAS CITY, MO 64106	82-1144166	501(C)(3)	24,500	0	N/A	N/A	(SEE STATEMENT)
(10) (SEE STATEMENT)	43-1747260	501(C)(3)	36,000	0	N/A	N/A	(SEE STATEMENT)
(11) (SEE STATEMENT)	43-1081715	501(C)(3)	100,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 73

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

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 COUNTY HEALTH DEPARTMENT 1411 S. COMMERCIAL STREET, HARRISONVILLE, MO 64701	44-6000465	CASS COUNTY HEALTH	30,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(13) 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
(14) CHANDLER TURNER SCHOLARSHIP FUND P.O. BOX 4202, KANSAS CITY, KS 66104	46-2760522	501(C)(3)	7,000	0	N/A	N/A	DISCRETIONARY
(15) CHILDREN OF HOMICIDE VICTIMS 31 W 31ST STREET, APT 302, KANSAS CITY, MO 64130	83-4645651	501(C)(3)	10,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(16) 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
(17) COMMUNITY CARE NETWORK OF KANSAS 700 SW JACKSON, SUITE 600, TOPEKA, KS 66603	48-1110925	501(C)(3)	102,500	0	N/A	N/A	DISCRETIONARY / STRENTHEN THE SAFETY NET
(18) COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS 2015 N. STATE STREET, IOLA, KS 66749	75-3002264	501(C)(3)	50,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP
(19) COMMUNITY HEALTH COMMISSION OF MISSOURI 1 CAMPBELL PLAZA, SUITE 2A, ST. LOUIS, MO 63139-1707	43-1883638	501(C)(3)	85,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / 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)	145,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / STRENGTHEN THE SAFETY NET
(21) COMPASS HEALTH NETWORK 1800 COMMUNITY DRIVE, CLINTON, MO 64735	43-1032835	501(C)(3)	140,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / STRENGTHEN THE SAFETY NET
(22) CROSS-LINES COMMUNITY OUTREACH INC. 736 SHAWNEE AVE, KANSAS CITY, KS 66105-2025	48-0697177	501(C)(3)	55,000	0	N/A	N/A	DISCRETIONARY / BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(23) DADS AGAINST CRIME INC. 406 W 34TH ST, SUITE 810, KANSAS CITY, MO 64111	93-4497406	501(C)(3)	10,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(24) EL CENTRO 650 MINNESOTA AVE., KANSAS CITY, KS 66101	36-2904073	501(C)(3)	51,000	0	N/A	N/A	DISCRETIONARY / BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP
(25) ESSENTIAL FAMILIES 2409 PROSPECT AVE, STE 413, KANSAS CITY, MO 64127	84-4124831	501(C)(3)	40,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(26) EXCULTA HEALTH & WELLNESS 705 S. BROADWAY, OAK GROVE, MO 64075	93-3086301	501(C)(3)	7,000	0	N/A	N/A	DISCRETIONARY

(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
(27) FAMILY RESOURCE CENTER OF CASS COUNTY INC. PO BOX 604, BELTON, MO 64012	46-4070406	501(C)(3)	45,800	0	N/A	N/A	DISCRETIONARY / CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(28) FOUNTAIN OF LIFE INC PO BOX 26445, OVERLAND PARK, KS 66225	88-3154252	501(C)(3)	35,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / STRENGTHEN THE SAFETY NET
(29) HARVESTERS - THE COMMUNITY FOOD NETWORK 3801 TOPPING AVENUE, KANSAS CITY, MO 64129	43-1208665	501(C)(3)	13,500	0	N/A	N/A	DISCRETIONARY
(30) HCC NETWORK 819 S BUSINESS HWY 13, LEXINGTON, MO 64067	30-0349221	501(C)(3)	47,500	0	N/A	N/A	DISCRETIONARY / BRIDGE THE COVERAGE DIVIDE
(31) HEALTH PARTNERSHIP CLINIC INC. 407 S CLAIRBORNE RD STE 104, OLATHE, KS 66062-1744	48-1115529	501(C)(3)	105,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(32) HEART & HAND MINISTRIES P.O. BOX 161, BELTON, MO 64012	43-1804592	501(C)(3)	7,000	0	N/A	N/A	DISCRETIONARY
(33) HELLA GOOD DEEDS 913 E 5TH ST, KANSAS CITY, MO 64106-1139	92-2216716	501(C)(3)	10,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(34) HIDDEN GEMS 7625 BROOKLYN AVE, KANSAS CITY, MO 64132-2154	86-2070457	501(C)(3)	10,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(35) HUMANITY HOUSE FOUNDATION 110 EAST STREET, IOLA, KS 66749	81-1799536	501(C)(3)	32,000	0	N/A	N/A	DISCRETIONARY / CLOSE THE HEALTH EQUITY GAP
(36) INNER-CITY COMPUTER STARS FOUNDATION 750 N ORLEANS, SUITE 500, CHICAGO, IL 60654	36-4253411	501(C)(3)	28,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(37) JEWISH VOCATIONAL SERVICE 4600 THE PASEO, KANSAS CITY, MO 64110	44-0545994	501(C)(3)	50,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP
(38) JOHNSON COUNTY MENTAL HEALTH CENTER 6000 LAMAR AVE, SUITE 130, MISSION, KS 66202	48-0678625	501(C)(3)	100,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(39) KANSAS BLACK LEADERSHIP COUNCIL INC 504 PERRY STREET, LAWRENCE, KS 66044	87-2969074	501(C)(3)	30,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(40) KANSAS CITY CARE CLINIC DBA KC CARE HEALTH CENTER 4435 MAIN ST, SUITE 1000, KANSAS CITY, MO 64111	43-0967292	501(C)(3)	150,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(41) KANSAS LEGAL SERVICES 10500 BARKLEY, OVERLAND PARK, KS 66212	48-0872528	501(C)(3)	50,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(42) KIDS WIN MISSOURI 6750 ANTIOCH RD., SUITE 305K, MERRIAM, KS 66204	82-5089535	501(C)(3)	31,000	0	N/A	N/A	DISCRETIONARY / STRENTHEN 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
(43) KIDSTLC INC. 480 S ROGERS RD, OLATHE, KS 66062-1706	48-0774593	501(C)(3)	25,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(44) KU ENDOWMENT 1891 CONSTANT AVENUE, LAWRENCE, KS 66047	48-0547734	501(C)(3)	141,500	0	N/A	N/A	DISCRETIONARY / CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(45) LAFAYETTE COUNTY HEALTH DEPARTMENT 547 S BUSINESS HWY 13, LEXINGTON, MO 64067	43-1241723	LAFAYETTE CO HEALTH	75,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(46) LATINO COMMUNITY NETWORK PO BOX 2304, MISSION, KS 66201	88-2522034	501(C)(3)	20,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(47) METROPOLITAN COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS 3300 NE 83RD ST., SUITE 1001, KANSAS CITY, MO 64119	83-2063878	501(C)(3)	6,000	0	N/A	N/A	DISCRETIONARY
(48) MID-AMERICA REGIONAL COUNCIL 600 BROADWAY BLVD, SUITE 200, KANSAS CITY, MO 64105	43-0976432	MID-AMERICA REGIONAL	37,500	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(49) MIGRANT FARMWORKERS ASSISTANCE FUND P.O. BOX 413223, KANSAS CITY, MO 64141	43-1805495	501(C)(3)	79,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP
(50) MISSION VISION PROJECT KC P. O. BOX 32134, KANSAS CITY, MO 64171	84-2139145	501(C)(3)	35,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(51) MISSOURI ORGANIZING AND VOTER ENGAGEMENT COLLABORATIVE PO BOX 300168, ST. LOUIS, MO 63130	43-1619531	501(C)(3)	50,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(52) MISSOURI PRIMARY CARE ASSOCIATION 3450 WEST EDGE WOOD, JEFFERSON CITY, MO 65109	43-1419937	501(C)(3)	150,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / STRENGTHEN THE SAFETY NET
(53) MISSOURI RURAL HEALTH ASSOCIATION PO BOX 232, JEFFERSON CITY, MO 65109	43-1691291	501(C)(3)	50,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(54) NAMI KANSAS 2252 SOUTHWEST 10TH AVENUE, TOPEKA, KS 66604	48-1061361	501(C)(3)	30,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(55) PATTY CAKES FAMILY CENTER 7840 SPRING VALLEY RD, RYTOWN, MO 64138	68-0557736	501(C)(3)	7,635	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(56) PHARMACY OF GRACE INC. 721 N. 31ST, SUITE 100, KANSAS CITY, KS 66102	82-5372375	501(C)(3)	50,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(57) RAYMORE-PECULIAR PUBLIC SCHOOL FOUNDATION PO BOX 789, PECULIAR, MO 64078	43-1597516	501(C)(3)	8,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP
(58) REDISCOVER 1555 NE RICE RD, LEE'S SUMMIT, MO 64086	23-7169417	501(C)(3)	100,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(59) SAMUEL U. RODGERS HEALTH CENTER, INC. 825 EUCLID AVENUE, KANSAS CITY, MO 64124	43-0899356	501(C)(3)	145,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / 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
(60) 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
(61) SISTERS IN CHRIST 6317 EVANSTON AVENUE, RAYTOWN, MO 64133	43-1799360	501(C)(3)	175,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / STRENGTHEN THE SAFETY NET
(62) STW CHARITIES INC. 1414 E 103RD ST, KANSAS CITY, MO 64131-3412	47-2131016	501(C)(3)	35,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(63) THE PROSPECT KC 11 EAST 40TH STREET, KANSAS CITY, MO 64111	84-4576270	501(C)(3)	5,100	0	N/A	N/A	DISCRETIONARY / CLOSE THE HEALTH EQUITY GAP
(64) THE SINGLE MOM KC 11539 W 83RD TER, OVERLAND PARK, KS 66214-1532	82-0538147	501(C)(3)	7,000	0	N/A	N/A	DISCRETIONARY
(65) THE TRANSITION ACADEMY 107 W. 63RD STREET, SUITE 503, KANSAS CITY, MO 64113	84-2533606	501(C)(3)	40,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE
(66) THE VILLAGE INITIATIVE INC. 3004 N 27TH STREET, KANSAS CITY, KS 66104	90-0808727	501(C)(3)	5,500	0	N/A	N/A	DISCRETIONARY / CLOSE THE HEALTH EQUITY GAP
(67) THE VOTER NETWORK PO BOX 4006, OVERLAND PARK, KS 66204	92-1581742	501(C)(3)	55,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP
(68) THRIVE ALLEN COUNTY INC. 9 S JEFFERSON AVE, IOLA, KS 66749-3327	32-0198379	501(C)(3)	107,500	0	N/A	N/A	DISCRETIONARY / BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP
(69) UNITED COMMUNITY SERVICES OF JOHNSON COUNTY 9001 WEST 100TH STREET, SUITE 100, OVERLAND PARK, KS 66210	48-0914699	501(C)(3)	107,260	0	N/A	N/A	DISCRETIONARY / CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(70) UNIVERSITY HEALTH FOUNDATION 2310 HOLMES, SUITE 735, KANSAS CITY, MO 64108	43-1194064	501(C)(3)	120,000	0	N/A	N/A	BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP
(71) UZAZI VILLAGE 4232 TROOST AVE, KANSAS CITY, MO 64110	46-0589830	501(C)(3)	100,000	0	N/A	N/A	STRENGTHEN THE SAFETY NET
(72) VIBRANT HEALTH 21 N 12TH ST, STE 300, KANSAS CITY, KS 66102	48-1151382	501(C)(3)	190,000	0	N/A	N/A	CLOSE THE HEALTH EQUITY GAP / STRENGTHEN THE SAFETY NET
(73) WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC. 757 ARMSTRONG AVENUE, KANSAS CITY, KS 66101	48-0576044	501(C)(3)	144,000	0	N/A	N/A	DISCRETIONARY / STRENTHEN THE SAFETY NET

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE BOARD ESTABLISHED AND APPROVED A DISTINCT POLICY OUTLINING THE FOUNDATION'S GRANT REVIEW, DUE DILIGENCE, AND APPROVAL PROCESS IN DETAIL. FINANCIAL CONTROLS ARE INTEGRATED INTO THE GRANTS POLICY AND PROCESS. THE FOLLOWING PARAMETERS AND LEVELS OF AUTHORIZATION HAVE BEEN ESTABLISHED: ALL GRANTS FOLLOW THE REVIEW AND APPROVAL PROCESS OUTLINED BELOW: 1. A GRANT APPLICATION IS RECEIVED VIA THE GRANTS MANAGEMENT SYSTEM AND RETAINED ELECTRONICALLY. 2. THE DIRECTOR OF GRANTS AND OPERATIONS PROCESSES THE PROPOSAL AND CONDUCTS DUE DILIGENCE: 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. 3. PROGRAM STAFF COMPLETES A THOROUGH REVIEW OF THE PROPOSAL, AND FORWARDS TO THE PRESIDENT AND CEO FOR APPROVAL. 4. THE PRESIDENT AND CEO AUTHORIZES APPROVAL OF THE GRANT. 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. 6. THE DIRECTOR GENERATES A GRANT AGREEMENT FOR ALL GRANTS OVER $10,000 AND ISSUES THE AGREEMENT TO THE ORGANIZATION ELECTRONICALLY FOR SIGNATURES. 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. GRANT AGREEMENTS ALL GRANTS OVER $10,000 REQUIRE A GRANT AGREEMENT WHICH SPECIFIES THE AMOUNT AND TERMS OF THE AWARD, REPORTING REQUIREMENTS, CONTINGENCIES ATTACHED TO THE AWARD, AND EXPECTATIONS WITH REGARD TO THE GRANTEE'S TAX STATUS AND NON-DISCRIMINATION PRACTICES. THE RELEASE OF THE FIRST PAYMENT IS CONTINGENT ON RECEIPT OF A FULLY EXECUTED GRANT AGREEMENT SIGNED BY THE GRANTEE'S CEO, BOARD CHAIR, PROGRAM MANAGER, AND THE FOUNDATION'S PRESIDENT AND CEO. GRANT AGREEMENTS MUST BE FULLY EXECUTED WITH THREE SIGNATURES AND RETURNED TO THE FOUNDATION WITHIN 60 DAYS OF AWARD NOTIFICATION. SCANNED OR FAXED COPIES ARE ACCEPTABLE. IF THE FULLY EXECUTED GRANT AGREEMENT IS NOT RECEIVED WITHIN THIS TIME FRAME, THE FOUNDATION MAY, AT ITS DISCRETION, RESCIND THE GRANT AWARD. PAYMENTS GRANT AWARDS OF $30,000 AND BELOW ARE ISSUED IN A SINGLE PAYMENT BASED ON THE PRESIDENT AND CEO'S AUTHORIZATION. FOR GRANT AWARDS EXCEEDING $30,000, THE NUMBER OF PAYMENTS, TIMING OF PAYMENTS AND AMOUNTS ARE APPROVED BY THE PRESIDENT AND CEO AND OUTLINED IN THE FULLY EXECUTED GRANT AGREEMENT. FOR AWARDS ISSUED IN MULTIPLE INSTALLMENTS, THE RELEASE OF SUBSEQUENT PAYMENTS IS INITIATED BY STAFF ASSIGNED TO THE GRANT AND APPROVED BY THE CFO, BASED ON SPENDING THRESHOLDS (GENERALLY 80% OF THE FIRST PAYMENT MUST BE EXPENDED) AND CONTINGENCIES OUTLINED IN THE GRANT AGREEMENT. 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. 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. ALL GRANT PAYMENTS SHALL BE MADE ELECTRONICALLY VIA ACH IN ACCORDANCE WITH THE FOUNDATION'S INTERNAL CONTROL POLICY.
(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

Return Reference - Identifier	Explanation
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AVENUE OF LIFE ON BEHALF OF RACIAL EQUITY COLLABORATIVE PO BOX 34495, KANSAS CITY, MO 64116
(7) 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
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BETHEL NEIGHBORHOOD CENTER ON BEHALF OF BETTER TOGETHER 14 S. 7TH STREET, KANSAS CITY, KS 66101-3831
(10) 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
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BURRELL, INC 17844 EAST 23RD STREET, INDEPENDENCE, MO 64057
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALLIANCE FOR A HEALTHY KANSAS INC.: BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BLAQOUT, INC.: DISCRETIONARY / CLOSE THE HEALTH EQUITY GAP
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BUDGET AND FINANCIAL MANAGEMENT ASSISTANCE: BRIDGE THE COVERAGE DIVIDE / CLOSE THE HEALTH EQUITY GAP

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* 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
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**		✔
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		✔
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		✔
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		✔
b	Any related organization? **5b**		✔
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? **6a**		✔
b	Any related organization? **6b**		✔
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**		✔
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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)	324,896	0	23,500	33,792	20,102	402,290	0
		(ii)	0	0	0	0	0	0	0
2	JOANNE YUN VP FINANCE AND OPERATIONS/CFO	(i)	254,891	0	0	26,821	60,470	342,182	0
		(ii)	0	0	0	0	0	0	0
3	CARLA GIBSON VICE PRESIDENT OF PROGRAMS	(i)	191,621	0	0	19,346	20,663	231,630	0
		(ii)	0	0	0	0	0	0	0
4	ANDREA PERDOMO-MORALES PROGRAM OFFICER	(i)	110,381	0	0	11,802	39,667	161,850	0
		(ii)	0	0	0	0	0	0	0
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* 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 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES $174,957 INCLUDING GRANTS OF $114,178)(REVENUE $0) DISCRETIONARY GRANTS AND MISCELLANEOUS GRANTS. DISCRETIONARY GRANTS SUPPORT SHORT TERM PROJECTS AND NEEDS (E.G., CONFERENCE AND CONVENING COSTS). IN 2025, 44 DISCRETIONARY AND OTHER GRANTS WERE AWARDED.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE BOARD OF DIRECTORS CONSISTS OF 17 DIRECTORS. 9 OF THOSE INDIVIDUALS ARE APPOINTED AS FOLLOWS: - THE KANSAS GOVERNOR SHALL APPOINT 1 DIRECTOR. - THE KANSAS ATTORNEY GENERAL SHALL APPOINT 1 DIRECTOR. - THE JOHNSON COUNTY (KS) COMMISSION SHALL APPOINT 4 DIRECTORS. - THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY (KS) SHALL APPOINT 2 DIRECTORS. - THE ALLEN COUNTY (KS) COMMISSION SHALL APPOINT 1 DIRECTOR.
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 WWW.REACHHEALTH.ORG. 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	**(a)** Description / **(b)** Amount REVERSAL OF GRANT FUNDS — 22,500 **TOTAL** — **22,500**

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* 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	178,494	389,995	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	(g) Section 512(b)(13) controlled entity? 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) ABILITY KC (44-0552045) 3011 BALTIMORE AVE, KANSAS CITY, MO 64108	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✔
(6) ACLU FOUNDATION OF KANSAS (43-0926406) PO BOX 13048, OVERLAND PARK, KS 66282	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✔
(7) (SEE STATEMENT)							

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) 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
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		✔
b	Gift, grant, or capital contribution to related organization(s)	1b	✔	
c	Gift, grant, or capital contribution from related organization(s)	1c		✔
d	Loans or loan guarantees to or for related organization(s)	1d		✔
e	Loans or loan guarantees by related organization(s)	1e		✔
f	Dividends from related organization(s)	1f		✔
g	Sale of assets to related organization(s)	1g		✔
h	Purchase of assets from related organization(s)	1h		✔
i	Exchange of assets with related organization(s)	1i		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✔
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✔
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✔
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✔
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		✔
o	Sharing of paid employees with related organization(s)	1o		✔
p	Reimbursement paid to related organization(s) for expenses	1p		✔
q	Reimbursement paid by related organization(s) for expenses	1q		✔
r	Other transfer of cash or property to related organization(s)	1r		✔
s	Other transfer of cash or property from related organization(s)	1s		✔

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? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(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
(7) ADHOC GROUP AGAINST CRIME (30-0455147) 104 VIETNAM VETERANS MEMORIAL DR, KANSAS CITY, MO 64111	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(8) ADVOCATES FOR IMMIGRANT RIGHTS AND RECONCILIATION (47-4636795) PO BOX 171603, KANSAS CITY, KS 66117	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(9) ALLEN REGIONAL TRANSIT (88-2825226) 16 N BUCKEYE, IOLA, KS 66749	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(10) ALLIANCE FOR A HEALTHY KANSAS INC. (93-1904197) PO BOX 750031, TOPEKA, KS 66675	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(11) 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		✓
(12) ARCHIE R-V SCHOOL DISTRICT (44-6001717) 302 W STATE ROUTE A, ARCHIE, MO 64725	GOVERNMENT	MO			N/A		✓
(13) ARTHROPY INC. (46-2612596) 4601 E DOUGLAS AVE STE 150, WICHITA, KS 67218	PUBLIC CHARITY	KS	501(C)(3)	10	N/A		✓
(14) ASYLUM CLINIC KANSAS CITY (82-1240928) 2005 SWIFT AVE, NORTH KANSAS CITY, MO 64116	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(15) AVENUE OF LIFE ON BEHALF OF RACIAL EQUITY COLLABORATIVE (46-2526799) PO BOX 34495, KANSAS CITY, MO 64116	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(16) BEACON MENTAL HEALTH (43-1556416) 3100 NE 83RD STREET, SUITE 1001, KANSAS CITY, MO 64119	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(17) BETTER TOGETHER (27-0574873) 8413 HALLET ST, LENEXA, KS 66215-6002	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(18) BLACK OWNED BUSINESS KANSAS CITY FOUNDATION (92-0897973) 811 GRAND BLVD APT 923, KANSAS CITY, MO 64106	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(19) BLAQOUT, INC. (82-1144166) 517 CAMPBELL STREET, KANSAS CITY, MO 64106	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(20) BREAKTHROUGH T1D (231907729) 200 VESEY STREET 28TH FLOOR, NEW YORK, NY 10281	PUBLIC CHARITY	NY	501(C)(3)	7	N/A		✓
(21) 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		✓
(22) BURRELL, INC (43-1081715) 17844 EAST 23RD STREET, SPRINGFIELD, MO 64057	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(23) CASS COMMUNITY HEALTH FOUNDATION (43-1349495) 2316 EAST MEYER BOULEVARD, KANSAS CITY, MO 64132	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(24) CASS COUNTY HEALTH DEPARTMENT (44-6000465) 1411 S. COMMERCIAL STREET, HARRISONVILLE, MO 64701	GOVERNMENT	MO			N/A		✓
(25) 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		✓
(26) CHANDLER TURNER SCHOLARSHIP FUND INC. (46-2760522) 9014 BARNETT AVE, KANSAS CITY, KS 66112	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(27) CHILDREN OF HOMICIDE VICTIMS (83-4645651) 5724 BALES AVE, KANSAS CITY, MO 64130	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(28) CHILDREN OF INCARCERATED PARENTS (61-1710320) 5110 PITTMAN RD, KANSAS CITY, MO 64133	PUBLIC CHARITY	MO	501(C)(3)	10	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
(29) CHILDREN'S MERCY HOSPITAL (44-0605373) 2401 GILLHAM RD, KANSAS CITY, MO 64108	PUBLIC CHARITY	MO	501(C)(3)	3	N/A		✓
(30) COMMUNITY CARE NETWORK OF KANSAS (48-1110925) 700 SW JACKSON, SUITE 600, TOPEKA, KS 66603	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(31) COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS (75-3002264) PO BOX 1832, PITTSBURG, KS 66762	PUBLIC CHARITY	KS	501(C)(3)	10	N/A		✓
(32) 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		✓
(33) 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		✓
(34) COMPASS HEALTH NETWORK (43-1032835) 1800 COMMUNITY DRIVE, CLINTON, MO 67435	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(35) CROSS-LINES COMMUNITY OUTREACH INC. (48-0697177) 736 SHAWNEE AVE, KANSAS CITY, KS 66105-2025	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(36) DADS AGAINST CRIME INC. (93-4497406) 8401 E BLUE PKWY DR SUITE 204, KANSAS CITY, MO 64133	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(37) EL CENTRO (36-2904073) 650 MINNESOTA AVE., KANSAS CITY`, KS 66101	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(38) ELEVATING MEN (87-1908526) 12910 E 51ST STREET SOUTH, INDEPENDENCE, MO 64055	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(39) ENNOVATION CENTER FOR INDEPENDENCE JUNETEENTH (81-2209930) 201 N FOREST, INDEPENDENCE, MO 64050	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(40) ESSENTIAL FAMILIES (84-4124831) 2409 PROSPECT AVE STE 413, KANSAS CITY, MO 64127	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(41) EXCULTA HEALTH AND WELLNESS (93-3086301) 605 S BROADWAY STE A, OAK GROVE, MO 64075	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(42) FAMILY RESOURCE CENTER OF CASS COUNTY INC. (46-4070406) 10218 E 220TH ST, PECULIAR, MO 64078	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(43) FOUNTAIN OF LIFE INC (88-3154252) PO BOX 26445, OVERLAND PARK, KS 66225	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(44) FRIENDS OF YATES BRANCH INC. (48-0908425) 1418 GARFIELD AVENUE, KANSAS CITY, KS 66104	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(45) HISPANIC DEVELOPMENT FUND (43-1152398) 1055 BROADWAY BLVD. SUITE 130, KANSAS CITY, MO 64105	PUBLIC CHARITY	MO	501(C)(3)	8	N/A		✓
(46) HARVESTERS - THE COMMUNITY FOOD NETWORK (43-1208665) 3801 TOPPING AVE, KANSAS CITY, MO 64129	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(47) HCC NETWORK (30-0349221) 819 S BUSINESS HWY 13, LEXINGTON, MO 64067	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(48) HEALTH EQTI INC. (92-0852823) 3936 MCGEE ST, KANSAS CITY, MO 64111	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(49) HEALTH PARTNERSHIP CLINIC INC. (48-1115529) 407 S CLAIRBORNE 104, OLATHE, KS 66062	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(50) HEART & HAND MINISTRIES (43-1804592) 200 B STREET, BELTON, MO 64012	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(51) HELLA GOOD DEEDS (92-2216716) 913 E 5TH ST, KANSAS CITY, MO 64106	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(52) 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
(53) HOLD EM UP 4 CARE (84-2067956) 2916 E 81ST ST, KANSAS CITY, MO 64132	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(54) HUMANITY HOUSE FOUNDATION (81-1799536) 110 EAST STREET, IOLA, KS 66749	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(55) INNER-CITY COMPUTER STARS FOUNDATION (36-4253411) 750 N ORLEANS ST 500, CHICAGO, IL 60654	PUBLIC CHARITY	IL	501(C)(3)	7	N/A		✓
(56) JEWISH VOCATIONAL SERVICE INC (44-0545994) 4600 THE PASEO, KANSAS CITY, MO 64110	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(57) JOHNSON COUNTY COMMUNITY COLLEGE FOUNDATION (23-7164614) 12345 COLLEGE BOULEVARD, OVERLAND PARK, KS 66210	PUBLIC CHARITY	KS	501(C)(3)	5	N/A		✓
(58) JOHNSON COUNTY MENTAL HEALTH CENTER (48-0678625) 6000 LAMAR AVE., SUITE 130, MISSION, KS 66202	GOVERNMENT	KS			N/A		✓
(59) KANSAS ACTION FOR CHILDREN (48-0879502) 100 SE 9TH ST., SUITE 300, TOPEKA, KS 66612	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(60) KANSAS BLACK LEADERSHIP COUNCIL INC (87-2969074) PO BOX 965, LAWRENCE, KS 66044	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(61) KANSAS CITY CARE CLINIC (43-0967292) 4435 MAIN STREET STE 1000, KANSAS CITY, MO 64111	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(62) KANSAS CITY MEDICAL SOCIETY FOUNDATION (56-2552704) 6750 ANTIOCH RD SUITE 305J, MERRIAM, KS 66204	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(63) KANSAS HISPANIC AND LATINO AMERICAN AFFAIRS COMMISSION (48-1124839) 900 SW JACKSON, SUITE 100, TOPEKA, KS 66612	GOVERNMENT	KS			N/A		✓
(64) KANSAS LEGAL SERVICES, INC. (48-0872528) 712 S KANSAS AVENUE 200, TOPEKA, KS 66603	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(65) KCUR 89.3/KANSAS NEWS SERVICE (UMKC FOUNDATION) (26-0840496) 4825 TROOST, SUITE 202, KANSAS CITY, MO 64110-2499	PUBLIC CHARITY	MO	501(C)(3)	5	N/A		✓
(66) KIDS WIN MISSOURI (82-5089535) 6750 ANTIOCH RD., SUITE 305K, MERRIAM, KS 66204	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(67) KIDSTLC INC. (48-0774593) 480 S ROGERS RD, OLATHE, KS 66062-1706	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(68) KU ENDOWMENT (48-0547734) 3901 RAINBOW BLVD. KANSAS CITY, KS, KANSAS CITY, KS 66160	PUBLIC CHARITY	KS	501(C)(3)	5	N/A		✓
(69) LAFAYETTE COUNTY HEALTH DEPARTMENT (43-1241723) 547 S BUSINESS HWY 13, LEXINGTON, MO 64067	GOVERNMENT	MO			N/A		✓
(70) LATINO COMMUNITY NETWORK (88-2522034) PO BOX 2304, MISSION, KS 66204	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(71) LYRIKS INSTITUTION (84-2799526) 7201 E 67TH ST, KANSAS CITY, MO 64113	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(72) MATTIE RHODES CENTER (44-0546343) 148 N. TOPPING AVENUE, KANSAS CITY, MO 64123	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(73) MENTAL HEALTH AMERICA OF THE HEARTLAND (48-1185409) 739 MINNESOTA AVENUE, KANSAS CITY, KS 66101	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(74) METROPOLITAN COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS (83-2063878) 3300 NE 83RD ST., SUITE 1001, KANSAS CITY, MO 64119	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(75) MID-AMERICA REGIONAL COUNCIL (43-0976432) 600 BROADWAY BLVD, SUITE 200, KANSAS CITY, MO 64105	GOVERNMENT	MO			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
(76) MIGRANT FARMWORKERS ASSISTANCE FUND (43-1805495) P.O. BOX 413223, KANSAS CITY, MO 64141	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(77) MISSION VISION PROJECT KC (84-2139145) P. O. BOX 32134, KANSAS CITY, MO 64171	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(78) MISSOURI ORGANIZING AND VOTER ENGAGEMENT COLLABORATIVE (43-1619531) 1530 S BEND BLVD 1ST FLOOR, ST. LOUIS, MO 63117	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(79) MISSOURI PRIMARY CARE ASSOCIATION (43-1419937) 3325 EMERALD LANE, SUITE B, JEFFERSON CITY, MO 65109	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(80) MISSOURI RURAL HEALTH ASSOCIATION (43-1691291) PO BOX 232, JEFFERSON CITY, MO 65102	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(81) NAMI KANSAS (48-1061361) 1801 SW WANAMAKER RD., BOX 164, SUI, TOPEKA, KS 66604	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(82) NEIGHBOR2NEIGHBOR (N2N) (84-0630214) 1550 BLUE SPRUCE DRIVE, FORT COLLINS, CO 80524	PUBLIC CHARITY		501(C)(3)	7	N/A		✓
(83) ORAL HEALTH KANSAS, INC. (20-0337278) PO BOX 4567, TOPEKA, KS 66604	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(84) PATTY CAKES FAMILY CENTER (68-0557736) 7840 SPRING VALLEY RD, RAYTOWN, MO 64138	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(85) PHARMACY OF GRACE INC. (82-5372375) 721 N. 31ST, SUITE 100, KANSAS CITY, KS 66102	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(86) RACIAL EQUITY COLLABORATIVE (92-1273432) 10940 PARALLEL PKWY, KANSAS CITY, KS 66109	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(87) RAYMORE-PECULIAR PUBLIC SCHOOL FOUNDATION (43-1597516) 21005 S SCHOOL ROAD PO BOX 789, PECULIAR, MO 64078	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(88) RED APPLE EDCO (83-4315545) 7420 TROOST AVE UNIT 16254, KANSAS CITY, MO 64112-4114	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(89) REDISCOVER (23-7169417) 1555 NE RICE ROAD, LEES SUMMIT, MO 64086	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(90) REGAL HEALTH AND WELLNESS INC (82-3107253) 9150 E 41ST TERR STE 206, KANSAS CITY, MO 64133	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(91) SAMUEL U. RODGERS HEALTH CENTER, INC. (43-0899356) 825 EUCLID AVENUE, KANSAS CITY, MO 64124	PUBLIC CHARITY	MO	501(C)(3)	3	N/A		✓
(92) SEK MULTI-COUNTY HEALTH DEPARTMENT (48-0785109) 411 N. WASHINGTON, IOLA, KS 66749	GOVERNMENT	KS			N/A		✓
(93) SHAWNEE MISSION EDUCATION FOUNDATION (74-2823938) 8200 W. 71ST STREET, SHAWNEE MISSION, KS 66204	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(94) SISTERS IN CHRIST (43-1799360) 6317 EVANSTON AVE, RAYTOWN, MO 64133-4929	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(95) STW CHARITIES INC. (47-2131016) 1414 E 103RD ST, KANSAS CITY, MO 64131-3412	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(96) THE HOPE MARKET FOUNDATION (87-3119934) 1200 ENERGY CENTER DRIVE, GARDNER, KS 66030	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(97) THE PROSPECT KC (84-4576270) 11 EAST 40TH ST., KANSAS CITY, MO 64111	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(98) THE SINGLE MOM KC (82-0538147) 11539 W 83RD TERRACE, LENEXA, KS 66214	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(99) THE TRANSITION ACADEMY (84-2533606) 107 W 63RD ST STE 503, KANSAS CITY, MO 64113	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
(100) THE VILLAGE INITIATIVE INC. (90-0808727) 3004 N 27TH STREET, KANSAS CITY, KS 66104	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(101) THE VOTER NETWORK (92-1581742) PO BOX 4006, OVERLAND PARK, KS 66204	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(102) THRIVE ALLEN COUNTY INC. (32-0198379) 9 S JEFFERSON AVE, IOLA, KS 66749	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(103) TRI-COUNTY OUTREACH (59-3050402) PO BOX 2194, CHIEFLAND, FL 32644	PUBLIC CHARITY	FL	501(C)(3)	10	N/A		✓
(104) TRUE LIGHT FAMILY RESOURCE CENTER (02-0783393) 712 E 31ST ST, KANSAS CITY, MO 64109-1438	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(105) 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		✓
(106) UNIVERSITY HEALTH FOUNDATION (43-1194064) 2310 HOLMES, SUITE 735, KANSAS CITY, MO 64108	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(107) UZAZI VILLAGE (46-0589830) 4232 TROOST AVE, KANSAS CITY, MO 64110	PUBLIC CHARITY	MO	501(C)(3)	7	N/A		✓
(108) VIBRANT HEALTH (48-1151382) 21 N 12TH ST., STE 300, KANSAS CITY, KS 66102	PUBLIC CHARITY	KS	501(C)(3)	7	N/A		✓
(109) WALKER FOUNDATION (37-1996333) 118 N CONISTOR LN SUITE B UNIT 274, LIBERTY, MO 64068	PUBLIC CHARITY	MO	501(C)(3)	10	N/A		✓
(110) WICHITA STATE UNIVERSITY (48-6121167) 1845 FAIRMOUNT, BOX 2, WICHITA, KS 67260-0002	GOVERNMENT	KS			N/A		✓
(111) 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		✓