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.

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection							Inspection		
Α	For the	2018 calend		UL 1, 20	018 and	ending J	UN 30, 201	9	
В	Check if applicable		of organization				D Employer identi	fication number	
Г	Addres	s Reac	h for Housing, Inc	• _					
F	Name change		ousiness as		.		26-	1872725	
F	Initial return		r and street (or P.O. box if mail is not de	livered to street a	ddress)	Room/suite	E Telephone numb		
F	Final		3rd Street		44.000/	1100111100110		-586-8228	
_	return/ termin- ated		town, state or province, country, and	ZIP or foreign t	postal code		G Gross receipts \$	45,480.	
_	Ameno		eau, AK 99801	O. 1510.g ,	poord. 0040		H(a) Is this a group		
\vdash	Application		and address of principal officer Val	orie Rir	ngle		for subordinate		
pending same as C above . 4 H(b) Are all subordinates included? Yes									
$\overline{1}$	Tax-exe			(insert no.)	4947(a)(1)	or 527	1 ` ′	a list (see instructions)	
			reachak.org	,		サブ	H(c) Group exempt		
				ssociation	Other >	L Year		M State of legal domicile: AK	
		Summary			, ,				
ď	1 1	Briefly describ	be the organization's mission or most	t significant acti	vities prov:	ide su	pportive ho	ousing for	
Activities & Governance		<u>individ</u>	<u>luals with developm</u>	ental di	<u>isabilit:</u>	ies			
š	2 (Check this bo	ox 🕨 🔲 if the organization disco	ntinued its opei	rations or dispos	sed of more	than 25% of its net a	așsets	
Š	3 1	Number of vo	ting members of the governing body	(Part VI, line 1a	1)		3		
න	4 1	Number of inc	dependent voting members of the go	verning body (F	Part VI, line 1b)		4		
es	5	Total number	of individuals employed in calendar y	year 2018 (Part	V, line 2a)		5		
<u> </u>	6	Total number	of volunteers (estimate if necessary)				6		
Act.	7a -	Total unrelate	d business revenue from Part VIII, co	olumn (C), line 1	2		<u>7</u> a		
_		Net unrelated	business taxable income from Form	990-T, line 38			7t	0.	
							Prior Year	Current Year	
ē	8 (Contributions	and grants (Part VIII, line 1h)				21,953		
Revenue	9 F	Program servi	ice revenue (Part VIII, line 2g)	REC	EIVED		23,503		
Rev	1		come (Part VIII, column (A), lines 3, 4	and 7d)	ပါ 📙	20			
			e (Part VIII, column (A), lines 5, 6d, 8c			S	95.		
	1		- add lines 8 through 11 (must equal	101	H1 (7,21210012)	ഗ I - -	45,571		
			milar amounts paid (Part IX, column (THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	뜨	0		
			to or for members (Part IX, column (A				2,543		
ses	15 5		r compensation, employee benefits ((A), lines 3-10)		2,543	1	
Expenses	10a i		fundraising fees (Part IX, column (A), I			0.	<u></u>	• • • • • • • • • • • • • • • • • • • •	
EX	17 (ing expenses (Part IX, column (D), lin es (Part IX, column (A), lines 11a-11d			" -	65,842	65,584.	
		•	es Add lines 13-17 (must equal Part I	•	ne 25)	 -	68,385		
	1		expenses Subtract line 18 from line		20)		<22,814		
Sec		101011001000	<u> </u>			Bed	inning of Current Year		
Net Assets or Fund Balances	20 1	Fotal assets (F	Part X, line 16)				997,152		
S B	21 1	-	(Part X, line 26)				934,879		
캺	22_1	Vet assets or	fund balances Subtract line 21 from	line 20			62,273		
Pi	art II	Signature	e Block						
Und	er penal	ties of perjury, l	I declare that I have examined this return,	including accomp	panying schedules	s and stateme	ents, and to the best of r	my knowledge and belief, it is	
true	, correct	, and complexe.	. Declaration of preparer (other than office	er) is based on all	information of wh	ich preparer	has any knowledge.		
		1/a	Write				9/11/2	6/9	
Sig	n		e of officer				Date		
Her	e		rie Ringle, Presid	ent				<u> </u>	
		<u>, , , , , , , , , , , , , , , , , , , </u>	orint name and title	A		<u> </u>	ata I	DTIM	
		Print/Ţype prep		Preparer's signa	itur	\// ¹	3 A4 19 Check	X PTIN	
Paid	F	<u>Laura L</u>		Maura	y were	Y	CUI self-emplo		
			Laura Lindal CPA				Firm's EIN	26-3824391	
use	Only	Pirm's address	5509 Canvasback	коаа			Dr	167210121	

Blaine, WA 98230

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

Form 990 (2018)

Phone no. 2067348134

Forr	990 (2018) Reach for Housing, Inc.	<u> 26-187272</u>	25 Page 2									
Pa	rt 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											
	provide supportive housing for individuals with develop	<u>mental</u>										
	disabilities											
			<u> </u>									
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 X 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	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 \$46,238. including grants of \$) (Revenue)		(3,484.)									
	provide supportive housing for individuals with develop	<u>nental</u>										
	disabilities											
4b	(Code) (Expenses \$ including grants of \$) (Revenue	ıe \$)									
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ie \$)									
	<u> </u>											
			_									
		•										
4d	Other program services (Describe in Schedule O)											
	(Expenses \$ including grants of \$) (Revenue \$)										
 4е	Total program service expenses ► 46,238.											
		For	m 990 (2018)									

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	X_	- v
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	├	X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		٠,,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	 	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	⊢"		A
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
0	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?	_	х	l
10	If "Yes," complete Schedule D, Part IV	9	_^_	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		х
44	endowments, or 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			
đ	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Па		
IJ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	יווט		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	110		
٠	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
A	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a	Х	
Ь	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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	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		X
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	1 <u>5</u>		X
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_		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
þ	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 12 If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2018) Reach for Housing, Inc.

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X.
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		1
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
07	•	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	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 Schedule L, Part IV			Ì
_	instructions for applicable filing thresholds, conditions, and exceptions)		-	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
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?			ı
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			i
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		ľ	ı
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ا
	(gambling) winnings to prize winners?	1c	X	
832004	12.31.18			2018)

Reach for Housing. 26-1872725 Form 990 (2018) Inc. Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 - b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? 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 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes_ Nο 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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 in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 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 <u>1</u>2c in Schedule O how this was done Did the organization have a written whistleblower policy? X 13 X Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 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 List the states with which a copy of this Form 990 is required to be filed AK 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 X Another's website X Upon request → Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► The Organization - 907-586-8228

	Street	AK	99801

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated amount of
	hours per week	box offi	ox, unless person is both an fficer and a director/trustee)			ıs bot or/trus	h an tee)	compensation from	compensation from related	other
	(list any	irector						the	organizations (W-2/1099-MISC)	compensation from the
	related) /O aa	stee			nsate		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	trust	la tr		loyee	om o				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Valorie Ringle	5.00									
President		X		Х		-		0.	0.	0.
(2) Matthew Jones	2.00				1					
Vice President		X		Х				0.	0.	0.
(3) Lisa Greenough	2.00	-								
Secretary		X		Х				0.	0.	0.
(4) Donovan Neal	2.00									
<u>Treasurer</u>		X		Х		-		0.	0.	0.
(5) Penny Beiler	2.00									
Director		X						0.	0.	0.
(6) Katie Sullivan	2.00									•
<u>Director</u>		X						0.	0.	0.
(7) Eileen Buchanan	2.00									•
Director		X	ļ			-		0.	0.	0.
(8) Kristine Lewis	2.00									•
Director		X						0.	0.	0.
	_					<u> </u>				
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		L				<u> </u>				Form 990 (2018

832007 12-31-18

	VII Section A. Officers, Directors, Ti (A) Name and title	(B) Average				C)			(D) Reportable	(E) Reportable	(F)		
			box	do not check morox, unless persor lifeter and a direct lifeter lifeter and a direct lifeter			on is both a ctor/trustee		compensation from the	compensation from related organizations (W-2/1099-MIS	,	Estimate amount other compens from the organiza and rela	t of r ation ne tion ted
		below line)	Individu	Institut	Officer	Key employee	Highest	Former			_	organizat	ions
_													
				ļ	_						-+		
										<u> </u>			
	· -												
									_				_
_												_	-
										-			
45 6													
	ub-total otal from continuation sheets to Part	VII, Section A					1 	>	0.		0.		0.
	otal (add lines 1b and 1c) otal number of individuals (including bu	t not limited to th		licto	d ak	201/0	dw /	>	0.	000 of reportable	0.		_0.
	empensation from the organization			11316	u ai		, wii					1	0
3 Dı	id the organization list any former offic	er, director, or tru	stee	e, ke	y en	nplo	yee,	or h	highest compensated er	nployee on	Γ	Yes	No
lın	ne 1a? If "Yes," complete Schedule J fo	r such individual									-	3	Х
	or any individual listed on line 1a, is the nd related organizations greater than \$									ne organization		4	х
	id any person listed on line 1a receive on the description of the organization of the							elate	ed organization or individ	dual for services		5	x
Section	n B. Independent Contractors												
	omplete this table for your five highest e organization Report compensation for										oensa	tion from	
	(A) Name and busine	ss address	NIC	NE	,				(B) Description of se	ervices	Co	(C) mpensatio	n
			110	7141.				1				•	
	- 10			_				+	·				
								\downarrow					
				_									
								1			_		
2 To	otal number of independent contractors	(including but no	ot lin	nitec	l to	thos	e lıs	l ted	above) who received me	ore than		 -	
	00,000 of compensation from the orga					<u>C</u>						orm 990 (

Total revenue. See instructions

45,480.

23,484

0.

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)

	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				 -
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		}	Ì	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			İ	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,724.	4,063.	4,661.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		•		
10	Payroll taxes				
11	Fees for services (non-employees)	6 061		C 0C1	
a	Management	6,061.	<u>-</u>	6,061.	
Ь	Legal	0.750		0.750	
C	Accounting	8,750.	-	8,750.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17		·		
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	6,542.		6,542.	
13	Office expenses	0,542.		0,344.	-
14	Information technology Royalties				
15	· ·				
16 17	Occupancy Travel				·
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,879.		1,879.	
20	Interest	1,019.		1,019	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,364.	26,364.		
23	Insurance	3,438.	3,438.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)	3,2000	3,133		
а	Utilities	6,887.	6,887.		
þ	Operating and maintenan	5,486.	5,486.		
c	Bank fees	177.		177.	
d					
е	All other expenses				
25_	Total functional expenses Add lines 1 through 24e	74,308.	46,238.	28,070.	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		ļ		
	Check here if following SOP 98-2 (ASC 958-720)		<u></u>		

		2018) Reach for Housing, Inc.		<u> 26-</u>	-1872725 Page 11
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part >	<u> </u>		
		<u> </u>	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	27,332.	1	32,454.
	2	Savings and temporary cash investments	39,519.	2	42,335.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	241.	4	371.
	5	Loans and other receivables from current and former officers, directors,			
	ļ	trustees, key employees, and highest compensated employees. Complet	te		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined of	under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contri	buting		
		employers and sponsoring organizations of section 501(c)(9) voluntary		l	
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch	L	6	
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,111.	9	3,308.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 1,133,	634.		
	ь	Less accumulated depreciation 10b 231,		10c	902,585.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	·
	14	Intangible assets	,	14	
	15	Other assets See Part IV, line 11	-	15	*
	16	Total assets. Add lines 1 through 15 (must equal line 34)	997,152.	16	981,053.
	17	Accounts payable and accrued expenses	27,012.	17	39,741.
	18	Grants payable		18	
	19	Deferred revenue	•	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	1,499.	21	1,499.
Š	22	Loans and other payables to current and former officers, directors, truste	es,		
Liabilities		key employees, highest compensated employees, and disqualified person	ns		
g '		Complete Part II of Schedule L		22	
ِ د	23	Secured mortgages and notes payable to unrelated third parties	906,368.	23	906,368.
i	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		25	
	26	Total liabilities, Add lines 17 through 25	934,879.	26	947,608.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X	and		
es		complete lines 27 through 29, and lines 33 and 34.			
nc	27	Unrestricted net assets	62,273.	27	33,445.
Sala	28	Temporarily restricted net assets		28	<u> </u>
ם ו	29	Permanently restricted net assets		29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			'
ō		and complete lines 30 through 34.		ļ	
Net Assets or	30	Capital stock or trust principal, or current funds		30	
4SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>ا</u> ۋ	32	Retained earnings, endowment, accumulated income, or other funds		32	
z I		Total and popular autimal beloages	62 272	000	22 445

981,053. Form **990** (2018)

33,445.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Forn	990 (2018) Reach for Housing, Inc. 26-1872							
Pa	rt 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	5,4	80.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	4,3	08.			
3	Revenue less expenses Subtract line 2 from line 1	3			28.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	2,2	73.			
5	Net unrealized gains (losses) on investments	5						
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 in Schedule O)	9			0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	3.	3,4	<u>45.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u>_</u>			X			
		•		Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			1			
	separate basis, consolidated basis, or both				-			
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?	•	2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		1	1			
-	consolidated basis, or both				_			
	Separate basis Consolidated basis X 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	audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt						
	Act and OMB Circular A-133?	_	3a	Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	and the contains to a Calculus Contains the contains and the contains the contains and the		ایما	37				

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization ➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

			n for Hous					0-10/2/25				
Pa	rt I	Reason for Public	Charity Status (All organizations must c	omplete this	part) See ins	tructions					
The	organ	ization is not a private found	dation because it is	(For lines 1 through 12,	check only o	ne box)						
1		A church, convention of ch).					
2	\sqcap	A school described in sect					′/14					
3	一	A hospital or a cooperative					\cup \cup					
4	一	A medical research organiz					VhV1VAViii) Enter	the hospital's name.				
7	ш	city, and state	ation operated in co	injunction with a nospita	1 0000110001	m decision tre	5(B)(1)(X)(III): =: (0)					
_		An organization operated for	or the honefit of a co	llogo or unworaty owns	d or operator	d by a govern	montal unit describ	ned in				
5	ш			mege of university owne	u oi operate	d by a govern	imental unit describ	ocu III				
_		section 170(b)(1)(A)(iv). (C										
6	뭐	A federal, state, or local go	-									
7	ш	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). (C	•									
8	닏	A community trust describe		• • • • • • • •								
9		An agricultural research org	ganızatıon described	in section 170(b)(1)(A)	ix) operated	in conjunctio	n with a land-grant	college				
		or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the na	ame, city, and	state of the colleg-	e or				
		university										
10	\mathbf{X}	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from co	ontributions, r	nembership fees, a	nd gross receipts from				
		activities related to its exen	npt functions - subje	ct to certain exceptions.	and (2) no n	more than 33	1/3% of its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om business	ses acquired b	y the organization	after June 30, 1975				
		See section 509(a)(2). (Con	mplete Part III)									
11		An organization organized a	and operated exclus	ively to test for public sa	afety See se	ction 509(a)(4).					
12		An organization organized a	and operated exclus	ively for the benefit of, t	perform the	e functions of	, or to carry out the	purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section 50	9(a)(2) See s	ection 509(a)(3). C	heck the box in				
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and compl	lete lines 12e,	12f, and 12g					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its suppo	orted organiza	ition(s), typically by	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority of	the directors	or trustees of the s	upporting				
		organization You must o						•				
b		Type II. A supporting org	•		tion with its:	supported or	panization(s), by ha	vina				
_		control or management o	•				• • • • •					
		organization(s) You mus			a po		or manage are cap	po				
c		Type III functionally inte			in connectio	on with and fi	inctionally integrate	ed with				
Ŭ		its supported organization	-				• -	,				
d		Type III non-functionally						zation(s)				
u	_	that is not functionally int										
		requirement (see instruct	-		-	· ·	nent and an attenti	ve:1633				
_		Check this box if the orga	•	•	-		L Type II Type III					
е		•				,,	si, type ii, type iii					
		functionally integrated, or	• •	nany integrated support	ing organizai	tion						
f		r the number of supported or ide the following information		d araan,=ation(a)								
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organiza		mount of monetary	(vi) Amount of other				
	٠,	organization	(, _	(described on lines 1-10	Yes	oocument/j · ·	-	support (see instructions)				
			-	above (see instructions))	163							
						1						
			-									
			<u>-</u> _									
												
otal	<u> </u>				<u> </u>							
LIA	C D	aparwork Paduation Act N	latina ana tha Imatu	untions for Form 000 a			Cabadula A /Fam	m 000 or 000 E7) 2010				

Schedule A (Form 990 or 990-EZ) 2018 Part II Support Schedule for (Complete only if you chec	or Organization	s Described in	Sections 170		d 170(b)(1)(A)(• /
fails to qualify under the te			=	on ranca to quamy	ander rant m m ur	c organization
Section A. Public Support		<u> </u>				/
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received (Do no include any "unusual grants")						
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit t the organization without charge	0					
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		1				
on line 1 that exceeds 2% of the						
amount shown on line 11,		1		A .		
column (f)			 /			
<u>6 Public support. Subtract line 5 from line</u> Section B. Total Support	4			L		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,47 = 0,1	147-2-1-	/	<u> </u>	<u> </u>	
8 Gross income from interest,					Ţ	
dividends, payments received on			/			
securities loans, rents, royalties,			/			
and income from similar sources		<u> </u>	/		_	
9 Net income from unrelated busines	ss	/				
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)	<u> </u>	 				
11 Total support. Add lines 7 through 1		<u> </u>	<u> </u>	<u> </u>		
12 Gross receipts from related activitie	•	ľ			12	
13 First five years. If the Form 990 is	-	's first, second, thi	a, τουπη, or τιπη τ	ax year as a section	on 501(c)(3)	▶□
organization, check this box and si Section C. Computation of Pu		rcentage		· <u> </u>		
14 Public support percentage for 2018			column (f))		14	%
15 Public support percentage from 20	17 Schedule A,/Par	t II, line 14			15	%
16a 33 1/3% support test - 2018. If the	e organization/did n	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
stop here. The organization qualifie	es as a publicly supi	ported organization	ı			▶
b 33 1/3% support test - 2017. If th	- /			l line 15 is 33 1/3%	or more, check th	is box
and stop here. The organization qu	/	•				
17a 10% -facts-and-circumstances to	,	=				
and if the organization meets the "f	/				rt VI how the organ	ization
meets the "facts-and-circumstance	-	•		-	170 and less 15 := :	10% or
b 10% -facts-and-circumstances to	/	-				
more, and if the organization meets organization meets the "facts-and;	/					▶ □
18 Private foundation, If the organiza		=		-		
/ Interest of the second of th	and another				edule A (Form 990	
/				55,10		,,
/						
/						

Schedule A (Form 990 or 990-EZ) 2018 Reach for Housing, Inc.

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

Se	ction A. Public Support	elow, please comp	nete Fait II)				
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not		}	}			
	include any "unusual grants ")	25,335.	23,191.	22,982.	21,953.	21,965.	115,426.
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	20,121.	21,653.	22,474.	23,503.	23,484.	
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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	45,456.	44,844.	45,456.	45,456.	45,449.	<u>226,661.</u>
7a	Amounts included on lines 1, 2, and	,					
	3 received from disqualified persons						0.
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			-			0.
	Add lines 7a and 7b						0.
_	Public support. (Subtract line 7c from line 6)						226,661.
	ction B. Total Support						22070011
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	45,456.	44,844.	45,456.	45,456.	45,449.	226,661.
_	Gross income from interest,			/			
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	100.	21.	23.	20.	31.	195.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses				[
	acquired after June 30, 1975						
С	Add lines 10a and 10b	100.	21.	23.	20.	31.	195.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)	45,556.	44,865.	45,479.	45,476.	45,480.	226,856.
	First five years. If the Form 990 is for						
	check this box and stop here_						▶□_
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (li	ne 8, column (f), di	vided by line 13, co	olumn (f))		15	99.91 %
16	Public support percentage from 2017	Schedule A, Part II	II, line 15			16	99.91 %
<u>Sec</u>	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	18 (line 10c, colum	n (f), divided by line	e 13, column (f))		17	.09 %
18	Investment income percentage from 2	: 017 Schedule A, P	Part III, line 17		L	18	.09 %
19a	33 1/3% support tests - 2018. If the	organization did no	ot check the box or	n line 14, and line	15 is more than 33	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	•	•				▶ X
	33 1/3% support tests - 2017. If the	-					ind
	line 18 is not more than 33 1/3%, check		-			=	
<u>20</u>	Private foundation. If the organization	i did not check a b	ox on line 14, 19a,	or 196, check this	s box and see inst	ructions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

			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		
3-	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
ua	(b) and (c) below	3a		
L	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- Ja	<u> </u>	
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	1		
		3b		
	organization made the determination	30		
С	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 12a or 12b in Part I, answer (b) and (c) 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	├	
С	Did the organization support any foreign supported organization that does not have an IRS determination		(I	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	<u> </u>	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	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		
С	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			1
	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	1]	
	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 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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	l		
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			- 1
٥	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	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 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		ز
_				

		<u> 26-187272</u>	<u>5</u> P	<u>age 5</u>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	<u>11a</u>		—
	A family member of a person described in (a) above?	<u>11b</u>	—	╁
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<u>11c</u>	Ь	<u></u>
Sec	tion B. Type I Supporting Organizations		Τ	Τ
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			l
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_1_	 	├─-
2	Did the organization operate for the benefit of any supported organization other than the supported	1	1	ļ
	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,			
800	supervised, or controlled the supporting organization	2		Ь
Sec	tion C. Type II Supporting Organizations		T.,	
_	Miles a second of the second of the disease of the		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	İ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s) tion D. All Type III Supporting Organizations			
<u> </u>	tion b. 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		163	140
•	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	,		٠.
	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 in (2), did the organization's supported organizations have a	<u> </u>		
	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		
Sec	tion 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 yeafsee inst	ructions).		
а	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			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instructions	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more]		
	of the organization's supported organization(s) would have been engaged in? 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 (a) and (b) below.	1 1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ <u>.</u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

instructions)

	edule A (Form 990 or 990 EZ) 2018 Reach for Hourt Value Type III Non-Functionally Integrated 509			6-1872725 Page 7
	tion D - Distributions	<u> </u>	,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			,
-	organizations, in excess of income from activity	, , ,	• '.	,
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns •	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	й		
7	Total annual distributions. Add lines 1 through 6	<u> </u>		
8,	Distributions to attentive supported organizations to which	the organization is responsiv	e :	
	(provide details in Part VI) See instructions		<u> </u>	
9	Distributable amount for 2018 from Section C, line 6			·
10	Line 8 amount divided by line 9 amount			<u>, </u>
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	医影点情况还是了阿里	· 经基金的证券以下的证据的	
2	Underdistributions, if any, for years prior to 2018 (reason-			理事的 维克索尔 海流流
	able cause required explain in Part VI) See instructions		·	
3	Excess distributions carryover, if any, to 2018	AT THE PROPERTY OF THE PARTY OF	· · · · · · · · · · · · · · · · · · ·	点。 是一个是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一
<u>a</u>	From 2013	3.类。1.类型型。1.4.1类型型的	经 医原理性性的 法特别	the graduation and the state of
<u>b</u>	From 2014	· 特別等等等等等	是是是企業的。 1. 15 10 11 11 11 11 11 11 11 11 11 11 11 11	
c	From 2015	。清清清清於王京時代時時期	大学·人名·哈姆斯拉尔罗纳	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
<u>d</u>	From 2016	The state of the s	1967年中央中央	"然"的"多好"。 中華 网络沙漠
<u>e</u>	From 2017	ANTERNATION OF THE STATE OF THE	Control of the second s	The second secon
<u>f</u> _	Total of lines 3a through e	Fig. 27 - Zan 15 - Annual C. E. E. L. G. Se San	李子等等。	
g	Applied to underdistributions of prior years	李明中国外级第一时代上的。"大师"	(m)	新胜者(50° 15° 15° 15° 15° 15° 15° 15° 15° 15° 15
<u>h</u>	Applied to 2018 distributable amount	Transliture in the Property	* ************************************	a statement and and the engines of a
_ <u>i</u> _	Carryover from 2013 not applied (see instructions)	<u>.</u>		A CONTRACTOR OF THE PROPERTY O
<u>—</u> i	Remainder Subtract lines 3g, 3h, and 3i from 3f	They will be the fortened on the first win a contract the	MARCHES CON T. 1967 & 2 25-1969	
4	Distributions for 2018 from Section D,			
	line 7 \$	ALT M. M. SERVER CO. C.		Software and with come to be to be to the
	Applied to underdistributions of prior years		KM cad FET/HAT as offered by the conf	1011年9年9月日日本中华国门共和国
	Applied to 2018 distributable amount	· · · · · · · · · · · · · · · · · · ·	Alife Till Harris Till Storie Harris par jorg Traditional Francisco Constantini California	<u>্রতি এক, স্থাকিক প্রাণ্ট কিন্তু । কাস্যোগি শর্</u>
_ <u>c</u>	Remainder Subtract lines 4a and 4b from 4		1	Committee to be a factor of the control of the cont
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater	The state of the same of the state of		
	than zero, explain in Part VI . See instructions			
<u>-</u> _	Remaining underdistributions for 2018 Subtract lines 3h		\$ 49 5	2 Kanada baya daga daga mana Kanada Na Malana a Ma
٠	and 4b from line 1. For result greater than zero, explain in			•
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3	per per anna men son my mit his his and a my asset	に から は	Professional and Application
•	and 4c			
8	Breakdown of line 7	A. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	The state of the s	
	Excess from 2014			183 153 144 1451
	Excess from 2015		學的學學學	Theresis Zilli
	Excess from 2016			4-14-14-14-14-14-14-14-14-14-14-14-14-14
-, -	Excess from 2017	双加强的证明为外外资产证证 证例	過程を表現しています。	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
	 	To a consideration of a little of the control of th	1 th A 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1	5

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018	Reach for 1	Housing, Ir	ıc.	<u>26-1872725</u> Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1, Part IV, Section D,	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3, Part IV, 8	explanations require 6, 9a, 9b, 9c, 11a, 11 Section E, lines 1c, 2a	d by Part II, line 10, Part II, line b, and 11c, Part IV, Section B,	17a or 17b, Part III, line 12, lines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
		<u> </u>			
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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

Open to Public Inspection

Name of the organization

Employer identification number

	Reach for Housing,	Inc.		<u> 26-1872725</u>
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund:	s or Accou	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Fun	ds 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 advis	sed 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 a		used only	
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	, , , ,	J	Yes No
Pa		ganization answered "Yes" on Form 990.	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organizati			
•	Preservation of land for public use (e.g., recreation or e		orically impor	tant land area
	Protection of natural habitat	Preservation of a cert	• •	
	Preservation of open space			5355
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conserva	ation easement on the last
-	day of the tax year	ned conservation contribution in the form	0.4.00.00.70	Held at the End of the Tax Year
_	Total number of conservation easements		2a	THOSE ALLINO END OF THE TEXT TOUT
a	Total acreage restricted by conservation easements		2b	
b	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
ر د		• •	F	
d	Number of conservation easements included in (c) acquired a	arter 7723/00, and not on a historic struct		
_	listed in the National Register	leased automorphism or terminated by the	2d	during the toy
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organizatioi	during the tax
	year >	t is leasted		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements if			└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con-	servation eas	ements during the year
_				An also as the const
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ition easemer	its during the year
_			/I-\/ 4\/ F\\ \	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(N)(4)(B)(I)	
_	and section 170(h)(4)(B)(ii)?			└ Yes └ No
9	In Part XIII, describe how the organization reports conservation	•	· ·	·
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organizat	ion's accounting for
Des	conservation easements	f Art Historical Transuras or O	thor Simil	ar Aposto
Pai	t III Organizations Maintaining Collections of	-		ai Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS	,		
	historical treasures, or other similar assets held for public exh	·	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	blic service, p	rovide the following amounts
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		> 9	
	(ii) Assets included in Form 990, Part X		▶ 5	S
2	If the organization received or held works of art, historical treating	asures, or other similar assets for financia	l gain, provide	e
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	S
b	Assets included in Form 990, Part X			<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	;	Schedule D (Form 990) 2018

832051 10-29-18

	edule D (Form 990) 2018 Reach f rt III Organizations Maintaining C	or Housing			easures.	or Oth	er Simi			Page 2
3	Using the organization's acquisition, access									
Ū	(check all that apply)	,	,	,	·		J			
а	Public exhibition		d 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	•			3-1-3					
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	ın how t	hey further t	he organizat	ion's exe	mpt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								Yes	_ No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered	"Yes" or	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21		-						
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as	ssets not	included			
	on Form 990, Part X?									
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						_1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liabi	lity?	X	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII									X
Pai	t V Endowment Funds. Complete	f the organization ar	swered	"Yes"_on Fo	rm 990, Par					
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	ears back
1a	Beginning of year balance									
b	Contributions		_							
С	Net investment earnings, gains, and losses								 	
d	Grants or scholarships								<u> </u>	
е	Other expenditures for facilities									
	and programs		 .—							
f	Administrative expenses									
9	End of year balance				<u> </u>				<u> </u>	
2	Provide the estimated percentage of the curr	rent year end balanc	•	g, column (a	i)) held as					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
٥-	The percentages on lines 2a, 2b, and 2c sho		_4 41_				h			
за	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are neid a	no aoministe	erea for ti	ne organi.	zation	Г,	(1.2 N.2
	(i) unrelated organizations									res No
	(i) unrelated organizations (ii) related organizations								3a(ı)	- -
.	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R2					3a(II)	
4	Describe in Part XIII the intended uses of the								_3D	
Par			willelit	iuiius						
	Complete if the organization answered) Part I\	/ line 11a S	ee Form 990) Part X	line 10			
	Description of property	(a) Cost or o		(b) Cost			cumulate	ed e	(d) Book	value
	beautiful of property	basis (investr		basis (1		preciation	~	(u) Book	value
10	Land				5,000.				145	,000.
	Buildings				6,674.		212,9	65.		,709.
0	Leasehold improvements				-, -, -,					, , <u>, , , , , , , , , , , , , , , , , </u>
d	Equipment						_			
	Other			2	1,960.		18,0	84.	3	,876.
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun					ightharpoonup		,585.

Schedule D (Form 990) 2018

	dule D (Form 990) 2018 Reach for Housing, Inc.			72725 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Sta		nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, III	ne 12a		
1	Total revenue, gains, and other support per audited financial statements		1	45,480.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a	Net unrealized gains (losses) on investments	2a		
þ	Donated services and use of facilities	_2b		
¢	Recoveries of prior year grants	_2c		
q	Other (Describe in Part XIII)	2d		•
е	Add lines 2a through 2d			45 400
3	Subtract line 2e from line 1		3	45,480.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Þ	Other (Describe in Part XIII)	4b		0
	Add lines 4a and 4b		4c	45,480.
5 Dar	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial St		nses per Beturn	45,460.
r di			ilises per neturii.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lii	<u> E Zd </u>		74,308.
1	Total expenses and losses per audited financial statements		1	74,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1001		
a	Donated services and use of facilities	2a		
L)	Prior year adjustments Other losses	2b		
¢	Other (Describe in Part XIII)	2c 2d		
	Add lines 2a through 2d	20		0.
9 3	Subtract line 2e from line 1		3	74,308.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		- 3 -	74,,3001
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b	<u> 40 </u>	4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	74,308.
	t XIII Supplemental Information.			<u> </u>
Provid	de 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, lir	ne 2, Part XI,
lines :	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide a	ny additional information		
Par	t IV, line 2b:			
<u>The</u>	organization holds security deposits	for its tenan	ts	
				
<u>Par</u>	t XI, Line 4b - Other Adjustments:			
<u>Pri</u>	or year revenue			
				
		<u>-</u>		
				
				

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Reach for Housing, Inc.	26-1872725				
Form 990, Part VI, Section A, line 3:					
REACH for Housing, Inc. has contracted with REACH, Inc. to provide					
management services as approved by HUD.					
Form 990, Part VI, Section B, line 11b:					
A draft of the Form 990 is provided to the board of	directors for approval				
before filing.					
Form 990, Part VI, Section B, line 12:					
During the month of July each year, the executive di	rector, all directors,				
and all employees shall make a written disclosure to	the ED and the chair				
of the finance committee of all reportable conflicts	. The ED shall review				
all forms completed by employees, and the finance co	mmittee shall review				
all forms completed by the board of directors and th	e ED to determine				
appropriate resolution in accordance with the next s	ection of this policy.				
Form 990, Part VI, Section C, Line 19:					
The organization makes its governing documents and f	inancial statements				
available to the public upon request. The Form 990	is also available on				
www.guidestar.org and the financial statements are a	vailable through the				
Federal Clearinghouse.					
Form 990, Part XII, Line 2c:					
The organization has been required in prior years to	obtain an audit in				
accordance with OMB Circular A-133 and is required i	n the current year				
to obtain an audit in accordance with Title 2 CFR Pa	rt 200. The Schedule O (Form 990 or 990-EZ) (2018)				

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Reach for Housing, Inc.	26-1872725
Action for modeling, and	
emanniantion's selection amorphis for the sudit is to cont	ract with an
organization's selection process for the audit is to cont	ract with an
eligible CPA who is familiar with single audits of HUD pr	ojects.
	
-	
	-

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

2018 Open to Public Inspection

OMB No 1545-0047

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

Reach for Housing, Inc.

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 26-1872725

Direct controlling entity End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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)	(q)	(0)	(p)	(e)	(3)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	2 2
REACH, Inc 92-0070127							
213 3rd Street	services to provide					_	
Juneau, AK 99801	independent living	Alaska	501(c)(3)	Line 7			×
	Π-			-			
	Γ					_	
	.						

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

Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018 Reach for Housing, Inc.

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

General or Percentage managing ownership 3 Code V-UBI General or Pramount in box managing or 20 of Schedule K-1 (Form 1065) Yes No 8 Ξ Oisproportionate Yes No allocations? Ξ Share of end-of-year assets **6** Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization

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or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more in ar ar	
Part IV, line 3	-
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Part IV 6	

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

Motor Complete line 1 if any patter is beta Date II III of IV of the addition				\vdash
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?	with one or more re	lated organizations listed	in Parts II IV?	Tes
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		•		Ta X
b Gift, grant, or capital contribution to related organization(s)				db X
c Gift, grant, or capital contribution from related organization(s)				1c X
 d Loans or loan guarantees to or for related organization(s) 				Td X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				
				1g X
h Purchase of assets from related organization(s)				
 Exchange of assets with related organization(s) 				-
 Lease of facilities, equipment, or other assets to related organization(s) 				1; X
k Lease of facilities, equipment, or other assets from related organization(s)				—
l Performance of services or membership or fundraising solicitations for related organization(s)	ızatıon(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	ızatıon(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n X
 Sharing of paid employees with related organization(s) 				ot X
				×
q Reimbursement paid by related organization(s) for expenses				1q X
r Uther transfer of cash or property to related organization(s)				1r
	ho must complete the	is line, including covered	relationships and transaction thresholds	_
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determinance and myolyte	paylova
	type (a-s)		Medica of determining amount	
(1) REACH, Inc.	M	6,061.		
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(6)				
(4)				
(5)				
(6)				
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

(f) (g) (h) (h) (h) (g) (h) (g) (h) (g) (g) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			
(c) Primary activity (state or count			
(a) Name, address, and EIN of entity			

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Part VII	Supplemental Info	Reach for Hou ormation.		
	Provide additional infor	rmation for responses to quest	ions on Schedule R See instructions	
	Provide additional infor	mation for responses to questi	ions on schedule histractions	
				
				
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