\*\* Public Inspection Copy \*\*

# 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.

the latest information.

OMB No. 1545-0047 Open to Public Inspection

D Employer identification number

41-1519855

		nue Service	Go to www.irs.gov/Form990 for instructions and the la					and the lat	
AF	or the	e 2021 calenda	ar year, or t	tax year	beginning			á	and ending
	heck if pplicabl	e: C Name of	organizatio	'n					
	Addre chang	e REAC.	H FOR	RESO	URCES	, INC.			
	Name chang	e Doing bu	usiness as						
	Initial return	Number	and street (	(or P.O. b	ox if mail is	not delivere	d to street a	ddress)	Room/s
	Final return	, 5900	GREEN	OAK	DRIVE	3			303
	termin ated	-	own, state o	or provine	ce, country	, and ZIP o	or foreign p	ostal code	
	Amen return		ETONKA	•					
	Applic tion	F Name ar	nd address o	of princi	pal officer:	KATE I	30TTIC	JER	
	pendir		AS C A						
ΙT	ax-ex	empt status:	<b>X</b> 501(c)(3	)	501(c) (	) 🖌 (	(insert no.)	4947(a)	)(1) or
		te: 🕨 WWW .			SOURCE	IS.ORG	;		
<b>(</b> F	orm of	organization:	X Corporat	tion	Trust	Associa	ltion	Other 🕨	LY
Pa	art I	Summary							
	1	Briefly describ	e the organi	ization's	mission or	most signi	ificant activ	vities: EMI	POWERI
Governance		ALL-ABI							
'nar	2	Check this box	< ►	if the or	ganization	discontinu	ed its oper	rations or dis	sposed of m
ver	3	Number of vot	ing member	rs of the	governing	body (Part	VI, line 1a	)	·
s S		Total number of							
Activities &		Total number of			-			· · · · · ·	
ctiv		Total unrelated		•					
Ā	1	Net unrelated				,	( )/		
							<u>, , , , , , , , , , , , , , , , , , , </u>		
	8	Contributions	and grants (	(Part VIII	. line 1h)				
venue	1	Program servio	•		line Ori				
ve N	1	Les se et les e set les e		· ·	, 0,				

Form **990** 

	Final		oom/suite 0 3	E Telephone number 952-200-3			
	return termir ated			G Gross receipts \$	3,282,288.		
	Amen return		H(a) Is this a group re				
	Applic			for subordinates			
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in			
I T	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527		list. See instructions		
		te: ► WWW • REACHFORRESOURCES • ORG		H(c) Group exemption			
		f organization: X Corporation Trust Association Other	L Year o		State of legal domicile: MN		
	rt I	Summary			etate et logal demonet		
	1	Briefly describe the organization's mission or most significant activities: <b>EMPOWE</b>	ERING	PEOPLE OF			
Activities & Governance	-	ALL-ABILITIES TO REACH THEIR FULL POTENTIA	L.				
srne	2	Check this box I if the organization discontinued its operations or disposed	d of more	than 25% of its net ass			
ove					8		
5		Number of independent voting members of the governing body (Part VI, line 1b) $\dots$			8		
es {		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			88		
viti	6	Total number of volunteers (estimate if necessary)			71		
∖cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
1	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		139,676.	693,281.		
Revenue	9	Program service revenue (Part VIII, line 2g)		2,422,605.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,224.	23,749.		
ж	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-27,312.	-60,683.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,540,193.	3,141,742.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,321,878.	2,296,291.		
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	3.				
ĥ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		318,522.	414,072.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,640,400.	2,710,363.		
	19	Revenue less expenses. Subtract line 18 from line 12		-100,207.	431,379.		
or			Beg	ginning of Current Year	End of Year		
Assets d Balanc	20	Total assets (Part X, line 16)		1,552,040.	1,643,507.		
AS	21	Total liabilities (Part X, line 26)		659,976.	280,996.		
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		892,064.	1,362,511.		
Pa	rt II	Signature Block					
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	nts, and to the best of my	knowledge and belief, it is		
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer l	has any knowledge.			

Sign Here		VE DIRECTOR	Date	9		
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	CHAD LASSEN	CHAD LASSEN	09/02/22	2 self-employed	P01587992	2
Preparer	Firm's name <b>CLIFTONLARSONALL</b>	EN LLP	Firm	n's EIN ▶ 41 ·	-0746749	
Use Only	Firm's address 220 S 6TH STREET	, SUITE 300				
	MINNEAPOLIS, MN	55402	Pho	ne no.612-3	376-4500	
May the II	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1 990 (2021) REACH FOR RESOURCES, INC.	41-1519855	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	EMPOWERING PEOPLE OF ALL ABILITIES TO REACH THEIR FULL P PROVIDE INDIVIDUALIZED SERVICES THAT MAXIMIZE INDEPENDEN		
	COMMUNITY ENGAGEMENT AND IMPROVES PHYSICAL AND EMOTIONAL		
	COMMONITY ENGROLMENT AND IMPROVED THIDTCAL AND EMOTIONAL		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	X No
	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	XNo
	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 other	rs, the total expenses, and	b
	revenue, if any, for each program service reported.		
4a			.70.)
	COMMUNITY LIVING SUPPORTS - SUPPORTED 215 ADULTS THROUGH	EMPLOYMENT,	
	HOUSING, AND INDEPENDENT LIVING.		
4b	(Code:) (Expenses \$ 448,060. including grants of \$) (Reven	ue\$ 478,7	<u>01.</u>
	MENTAL HEALTH SERVICES - PROVIDED COUNSELING, PARENTAL E		/
	SUPPORT FOR INDIVIDUALS AND FAMILIES WHO DEAL WITH MENTA		
	CONDITIONS. THE NUMBER OF INDIVDIUALS SUPPORTED WAS 188.		
	195 059	145 0	
4c	(Code:) (Expenses \$175,057. including grants of \$) (Reven		) (08.
	ADAPTIVE RECREATION -OFFERED A VARIETY OF ADAPTIVE PROGR ACTIVITIES WHICH PROMOTE PHYSICAL AND MENTAL HEALTH AND		
	NUMBER OF INDIVIDUALS SUPPORTED WAS 376.	WELL BEING. 1	HE
	NOMBER OF INDIVIDUALS SUFFORIED WAS 570.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 695,115. including grants of \$ ) (Revenue \$	967,839. <sub>)</sub>	
4e	Total program service expenses ► 2,227,536.		
		Form <b>99</b>	<b>90</b> (2021)
132002	2 12-09-21		

Form	990	(2021)
	330	

Part IV Checklist of Required Schedules

REACH FOR RESOURCES, INC.

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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			
	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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		X
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		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	~	
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
U	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	15		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		X
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		X
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	<u> </u>
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	000	
32003	3 12-09-21	Form	<b>220</b>	(2021)

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Form	990	(2021)
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	·			
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	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			
	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		X
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		x
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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		<u> </u>
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~~	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
	· · · · · · · · · · · · · · · · · · ·	38	х	
Par				I
	Check if Schedule O contains a reasonance or note to any line in this Dort V			
	Check it Schedule O contains a response of note to any line in this Part V		Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11			110
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
13200				(2021)
152004	4 <b>4</b>	1 0111		(2021)

<sup>2021.04021</sup> REACH FOR RESOURCES, INC. 053-1241

orm	990 (2021) REACH FOR RESOURCES, INC.		41-1519	<u>855</u>	Р	<sub>age</sub> 5
	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
		1 1	I		Yes	No
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		88			
	filed for the calendar year ending with or within the year covered by this return	2a		01	Х	
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returned by the second sec			2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ - <i>file</i> . See instruction			2-		x
		~		3a 3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a			30		
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
	If "Yes," enter the name of the foreign country			та		
,	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FB4	4B)			
,	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		-	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		x
,	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
	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 ser	vices provided	I to the payor?	7a		Х
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	·		7b		
>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required				
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
Э	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
J	If the organization received a contribution of qualified intellectual property, did the organization file Fc	rm 8899 as r	required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Fo	rm 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.					
а	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		
	Section 501(c)(7) organizations. Enter:					
	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				
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
C	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
C	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
כ	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				
	Enter the amount of reserves on hand	13c				v
				14a		X
)	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			4-		- -
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			40		v
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X
	If "Yes," complete Form 4720, Schedule O.					
	Section Sufficient or anizations. Uld the trust any discublished person or mine operator engage in	anv				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		

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X

 

 Form 990 (2021)
 REACH FOR RESOURCES, INC.
 41–1519855
 Page

 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	

360	tion A. Governing body and Management						
10	Enter the number of voting members of the governing body at the end of the tax year	1a		8	Ye	es	No
id	If there are material differences in voting rights among members of the governing body at the end of the tax year			Ĭ			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other				
	officer, director, trustee, or key employee?		-	2	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			· –			
				3			Х
4	Did the organization make any significant changes to its governing documents since the prior Form S				Ļ		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		. 5	5		Х
6	Did the organization have members or stockholders?			. 6	;		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint	one or				
	more members of the governing body?			7:	a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or				
	persons other than the governing body?			. 71	<b>b</b>	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		-		
а	The governing body?			8	a Ž	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?			. 8	5	_	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	)		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
40-	D'id the second institute to a laboration through a second fill idea O					es	No X
	Did the organization have local chapters, branches, or affiliates?			. 10	a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			10	<b>L</b>		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing bod		e filing the form?	. <u>10</u> 11	-	7	
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y Deloi			a 1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	a X	τ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	-		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>					-	
-	on Schedule O how this was done	,		12	c X	ς	
13	Did the organization have a written whistleblower policy?				-		
14	Did the organization have a written document retention and destruction policy?				4 Z	C	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			. 15	ia Σ	Σ	
b	Other officers or key employees of the organization			. 15	bΣ	<u> </u>	
	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 arranger	nent w	ith a				
	taxable entity during the year?			16	a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's				
<u></u>	exempt status with respect to such arrangements?	<u></u>	<u></u>	.   16	b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <b>MN</b>			(0)		:	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 990	-1 (section 501(c)	(3)s oni	y) ava	lladi	le
	for public inspection. Indicate how you made these available. Check all that apply.           Own website         X         Another's website         X         Upon request         Other (explain						
19	Own website       X       Another's website       X       Upon request       Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, compared to the second documents of the second document		,	and find	ancial		
13	statements available to the public during the tax year.				anual		
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records				
_0	ROSEANN LENT $-952-200-5024$	and an					
		5534	3				
132006	12-09-21			Fc	orm 99	<b>90</b> ()	2021)
	6					(.	,

Form 990 (2	2021) REACH FOR RESOURCES	S, INC.	41-1519855	Page 7
Part VII	<b>Compensation of Officers, Directors, Truste</b>	ees, Key Employees	s, Highest Compensated	
	Employees, and Independent Contractors			
	Check if Schedule O contains a response or note to any I	line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Hig	ghest Compensated Em	ployees	
1a Comple	te this table for all persons required to be listed. Report co	ompensation for the calen	dar year ending with or within the organization's	tax vear.

• 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, 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)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per		, unles cer an					compensation	compensation	amount of	
	week						.00)	from the	from related	other	
	(list any hours for	Individual trustee or director				_		organization	organizations (W-2/1099-MISC/	compensation from the	
	related	e or i	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	truste	al tru		yee	im per		1099-NEC)	,	and related	
	below	vidual	Institutional trustee	er	Key employee	est co loyee	ner			organizations	
	line)	Indiv	ln sti	Officer	Key	Highest compensated employee	Former				
(1) KATE BOTTIGER	40.00										
EXECUTIVE DIRECTOR				Х				85,917.	0.	4,670.	
(2) ROSEANN LENT	40.00										
BUSINESS/FINANCE MANAGER				Х				62,181.	0.	3,382.	
(3) DAVID ERICKSON	4.00										
BOARD CHAIR		Х		Х				0.	0.	0.	
(4) PATRICK BOLEY	2.00										
BOARD VICE CHAIR		Х		Х				0.	0.	0.	
(5) ANNA HULSTEIN	2.00										
TREASURER		Х		Х				0.	0.	0.	
(6) ELLEN BITTNER	3.00										
SECRETARY		Х		Х				0.	0.	0.	
(7) HULDAH HILTSLEY	1.00										
DIRECTOR		Х						0.	0.	0.	
(8) ANNA KUHLMAN	1.00										
DIRECTOR		X						0.	0.	0.	
(9) DANNY NGO	1.00										
DIRECTOR		Х						0.	0.	0.	
(10) MELANIE SARTAIN	1.00										
DIRECTOR		Х						0.	0.	0.	
(11) BRANDON LEYDE	1.00										
DIRECTOR		Х						0.	0.	0.	
(12) GAYLE MOLTZ	1.00										
DIRECTOR		Х						0.	0.	0.	
(13) CRAIG ESPELIEN	1.00										
DIRECTOR		Х						0.	0.	0.	
132007 12-09-21	1	L			L					Form <b>990</b> (2021)	

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Form 990 (2021)

### 13070902 131839 053-124768

	990 (2021) REACH FOR									41-15	198	855	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust (A)	(B)	oloye		and (C Posi	C)		t C	(D)	(E)			(F)	
	Name and title	Average hours per week (list any hours for related organizations below line)	box,	not c , unles	heck r ss per	more son is recto	Highest compensated Highest complexed employee	an tee)	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensatior from related organizations (W-2/1099-MIS( 1099-NEC)	;	an com fr org and	timate nount other pensa om the anizat d relat	of tion e ion ed
											-+			
											-+			
	Subtotal Total from continuation sheets to Part VII								148,098.		0.		8,0	52.
	Total (add lines 1b and 1c) Total number of individuals (including but no					<u></u>		o re	148,098. eceived more than \$100,	000 of reportable	0.		8,0	52.
	compensation from the organization												Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	-		•	•	-		Ŭ	• •			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	-		4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> , tion B. Independent Contractors					-			-			5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•							•	ensati	on fro	om	
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	Cc	<b>)</b> ompe	<b>;)</b> nsatio	n
								_						
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos C		ted	above) who received mo	ore than			000 //	

132008 12-09-21

Pa	rt \		Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a respo	nse (	or note to any lir		( <b>D</b> )	(0)	
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ce Contributions, Gifts, Grants and Other Similar Amounts		b c d f f <u>h</u>	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f PROGRAM FEES	ributio grant I abov lines 1	1b           1c           1d           ons)         1e           :s, and         1f           :a-1f         1g \$	5	Business Code	693,281. 2,485,395.	2,485,395.		
Program Service Revenue		b c d e									
Pr		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f					2,485,395.			
	3		Investment income (includ other similar amounts) Income from investment of	of tax	-exempt bo	nd p	roceeds	23,701.			23,701.
	5	•	Royalties		(i) Real		(ii) Personal				
	6	а	Gross rents	6a				1			
		b	Gross rents Less: rental expenses	6b				-			
			Rental income or (loss)	6c							
			Net rental income or (loss				<b>&gt;</b>				
	7	а	Gross amount from sales of	Í	(i) Securit	ies	(ii) Other				
			assets other than inventory	7a	6,87	6.					
		b	Less: cost or other basis								
e			and sales expenses	7b	6,82	8.					
ent		с	Gain or (loss)			8.					
Revenue			Net gain or (loss)				<b>&gt;</b>	48.			48.
Other I	8		Gross income from fundraisi including \$ 127 contributions reported on	ng ev 7 <b>, 4</b> line	ents (not <b>42 .</b> of 1c). See						
			Part IV, line 18				51,240.	-			
			Less: direct expenses				129,428.	70 100			70 100
			Net income or (loss) from		-		<u></u>	-78,188.			-78,188.
	9	а	Gross income from gamir				20,472.				
		h	Part IV, line 19			9a 9b	4,290.	-			
			Net income or (loss) from				▶	16,182.			16,182.
	10		Gross sales of inventory,	-	-	<u> </u>					
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			y					
(0							Business Code				
sno:	11	а	MISCELLANEOUS	R	EVENUE		561499	1,323.	1,323.		
scellaneo Revenue		b									
cell		с									
Miscellaneous Revenue		d	All other revenue								
_			Total. Add lines 11a-11d					1,323.	0 400 510		20.075
	12		Total revenue. See instruction	ons	<u></u>		►	3,141,742.	2,486,718.	0.	
13200	9 12	2-09-	-21								Form <b>990</b> (2021

REACH FOR RESOURCES, INC.

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Form 990 (2021)

41-1519855 Page 9

<sup>9</sup> 

Form 990	(2021)
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Form 990 (2021) REACH FOR RESOURCES, INC.
Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	(		(	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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				
	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				
5	Compensation of current officers, directors,				
	trustees, and key employees	156,151.	59,898.	82,665.	13,588.
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	1,781,615.	1,607,311.	102,817.	71,487.
8	Pension plan accruals and contributions (include	-	-	-	-
	section 401(k) and 403(b) employer contributions)	23,352.	22,792.		560.
9	Other employee benefits	187,103.	162,741.	16,128.	8,234.
10	Payroll taxes	148,070.	127,691.	13,905.	6,474.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	13,861.		13,861.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,628.		5,628.	
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	93,691.	47,028.	45,040.	1,623.
12	Advertising and promotion	1,451.	1,230.		221.
13	Office expenses	64,742.	31,772.	7,543.	25,427.
14	Information technology	20,944.	19,064.	1,671.	209.
15	Royalties				
16	Occupancy	110,901.	60,392.	49,949.	560.
17	Travel	30,916.	30,459.	225.	232.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,764.	9,204.	4,544.	16.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,647.	80.	3,567.	
23	Insurance	16,599.	13,499.	2,115.	985.
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 0.)				
а	MISCELLANEOUS	27,803.	25,501.	1,560.	742.
b	PRINTING AND POSTAGE	10,125.	8,874.	946.	305.
с					
d					
е	All other expenses		0.005.505		4.0.0. 4.4.5
25	Total functional expenses. Add lines 1 through 24e	2,710,363.	2,227,536.	352,164.	130,663.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2021)

Check here if following SOP 98-2 (ASC 958-720)

10

33

Total liabilities and net assets/fund balances

1,552,040.

33

1,643,507. Form **990** (2021)

	REACH	FOR	RESOURCES,	INC.
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		Check if Schedule O contains a response or note	e to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			804,762.	1	799,742.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			191,786.	4	274,027.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		· · · · · · · · · · · · · · ·		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			53,166.	9	17,431.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			12,482.	10c	8,835. 543,472.
	11	Investments - publicly traded securities			489,844.	11	543,472.
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		1 550 040	15		
	16	Total assets. Add lines 1 through 15 (must equa			1,552,040.	16	1,643,507.
	17	Accounts payable and accrued expenses			219,940.	17	258,508.
	18	Grants payable			3,922.	18	14 010
	19	Deferred revenue			5,944.	19	14,918.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela				22	
	23	Unsecured notes and loans payable to unrelated		Г	426,200.	23	
	25	Other liabilities (including federal income tax, pay			120,2001	27	
	20	parties, and other liabilities not included on lines					
		of Schedule D	9,914.	25	7,570.		
	26	Total liabilities. Add lines 17 through 25				26	
		Organizations that follow FASB ASC 958, che	ck her	e ▶ X	·		
es		and complete lines 27, 28, 32, and 33.					
anc	27			892,064.	27	1,362,511.	
Bal	28				28		
pu		Organizations that do not follow FASB ASC 95					
Ρu		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net	32				892,064.	32	1,362,511.
_	00	Total liphilition and not consta/fund holonoon	Γ	1 552 0/0	22	1 6/3 507	

Form 990 (2021)
Part X Balance Sheet

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VIII, column (A), line 12)       1       3,141,742         2       Total expenses (must equal Part IX, column (A), line 25)       2       2,710,363         3       Revenue less expenses. Subtract line 2 from line 1       3       431,375         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       892,064         5       39,068       39,068       39,068	63. 79. 64.
1       Total revenue (must equal Part VIII, column (A), line 12)       1       3,141,742         2       Total expenses (must equal Part IX, column (A), line 25)       2       2,710,362         3       Revenue less expenses. Subtract line 2 from line 1       3       431,379         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       892,064	63. 79. 64.
2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         4       892, 064	63. 79. 64.
2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         4       892, 064	63. 79. 64.
3       Revenue less expenses. Subtract line 2 from line 1       3       431,379         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       892,064	879. 064.
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       892,064	64.
E Net unrealized going (lappa) on investments	<u>. 68.</u>
5 Net unrealized gains (losses) on investments 5 39,068	
6 Donated services and use of facilities	
7 Investment expenses 7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain on Schedule O) 9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
column (B))	<u>11.</u>
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
	No
1 Accounting method used to prepare the Form 990: Cash X 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    2a	X
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?	<u> </u>
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:	
X 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?	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
	<u> </u>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

## **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
2021
Open to Public Inspection

N

Nan		ine organization					E		
D				URCES, INC.				4	1-1519855
	rt I	Reason for Public (					see instructions.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)( <sup>-</sup>	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(ii	i <b>i).</b> Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental unit	describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	· · · · · ·	-					general c	oublic described in
-		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	$\square$	An agricultural research org				ed in conii	inction with a lai	nd-arant	college
Ŭ		or university or a non-land-g							
		university:	grant concyc or agric			name, eny	, and state of th	e conege	01
10		An organization that norma	lly receives (1) more	than 33 1/304 of its supr	ort from o	ontributior	ac momborship	foos and	aross rossints from
10		activities related to its exem	•						•
									-
		income and unrelated busin				ses acqui	red by the organ	iization a	
11		See section 509(a)(2). (Con An organization organized a		voluto toot for public oo	fatu Saa	nontion El	O(a)(4)		
12	$\square$	• •	•					( out the i	nurnance of one or
12		An organization organized a	-	•	-		•		
		more publicly supported or							
-		lines 12a through 12d that	• •					-	ni da n
а		<b>Type I.</b> A supporting orga	-		• • • •	-			
		the supported organization			majority c	of the aired	ctors or trustees	of the su	pporting
		organization. You must o	-						
b		<b>Type II.</b> A supporting org	-				•		-
		control or management o			ame perso	ns that co	ntrol or manage	the supp	oorted
		organization(s). You mus							
С		Type III functionally inte					-	integrate	d with,
	_	its supported organization		-					
d		Type III non-functionally						-	
		that is not functionally int			•		-	n attentiv	reness
		requirement (see instructi	,	•					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III	
		functionally integrated, or	Type III non-function	nally integrated supportion	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information		<u> </u>	(iv) is the ora:	anization listed			
	(	<ul> <li>i) Name of supported organization</li> </ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of m support (see insti		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see insti	ructions)	support (see instructions)
_									
Tota	al								

REACH FOR RESOURCES, INC.

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	v, please complete Part III.)
---	-------------------------------

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	137,833.	298,566.	213,277.	138,641.	641,330.	1429647.
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 to						
	the organization without charge	127 022		010 000	120 641	C 41 220	1400647
4	Total. Add lines 1 through 3	137,833.	298,566.	213,277.	138,641.	641,330.	1429647.
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)						00 510
~							80,512. 1349135.
	Public support. Subtract line 5 from line 4.						1949199.
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	137,833.	298,566.	213,277.	138,641.	641,330.	1429647.
8	Gross income from interest,	10770000	23073001	2137277	100,0110	011,0000	112901/0
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,842.	9,314.	13,205.	9,246.	23,701.	63,308.
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.)		427.	116.		1,323.	1,866.
11	Total support. Add lines 7 through 10						1494821.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 11	,736,170.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	bhere					
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	90.25 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	84.51 %
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		U U				
b	<b>33 1/3% support test - 2020.</b> If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th				• •		. —
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

132022 01-04-22

	I	ine 18 is not more th	1an 33
2	20 1	Private foundation.	If the
1:	32023	01-04-22	

	15	
<b>~</b> ~		

2021.04021 REACH FOR RESOURCES, INC. 053-1241

#### REACH FOR RESOURCES, INC. Schedule A (Form 990) 2021 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

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
4	iness under section 513 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 <b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			founde ou COU- t			
14	First 5 years. If the Form 990 is for the	-			-		n, ►□
Sec	check this box and stop here	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020		•			16	<u> </u>
	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>)21</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	<b>33 1/3% support tests - 2021.</b> If the					3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	
13202	23 01-04-22					Schedule A	(Form 990) 2021

REACH FOR RESOURCES, INC.

1

2

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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.
- 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).
- **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.
- **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.
- 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.
- **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.*
- **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.*
- **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).*
- **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.**
- **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.**
- 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.
- **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.*
- **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.)

16

132024 01-04-21

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A	(Form 990) 202	1	REACH	FOR	RESOURCES,	INC.
Part IV	Supporting	Organiza	ations <sub>(co</sub>	ntinued	1)	

1

2

			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 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		
с	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		
Sec	tion 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte
	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.
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.

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

supervised	i. or controllea tri	ie supporting orga	nization.
Section C. T	ype II Suppor	rting Organiza	ations

 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
 Image: Control organization was vested in the same persons that controlled or managed

 Image: the supported organization(s).
 Image: Control organization(s)
 Image: Control organization(s)

Section D.	All Type II	I 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 ye	ear (see instructions)
-	oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>far (</i> <b>eee</b>

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.
---	--	--	------------------------

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how	you supported a g	governmental entity	(see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------	---------------------	-----------------------------

17

- 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 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.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**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 | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

132025 01-04-22

13070902 131839 053-124768

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	st complete	e Sections A through E.	1		
Sect	on 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				
Sect	on 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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				
Sect	on 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-function	ally integrat	ed Type III supporting orga	anization (see		

 Schedule A (Form 990) 2021
 REACH FOR RESOURCES, INC.

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

41-1519855 Page 6

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

2

3

4

7

able cause required - explain in Part VI). See instructions. line 7: \$ any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2021 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reason-3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if 6 Remaining underdistributions for 2021. Subtract lines 3h

Schedule A (Form 990) 2021

6 7

**Current Year** 

6 Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Schedule A (Form 990) 2021 REAC	H FOR RESOURCES, INC.	41-1519855 Page 8
Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 an	Provide the explanations required by Part II, line 10; Part II, line 17a 5, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa rt V, Section E, lines 2, 5, and 6. Also complete this part for any addi	s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,
SCHEDULE A, PART II, LIN	E 10, EXPLANATION FOR OTHER INCOME	;
MISCELLANEOUS REVENUE		
2018 AMOUNT: \$ 427.		
2019 AMOUNT: \$ 116.		
2021 AMOUNT: \$ 1,323.		
132028 01-04-22	20	Schedule A (Form 990) 2021
70902 131839 053-124768	20 2021.04021 REACH FOR RES	OURCES, INC. 053-124

## Schedule B

#### (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

	REACH FOR RESOURCES, INC.	41-1519855
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

#### **General Rule**

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

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$  b \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

41-1519855

#### REACH FOR RESOURCES, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person Х Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Х 6 Person Payroll 12,500. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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123452 11-11-21

Name of organization

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41-1519855

#### REACH FOR RESOURCES, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 X Person Payroll 5,545. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 Person Payroll 5,000. Noncash Х \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 426,200. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Name of organization

Page 3

Employer identification number

41-1519855

#### REACH FOR RESOURCES, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	HATS	_	
		\$5,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

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Schedule B (Form 990) (2021)

Name of organization		Employer identification number				
REACH FOR RESOURCES, INC.		41-1519855				
Part III Exclusively religious, charitable, etc., con	mns (a) through (e) and the following line entry. igious, charitable, etc., contributions of <b>\$1,000 or les</b>	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea				
(a) No. from (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I						
	(e) Transfer of gift					
Transferee's name, addre		Relationship of transferor to transferee				
(a) No. from (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I						
	(e) Transfer of gift					
Transferee's name, addre		Relationship of transferor to transferee				
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift					
Transferee's name, addre	ess, and ZIP + 4	Relationship of transferor to transferee				
(a) No. from (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I						
	(e) Transfer of gift					
Transferee's name, addre	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					

Name of or	ganization		Employer identification number			
REACH	FOR RESOURCES, INC.		41-1519855			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	<ul> <li>h) through (e) and the following line entry.</li> <li>charitable, etc., contributions of \$1,000 or less</li> </ul>	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations			
(a) No.	Use duplicate copies of Part III if additional					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
F		(e) Transfer of gift				
ŀ	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
123454 11-11-	-21	26	Schedule B (Form 990) (202			

SC	HEDULE D	S	upplement	al Financial	Stateme	nts		OMB No.	1545-0047
	n 990)	►	Complete if the org	anization answered	"Yes" on Form	990,		20	21
Deneri	ment of the Treasury	Par		0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.			Open t	Open to Public	
	I Revenue Service	Go to	www.irs.gov/Form9			ormation.		Inspec	
Nam	e of the organization	REACH FO	OR RESOURCE				-	oyer identificatio 41-1519	855
Pa			ng Donor Advise		er Similar Fun	ds or Ac	count	S. Complete if	the
	organizatior	n answered "Yes" on	Form 990, Part IV, lir						
					lvised funds	(	b) Funds	s and other acco	unts
1									
2		f contributions to (du							
3		f grants from (during )							
4 5			nd donor advisors in		s hold in donor a	dvicod fund	<u> </u>		
5	-		to the organization's	-				Yes	No
6			, donors, and donor a						
•	0	0	benefit of the donor of	0	0				
	impermissible priva				, , ,		•	Yes	No No
Pa	rt II Conserva		<ol> <li>Complete if the or</li> </ol>						
1	Purpose(s) of cons	ervation easements h	held by the organizati	ion (check all that ap	oly).				
	Preservation	of land for public use	e (for example, recrea	ation or education)	Preservatio	on of a histo	rically in	nportant land are	ea
	_	f natural habitat			Preservatio	on of a certi	ied histo	oric structure	
		of open space							
2		• •	anization held a quali	fied conservation co	ntribution in the fo	orm of a cor		on easement on t leld at the End of t	
_	day of the tax year		h					ielu al lile cilu ol i	ine lax feat
a h		onservation easement					2a 2h		
b c	-	ricted by conservation	a certified historic str	ructure included in (a			2b 2c		
d			luded in (c) acquired				20		
u							2d		
3			dified, transferred, re					uring the tax	
	year 🕨					-		-	
4	Number of states v	where property subje	ct to conservation ea	sement is located 🕨					
5	Does the organizat	tion have a written po	olicy regarding the pe	riodic monitoring, ins	pection, handling	of			
	,		ervation easements i						No No
6	Staff and volunteer	r hours devoted to m	onitoring, inspecting,	handling of violation	s, and enforcing o	conservatio	n easem	ents during the y	year
_		<u> </u>							
7	• ·	es incurred in monito	ring, inspecting, hand	dling of violations, an	d enforcing conse	ervation eas	ements	during the year	
8		votion opporter	orted on line 2(d) abov	a action the require	manta of caption :	170/b)/4)/D)/	:)		
0								Yes	No
9			on reports conservati						
			e, the text of the foot					bes the	
	organization's acco	ounting for conservat	tion easements.	-					
Pa	rt III Organiza	ations Maintainir	ng Collections o	f Art, Historical	Treasures, or	Other S	imilar /	Assets.	
	Complete if	the organization ans	wered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization	elected, as permitted	under FASB ASC 95	58, not to report in its	revenue stateme	nt and bala	nce she	et works	
			lar assets held for pu				ce of pu	ıblic	
_	· •		ne footnote to its fina						
b	-		under FASB ASC 95						
			assets held for public	c exhibition, educatio	n, or research in	lurtherance	ot publi	ic service,	
		ng amounts relating t					•		
			rt VIII, line 1				► \$ ► \$		
2			K ks of art, historical tre						
2			ported under FASB A			, siai gain, p			

а	Revenue included on Form 990, Part VIII, line 1	
h	Assets included in Form 990 Part X	

D	Assels included i	II FUIIII 990	, rait∧
1.0		Deducation	

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Schedule D (Form 990) 2021

\$ \$

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Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assess_continued)         3       Using the organization accussion, and other records, check any of the following that make significant use of its collection time (check all that apply): <ul> <li>a</li> <li>Photie exchange program</li> <li>b</li> <li>Brokine exchange program</li> <li>c</li> <li>collection time (check all that apply):</li></ul>	Sche		OR RESOURCI						41-15			age <b>2</b>
collection items (check all that apply): <ul> <li></li></ul>	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	<sup>r</sup> Other	<sup>.</sup> Simila	r Assets	(contir	nued)	
a Public exhibition during the year of the organization answered "yes" on Form 990, Part X, line 21. b Schlark research during the year dur	3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	ollowing that	make si	gnificant ι	use of its			
b       Scholary research       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 donators of art, historical treasures, or other similar assets to to be solid to raise funds attemed the thrus the analytation collection?       Yes       No         Part W       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IX, line 21.       Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is is the organization anagement in Part XIII and complete the following table:       Amount       It is         c       Beginning balance       It       It       It       It       It         20       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       Other expenditues of normal part XIII. Check here if the explanation has been provided on Part XIII       Part Yes' on Form 990, Part X, line 21.         Part W       Endowment Funds- Complete if the organization answered 'Yes' on Form 990, Part X, line 21.       It is         21       If the organization include as anount on Form 990,		collection items (check all that apply):										
c Preservation for future generations 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 solections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solections and explain they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solection?      The perform and Custodial Arrangements.     Compute if the organization answered "Yes" on Form 990, Part K, line 9.1      Is the organization an anount on Form 990, Part X, line 21. 1 Is the organization and the management in Part XIII and complete the following lable:	а	Public exhibition	d	I 🗌 L	oan or exc	hange progra	m					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 9, or     reported an amount on Form 980, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Beginning balance     C Beginning balance     Intermediary for contributions or custodial account liability?     Yes, " No     b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XII     Port W Endowment Funds. Complete if the organization answered "Yes" on Form 980, 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 on Part XIII     Part W Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part X, line 20.     Other organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?     Port W Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part X, line 10.     Part W Endowment Funds.     Contributions     A content request a lance     A content request and lance (line 19, column (a)) held as:     Beard designated or quasi-andowment two sets     ad programs     d for ans schelarships     d of area balance     d of area balance     d of organ base in the prosession of the organization that are held and administered for the organization     for the explenitive expenses     d contributing explores in the proceentage of the current year end balance (line 19, column (a)) held as	b	Scholarly research	e	, 🗌 c	ther							
S During the year, did the organization solicit or receive donations of art, historical ressures, or other similar assets     to be sold to raise funds rather than to be maintained as part of the organization's collection?     Part M Escrow and Outstodial 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.     Is the organization an agent, fustake, custodian or other intermediary for contributions or other assets not included     on Form 990, Part XP     Is the organization an agent, fustake, custodian or other intermediary for contributions or other assets not included     on Form 990, Part XP     If 'Yes,' explain the arrangement in Part XIII and complete the following table:     Additions during the year     Id     Carrent year     Id     Distributions during the year     If I     If or organization and gent     If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Part V     Indowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.     If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Part V     Indowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.     If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     If 'Yes,' explain the arrangement in Part XIII.     If 'Yes,' explain the arrangement in Part XIII.     If 'I'' cs,' explain the arrangement in Part XIII.     If 'I''''''''''''''''''''''''''''''	с	Preservation for future generations										
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 X, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d       Id       Id       Id         2a bid 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 on Part XII       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         a Beginning of year balance       [a] Current year (b) Prior year (c) Two years back (c) Four years back       (c) Four years back         b Contributions       In westment earnings, gains, and losses	4	Provide a description of the organization's co	llections and explair	n how the	y further th	e organizatio	n's exen	npt purpo	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answerd 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ta       Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>d</li> <li>d</li> <li>d</li> <li>d</li> </ul> a Additions during the year       1d                Amount            Amount            Amount          Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?          Ves          No          Di 'I'''es, ''explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII.          Det the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?          Ves          No          Di 'I'' es, ''explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII.          Det the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?          Ves          No           Det organe action form 990, Part X, line 21, for escrow or custodial account liability?	5	During the year, did the organization solicit or	r receive donations of	of art, hist	orical treas	sures, or othe	r similar	assets				
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?       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount         1d       1d       1d         1d       1d       1e         1d       1e       1e         2h Ott borganization include an amount on Form 990, Part X, line 21, for scrow or custodial account liability?       Ves       No         bit fryes, 'explain the arrangement in Part XIII. Check here if the expanization answered 'Yes' on Form 990, Part IV, line 10.       Interreported an amount on Form 990, Part X, line 21, for scrow or custodial account liability?       Ves       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Interreported an amount on Form 990, Part X, line 21, for scrow or custodial account liability?       Ves       No         b Contributions       (a) Current year       (b) Prior year (c) Two years back       (d) Ture years back       (e) Four years back         a Beginning of year balance       (a) Current year end balance (line 1g, column (a) held as:       a       a       a         a Che the estimated percentage of the current year end balance (line 1g, column (a) held as:       a       Bead designated or quasizations       a<										_		] No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7       IVes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Co	Par			ete if the o	organizatio	n answered "	Yes" on	Form 990	), Part IV, I	ine 9, or		
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       1d       1d         d       Additions during the year       1d       1d         2       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 on Part XIII.       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back (e) Four years back if (f) Three years back if	1a			iary for co	ontributions	s or other ass	ets not i	ncluded				
b       If "Yes," explain the arrangement in Part XIII and complete the following table:          Amount          c       Beginning balance          Id          d       Additions during the year          Id          e       Distributions during the year          Id          a       Didthe organization include an amount on Form 990, Part X, line 21, for escrew or custodial account labitity?          Ves          2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account labitity?          Ves          b       If "Ves", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII           No          b       If "Ves", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII           Id Provide the explanation answered "Yes" on Form 990, Part IV, line 10.          f       Administrative explance          (a) Current year          (b) Prior year          (c) Two years back           (d) Three years back          a       Grants or scholarships            (d) Three years back           (d) Three years back           (d) Three years back          a Grants or scholarships            (d) Prior year           (d) Three ye										Yes		No
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form '900, Part X, line 21, for escrow or custodial account liability?       Ves       No         2       Did the organization include an amount on Form '900, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complexity of the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complexity of the arrangement if the organization answered 'Yes' on Form '900, Part IV, line 10.         Fart V       Endowment Funds. Complete if the organization answered 'Yes' on Form '900, Part IV, line 10.       Image: Complexity of the arrangement is an organization answered 'Yes' on Form '900, Part IV, line 10.         Corter expenditures for facilities	b								····· –			]
d Additions during the year       1d         e Distributions during the year       1d         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         Dif "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Creats or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         9 End of year balance       (a) Current year end balance (line 1g, column (a)) held as:       a bead obsignated or quasi-endowment ▶       %         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a bead obsignated or quasi-endowment ▶       %         5 C Term endowment ▶       %       %       Yes No       3a(i)       3a(i)         6 (i) Unrelated organizations       %       Yes No       3a(i)       3a(i)       3a(i)         6 Permanent endowment ▶       %       %       Yes No	~			lio ming ta	510.					Amoun	t	
d Additions during the year       1d         e Distributions during the year       1d         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         Dif "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Creats or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         9 End of year balance       (a) Current year end balance (line 1g, column (a)) held as:       a bead obsignated or quasi-endowment ▶       %         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a bead obsignated or quasi-endowment ▶       %         5 C Term endowment ▶       %       %       Yes No       3a(i)       3a(i)         6 (i) Unrelated organizations       %       Yes No       3a(i)       3a(i)       3a(i)         6 Permanent endowment ▶       %       %       Yes No	с	Beginning balance						1c				
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?       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (d) Current year       (e) Two years back       (e) Four years back         e       Other expenditures for facilities       (d) and the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (e) Four years back         g       End of year balance       %       %       Permanent endowment \%         D       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (f) A the percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment \												
f       Ending balance												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f											
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (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) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (c) Current year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (c) Current year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         1a       Control year balance       (f) Control year       (f) Control year       (f) Control year	2a							ty?		Yes		No
(a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       Image: Start	b											]
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions       Image: Contributions         c       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contriteas       Image: Contributions <t< th=""><th>Par</th><th>t V Endowment Funds. Complete in</th><th>f the organization an</th><th>swered "</th><th>Yes" on Fo</th><th>rm 990, Part</th><th>IV, line 1</th><th>0.</th><th></th><th></th><th></th><th></th></t<>	Par	t V Endowment Funds. Complete in	f the organization an	swered "	Yes" on Fo	rm 990, Part	IV, line 1	0.				
b       Contributions			(a) Current year	<b>(b)</b> Pri	ior year	(c) Two year	's back	(d) Three y	/ears back	(e) Four	years	back
c       Net investment earnings, gains, and losses	1a	Beginning of year balance										
c       Net investment earnings, gains, and losses	b	Contributions										
e       Other expenditures for facilities and programs	с											
and programs	d	Grants or scholarships										
f       Administrative expenses	е	Other expenditures for facilities										
f       Administrative expenses		and programs										
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 ▶%         mthe percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment tunds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations         (ii)       Related organizations         (iii)       Related organizations         3a(ii)       3a(ii)         3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related 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       (b) Cost or other       (c) Accumulated         b Buildings	f											
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         c Term endowment ▶%         c Term endowment ▶%         a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) Unrelated organizations	g	End of year balance										
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:	2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g,	column (a)	) held as:						
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>(i) Land, Buildings, and Equipment.</li> </ul> <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>basis (investment)</li> <li>basis (other)</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(e) Cost or other</li> <li>(h) Book value</li> <li>(h) Buildings</li> <li>(h) Cost or other</li> <li>(h) Cost or other</li></ul>	а	Board designated or quasi-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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li></ul>	b	Permanent endowment	%									
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)       3b       3d(i)       3b       3d(i)       3b       3d(i)       3b       3d(i)       3a(i)       3b       3d(i)       3a(i)       3b       3a(i)       3b       3b       3d(i)       3b       3d(i)       3a(i)       3b       3a(i)       3b       3a(i)       3b       3a(i)       3b       3a(i)       3b       3a(i)       3b       3b       3d(i)       3a(i)       3a(i)       3a(i)       3a(i)       3b       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)	С	Term endowment	%									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land b Buildings c Leasehold improvements d Equipment d Equipment e Other (i) Unrelated organizations (ii) Related organizations (iii) Related organiz												
(i)       Unrelated organizations       3a(i)         (ii)       Related organizations       3a(i)         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 (other)         b       Buildings         c       Leasehold improvements         d       Equipment         e       0ther         0ther       11,290,100,900.	3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administer	ed for th	e organiza	ation	r		
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       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         1a       Land		by:									Yes	No
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         1a       Land										3a(i)		
4 Describe in Part XII 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 Buildings       (d) Book value         c Leasehold improvements       41,059.32,614.8,445.         e Other       11,290.10,900.390.												
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									3b		. <u> </u>
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	4			wment fu	nds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par						Dent V					
Image: basis (investment)         basis (other)         depreciation           1a Land												
b Buildings		Description of property			.,		• •		ed	( <b>d</b> ) Boo	k valu	Э
b Buildings	1a	Land										
c Leasehold improvements         41,059.         32,614.         8,445.           e Other         11,290.         10,900.         390.	b	Buildings										
e Other												
	d	Equipment										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	e	Other			1	1,290.		10,9	00.			
	Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	<u>X. columr</u>	<u>n (B), line 1</u>	0c.)					8,8	35.

Schedule D (Form 990) 2021

132052 10-28-21

Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(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)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Dart IV line	11d San Form 000 Dart X line 15	
-	Description	The see Form 990, Part A, line 15.	(b) Book value
			(b) BOOK value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
Part X Other Liabilities.	<u> </u>		
Complete if the organization answered "Yes" of	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			(
(1) CAPITAL LEASE PAYABLE			7,570
(3)			.,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. <u>(Column (b) must equal Form 990, Part X, col. (B) line</u>	25)		7,570
<b>2.</b> Liability for uncertain tax positions. In Part XIII, provide		,	

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 ... X

Schedule D (Form 990) 2021

132053 10-28-21

#### REACH FOR RESOURCES, INC. Schedule D (Form 990) 2021

### Part VII Investments - Other Securities.

	edule D (Form 990) 2021 REACH FOR RESOURCES, INC.				1519855 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				2 210 450
1				1	3,317,452.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	····· ································		39,068.		
b			106,830.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	35,440.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	181,338.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,136,114.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	5,628.		
b	Other (Describe in Part XIII.)	. 4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	5,628.
С					
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	3,141,742.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	I	
5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	I	n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	I	
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	letur	n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements	ents With	Expenses per R	letur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With	Expenses per R	letur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents With	Expenses per R	letur	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	ents With	Expenses per R	letur	n. 2,847,005.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents With 	Expenses per R 106,830. 35,440.	letur	n. 2,847,005. 142,270.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	ents With 2a 2b 2c 2d	Expenses per R 106,830. 35,440.	1	n. 2,847,005.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d	Expenses per R 106,830. 35,440.	1 2e	n. 2,847,005. 142,270.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With	Expenses per R 106,830. 35,440.	1 2e	n. 2,847,005. 142,270.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other losses         Other statement         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents With	Expenses per R 106,830. 35,440.	1 2e	n. 2,847,005. <u>142,270.</u> 2,704,735.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2d 2d 4a 4b	Expenses per R 106,830. 35,440. 5,628.	1 2e	n. 2,847,005. 142,270. 2,704,735. 5,628.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d 4a 4b	Expenses per R 106,830. 35,440. 5,628.	1 2e 3	n. 2,847,005. <u>142,270.</u> 2,704,735.

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.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER

INTERNAL REVENUE CODE 501(C)(3). THE ORGANIZATION IS SUBJECT TO TAX ON

INCOME FROM ANY UNRELATED BUSINESS.

THE ORGANIZATION HAS ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN TAX

POSITIONS. NO LIABILITY WAS RECOGNIZED BY THE ORGANIZATION AS A RESULT OF

THE IMPLEMENTATION OF THIS STANDARD. THE ORGANIZATION FILES AS A

TAX-EXEMPT ORGANIZATION. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY

30

TAXING JURIDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS

FOR ANY OPEN TAX PERIODS.

132054 10-28-21

Schedule D (Form 990) 2021 REACH FOR RESOURCES, INC.	41-1519855 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING DIRECT EXPENSES	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING DIRECT EXPENSES	35,440.
FUNDRAISING DIRECT EXPENSES	
	Schedule D (Form 990) 2021
132055 10-28-21	

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047					
(Form 990)	Complete if the	or if the						
Department of the Treesury		Open to Public						
Department of the Treasury Internal Revenue Service	► Go	Attach to Form 990 to www.irs.gov/Form990 for instruction				on.		Inspection
Name of the organization		OR RESOURCES, INC.					Employer ide	entification number
Part I Fundrais		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1		
required to	complete this part	t.						
<ol> <li>Indicate whether th</li> <li>a Mail solicitat</li> </ol>	-	ed funds through any of the followin <b>e</b> Solicita	-		Check all that apply. overnment grants			
	email solicitations			•	nment grants			
c 🔄 Phone solici	tations	g 📃 Special						
d In-person so		or oral agreement with any individual	(incluc	ling of	ficare directore true	toos	or	
		art VII) or entity in connection with p				iees,	Yes	s 🗌 No
	•	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which th	ne fur	ndraiser is to b	е
compensated at le	east \$5,000 by the	organization.	1		[			1
(i) Name and addres	s of individual	(ii) Activity	(iii) fundr	Did aiser	(iv) Gross receipts	tò (c	Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)		have custody or control of contributions?				fundraiser ted in col. (i)	organization
			Yes	No				
Total								
		n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	egistration
or licensing.								
								0/5
LHA For Paperwork R	eauction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Ζ.		Schedul	e G (Form 990) 2021

132081 10-21-21

Schedule G (Form 990) 2021 REACH FOR RESOURCES, INC. 41-1519855 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2	(c) Other events	
		CACKLE &	SUMMER		(d) Total events
		SPUR	SOCIAL	1	(add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1 Gross receipts	63,121.	63,323.	44,592.	171,036
	Less: Contributions			44,592.	120,248
				11,5521	
3	3 Gross income (line 1 minus line 2)	. 22,319.	28,469.		50,788
4	4 Cash prizes	-			
	5 Noncash prizes	4,545.	27,687.		32,232
e	6 Rent/facility costs	21,750.			21,750
6 7	7 Food and beverages	274.	830.		1,104
٤	3 Entertainment		150.		150
ç				25,086.	150 72,228
1	0 Direct expense summary. Add lines 4 through				127,464
1	1 Net income summary. Subtract line 10 from	line 3, column (d)			-76,676
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ac
			bingo/progressive bingo	(-,	col. (a) through col. (
1	1 Gross revenue		bingo/progressive bingo	20,472.	
	Gross revenue     Gross revenue     Cash prizes				
2					20,472
2	2 Cash prizes	·		20,472.	20,472
3	2 Cash prizes     3 Noncash prizes	· · · · · · · · · · · · · · · · · · ·		20,472.	
2	2 Cash prizes     Noncash prizes     Rent/facility costs     Other direct expenses	%	Yes%	20,472. 2,755. 1,535.	20,472
2	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> </ul>			20,472. 2,755. 1,535.	20,472
2 3 4	2 Cash prizes     Noncash prizes     Rent/facility costs     Other direct expenses		Yes%	20,472. 2,755. 1,535. Yes% X No	20,472
2 3 4 5 6 7	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> </ul>	% % % % 	  Yes% No	20,472. 2,755. 1,535. ∑Yes% X No	20,472
2 3 4 5 6 7 6 7 8	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through</li> </ul>	gh 5 in column (d)	  Yes% No	20,472. 2,755. 1,535. ∑Yes% X No	20,472 2,755 1,535 4,290 16,182
2 3 4 5 6 7 8 8	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through the gaming income summary. Subtract line</li> <li>5 Net gaming income summary. Subtract line</li> <li>5 Enter the state(s) in which the organization conduct state in the organization licensed to conduct gaming</li> </ul>	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	Yes% No	20,472. 2,755. 1,535. Yes% ∑ No	20,472 2,755 1,535 4,290 16,182
2 3 4 5 6 7 8 8	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through the gaming income summary. Subtract line</li> <li>5 Net gaming income summary. Subtract line</li> </ul>	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	Yes% No	20,472. 2,755. 1,535. Yes% ∑ No	20,472 2,755 1,535 4,290 16,182

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Schedule G (Form 990) 2021

Schedule G (Form 99	90) 2021	REACH	FOR	RESOU	JRCES,	INC.			41-1	51985	5 Page 3
<ol> <li>Does the organi</li> <li>Is the organizati</li> </ol>		aming activitie	s with n	onmembe	ers?					Yes	XNo
to administer ch	naritable gaming?									Yes	X No
<b>13</b> Indicate the per <b>a</b> The organization										13a	%
<b>b</b> An outside facil										13b	%
<b>14</b> Enter the name	and address of th	e person who	prepare	es the orga	anization's	gaming/spe	ecial events bo	ooks and recor	ds:		
Name 🕨											
Address 🕨											
15a Does the organi	zation have a con	tract with a th	ird part	y from who	om the org	anization ree	ceives gaming	g revenue?		Yes	XNo
<b>b</b> If "Yes," enter the of gaming rever	ne amount of gam nue retained by the					► \$		_ and the am	ount		
c If "Yes," enter n											
Name 🕨											
Address 🕨											
16 Gaming manage	er information:										
Name 🕨											
	er compensation										
	ervices provided										
Director/	officer	Employ	ee		Indeper	ndent contra	actor				
17 Mandatory distr											
a Is the organizati retain the state	ion required under gaming license?							ds to		Yes	X No
<b>b</b> Enter the amou	nt of distributions	required unde	er state	law to be o							
Part IV Suppl	emental Infor	mation. Pro	ovide th	e explanat					; and Par	t III, lines 9	9b, 10b,
10, 10	c, 16, and 17b, as	s applicable. A	liso prov	vide any ad	daitionai in	formation. S	See Instruction	15.			
132083 10-21-21									Schedu	ıle G (Forn	n 990) 2021
					34						

Schedule G	(Form	990	)
D . I W/	0		

Part IV	Supplemental Information	(continued)		
122024 11 12				Schedule G (Form 990)
132084 11-18-	-21		25	

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

30.	2021
	Open to Public Inspection
Employer	identification number

Ν	lame	of	the	organ	ization	
---	------	----	-----	-------	---------	--

	REACH FOR RESOURCES, INC.						41-1519855			
Par	t I Types of Property		•							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no		(d) of determin tribution ar	•	3	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other $\ldots$									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other $\blacktriangleright$ ( <u>SPECIAL EVENT</u> )	X	75	56,189.	FMV					
26	Other $\blacktriangleright$ ( <u>SUPPLIES</u> )	X	2	10,385.	FMV					
27	Other  ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz									
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29						
								Yes	No	
30a	During the year, did the organization receive by									
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for				37	
	exempt purposes for the entire holding period?						30a		X	
	If "Yes," describe the arrangement in Part II.								v	
31	Does the organization have a gift acceptance p				tions?		31		<u> </u>	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash					v	
_							<b>32a</b>		X	
	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is cheo	cked,					
	describe in Part II.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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Part II	Supplementa	l Informat	tion. D	rovide the information	required b	
Schedule N	/I (Form 990) 2021	REACH	FOR	RESOURCES,	INC.	

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, PART I, COLUMN (B):

#### THE NUMBER OF ITEMS LISTED IN COLUMN (B) ARE THE NUMBER OF INDIVIDUAL

#### CONTRIBUTORS

Schedule M (Form 990) 2021

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.

INC.

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

OMB No. 1545-0047

Employer identification number 41 - 1519855

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

REACH FOR RESOURCES,

WAIVER CASE MANAGEMENT: PROVIDES PERSONALIZED SUPPORTS TO

INDIVIDUALS LOOKING TO COORDINATE THEIR SERVICES THROUGH WAIVER

FUNDING.

THE NUMBER OF INDIVIDUALS SUPPORTED WAS 391.

EXPENSES \$ 695,115. INCLUDING GRANTS OF \$ 0. REVENUE \$ 967,839.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DID NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED

ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE RETURN IS

AVAILABLE, IT IS PROVIDED TO MANAGEMENT FOR THEIR REVIEW BEFORE BEING

PROVIDED TO THE GOVERNING BODY FOR REVIEW AND APPROVAL PRIOR TO SUBMISSION

TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ANY BOARD MEMBER, KEY

EMPLOYEE, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS.

AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF A POTENTIAL CONFLICT OF

INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE

DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS

CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

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

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS.

IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. ALL PROCEEDINGS ARE DOCUMENTED IN THE MEETING MINUTES OR AS OTHERWISE APPROPRIATE.

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

THE EXECUTIVE COMMITTEE OF THE BOARD (ALONG WITH THE CHAIR OF TALENT DEVELOPMENT COMMITTEE) TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR, USING APPROPRIATE COMPARABILITY DATA. THE COMMITTEE BROUGHT THEIR RECOMMENDATION TO THE FULL BOARD FOR APPROVAL. THIS AMOUNT WAS THEN EMAILED TO OUR FINANCE & OFFICE MANAGER. THE MOST RECENT YEAR THIS WAS COMPLETED WAS 2021.

THE EXECUTIVE DIRECTOR REVIEWED SALARIES WITHIN THE ORGANIZATION AND

COMPARED THEM WITH SIMILAR POSITIONS IN THE STATE OF MINNESOTA BY USING THE

MINNESOTA COUNCIL OF NONPROFIT SALARY ANALYSIS AND BROUGHT THIS INFORMATION Schedule O (Form 990) 2021 132212 11-11-21 39

13070902 131839 053-124768

Name of the organization	Employer identification number
REACH FOR RESOURCES, INC.	41-1519855
TO THE BOARD FOR ANNUAL INCREASES. THROUGHOUT THE YEAR, TH	E EXECUTIVE
DIRECTOR KEEPS A PULSE ON SALARIES FOR SIMLIAR POSITIONS W	ITHIN THE
ORGANIZATION TO MAKE SURE WE ARE AT LEAST IN MID-RANGE. TH	IS OCCURRED IN
2021 AND 2022.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCI	AL STATEMENTS
AVAILABLE TO THE PUBLIC ON GUIDESTAR AND AT THE MINNESOTA	SECRETARY OF

STATE'S OFFICE. THE ORGANIZATION DOES NOT MAKE ITS CONFLICT OF INTEREST

POLICY AVAILABLE TO THE PUBLIC.

132212 11-11-21