Form **990**

** PUBLIC DISCLOSURE 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.

OMB No. 1545-0047

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

Open to Public Inspection

Depar	tment of	the Treasury se Service	Go to www.ir	rs.gov/Fo	rm990 for instruction	s and	the latest	information.		Inspection	
			lar year, or tax year beginnir	ng		and	dending				
Вс	heck if pplicable:	C Name o	f organization					D Employer id	entific	ation number	
Г	Address	REAC	H FOR RESOURCES	S, IN	C.						
	Name change		usiness as	-				41-153			
	Initial return		r and street (or P.O. box if mail	l is not deliv	vered to street address)		Room/sui	te E Telephone ni	umber		
	Final return/		GREEN OAK DRIV		,		303	952-20	00-3	3030	
	termin- ated	City or t	town, state or province, count	try, and Z	IP or foreign postal cod	de		G Gross receipts \$		4,147,	279.
	Amende	. 1		343				H(a) Is this a gr			
	Applica tion	F Name a	and address of principal office	er: KATE	E BOTTIGER			for subord	inates?	? Yes	X No
	pending	SAME	AS C ABOVE					H(b) Are all subordi	nates inc	oluded? Yes	No
<u> 1 T</u>	ax-exe	mpt status:	X 501(c)(3) 501(c) ()	(insert no.) 494	7(a)(1)	or 5:	27 If "No," att	ach a l	ist. See instructio	ns
	Vebsite		REACHFORRESOUR	CES.O	RG			H(c) Group exe			
			X Corporation Trust	Ass	ociation Other		L Ye	ar of formation: 19	85 M	State of legal domi	cile: MN
Pa		Summary			- WHATEVERADORATE						
a)	1 E	Briefly describ	oe the organization's mission	or most s	significant activities: E	MPC	WERIN	G PEOPLE ()F A	<u> </u>	
Governance]]	ABILITI	ES TO REACH THI								
ř		Check this bo			tinued its operations or				1 1	ets.	1.0
ŏ.			ting members of the governir						3		$\frac{10}{10}$
প্ৰ	ı		dependent voting members o								130
es	ı		of individuals employed in ca						5		57
Activities &			of volunteers (estimate if nec						6		$\frac{37}{0}$
Act			ed business revenue from Par						7a 7b		$\frac{0}{0}$
	bí	Net unrelated	l business taxable income fro	m Form 9	190-1, Paπ I, line 11			Prior Year	1/0	Current Yea	
	, ,	O tuile	and marks (Dark VIII line 1b)	`	*		H	215,8	43.	311,	
e			s and grants (Part VIII, line 1h)					2,760,7		3,724,	
Revenue	i .	-	rice revenue (Part VIII, line 2g)		and 7d)		F-	20,6			244.
Re	1		come (Part VIII, column (A), lines f				3	-57,6		-29,	
			e (Part VIII, column (A), lines 5 e - add lines 8 through 11 (mu					2,939,5		4,030,	
	Γ'		imilar amounts paid (Part IX, c						0.		0.
	1		to or for members (Part IX, co				l l		0.		0.
	45 6	•	er compensation, employee b					2,602,1	75.	3,367,	530.
Expenses	16a		fundraising fees (Part IX, colu						0.		0.
pen	b		sing expenses (Part IX, colum			32,4	107.		a a feet fee		
Ж	17 (ses (Part IX, column (A), lines				[428,7		687,	
	18	Total expens	es. Add lines 13-17 (must equ	ual Part IX	, column (A), line 25)		L	3,030,9		4,055,	
	19	Revenue less	expenses. Subtract line 18 fi	from line 1	2			-91,4	19.	-24,	<u>757.</u>
28							L	Beginning of Current		End of Yea	
Assets	20	Total assets ((Part X, line 16)					1,855,8		1,880,	538.
t As	21							670,4		679,	
Net			fund balances. Subtract line	21 from I	ine 20			1,185,3	52.	1,200,	729.
	art II	Signatur									
			, I declare that I have examined th							knowledge and bell	et, it is
true	, correc	t, and complete	e. Declaration of preparer (other t	than officer	r) is based on all informati	on of v	wnich prepa	rer nas any knowledge).		
		Signature of o	officer					Date			
Sig	,	_		יד ישנדי	IRECTOR			2410			
Her	e		OTTIGER, EXECUT name and title	TART	TRECION						
				T	Drangrar's signature		encon-	Date c	heck	PTIN	
Paid		CHAD LA	eparer's name ASSENT		Preparer's signature CHAD LASSEN			07/10/24 s			92
	parer	Firm's name	CLIFTONLARSON					Firm's E		1-0746749	
	Only	Firm's name						1111131			
000	Unity	i ii iii o auui 68	MINNEAPOLIS,					Phone r	10.61	2-376-450	0
Mar	v the IF	S discuss th	is return with the preparer sh							X Yes	No
			Reduction Act Notice, see th			332001	12-21-23			Form 99	

	1990 (2023) REACH FOR RESOURCES, INC.	41-1519855	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		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	CE, BOOSTS	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	XYes	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	rs, the total expenses, an	
4a		nue \$ 1,335,9	
	COMMUNITY LIVING SUPPORTS - IN 2023, REACH FOR RESOURCES		32
	ADULTS THROUGH EMPLOYMENT, HOUSING, AND INDEPENDENT LIVI	NG.	
	William Company of the Company of th		
	<u> </u>		
4b	(Code:) (Expenses \$950,596 • including grants of \$) (Reven	1,203,	110 \
710	WAIVER CASE MANAGEMENT - PROVIDES PERSONALIZED SUPPORTS	TO INDIVIDUAL	LS
	LOOKING TO COORDINATE THEIR SERVICES THROUGH WAIVER FUND		
	REACH FOR RESOURCES SUPPORTED 529 INDIVIDUALS.		
4c	(Code:)(Expenses \$ 734,415. including grants of \$ 0.) (Revense	DUCATION, ANI L HEALTH	981.)
		W. W	
4d		278,633.)	
4e	Total program service expenses 3,185,443.		
		Form 9!	90 (2023)

Form 990 (2023) REACH FOR RESOURCES, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes." complete Schedule A	1	X	
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		<u>X</u>
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		<u>X</u>
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		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	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?			v
	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	40		Х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	ARA	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.	A SHARE		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44	Х	
	Part VI	11a	- 25	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	Х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Lin		_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
d		11d	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza		12a	Х	
h	Schedule D, Parts XI and XII			
u	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Division of the Charles of the United States?	14a		Х
b	the day of			
S	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		Х
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	<u> </u>	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	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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 V
20a		20a	 	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_V
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	. 000	(2023)

	1990 (2023) REACH FOR RESOURCES, INC. 41-1519	855	F	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
0.4	Schedule J	23		X
24 a	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	l		7,7
I.	Schedule K. If "No," go to line 25a	24a	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
G	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	<u> </u>	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	_	<u> </u>
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	-	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes." complete			
	•	OEL		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	 	121
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20	-	- 25
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in noncash 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? f "Yes," complete Schedule M	30		Х
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		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance Chack if Schedule O contains a reasonne or note to any line in this Dark V	38	Х	
	Check it Schedule O contains a response or note to any line in this Part v		 Т	<u> </u>
4 -	Enter the number reported in her 2 of Form 1000 Fator 0 16 and a sufficient		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		- 1	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	_	х	
332004	12-21-23	1c	990 (2022
222004	10.00	LOHII	JUU (∠U∠J)

Form	990 (2023) REACH FOR RESOURCES, INC.	41-1519	855	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			I	l
	ı	1		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_{2a} 130			
	filed for the calendar year ending with or within the year covered by this return		1	X	
	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		Х
			3a		- 73
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at		١		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		
b	If "Yes," enter the name of the foreign country	(CD A D)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		_		x
			5a	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	-	1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				~
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts	١		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		100,000	10,500	37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serve	ices provided to the payor?	7a	ļ	X
b	., ,,		7b	 	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				٠,,
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1,000	1,340	77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7 <u>g</u>	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	14,14	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	Third in	1	1
	sponsoring organization have excess business holdings at any time during the year?		8	1 1114	-
9	Sponsoring organizations maintaining donor advised funds.		1,131	1000	1
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	ļ	
10	Section 501(c)(7) organizations. Enter:	i .			
а	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	4		
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	11a	1		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	_	1 444	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	 	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		2000	d salada	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	-	_
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c	1.5		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b	1	_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			1 33	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	1	X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	 	1
			1		1

332005 12-21-23

Form **990** (2023)

If "Yes," complete Form 6069.

	990 (2023) REACH FOR RESOURCES, INC.		41-151	.9855	F	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and fo	ra "No"	respor	ıse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI		,	,,		X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	0		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision	-		
						X
4	Did the organization make any significant changes to its governing documents since the prior Form 95					X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		. 5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	'				
	more members of the governing body?			7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockhol	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	_	**			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
	organization's mailing address? f "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 Rev	enue (Code.)		ſ	r
	Pilli and the second of the se				Yes	No
10a				10a		X
а	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics are activities of such characteristics.		•			
44-					37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	perore	filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			. 12b	X	
G		•			v	
13	on Schedule O how this was done			12c	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		••••••	13	X	
15	Did the process for determining compensation of the following persons include a review and approval			14	Λ	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by ind	ependent			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		• • • • • • • • • • • • • • • • • • • •	130	- 41	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ant wi	th a		* . *	
104	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			10a		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed MN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	q 990-	T (section 501/c)(3)s only) :	availak	ole
	for public inspection. Indicate how you made these available. Check all that apply.	200	. (200.0.700)(0	., ciny) (- • wiiuk	
	Own website Another's website X Upon request X Other (explain	on Sel	nedule (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	iflict of	interest policy a	nd financ	ial	
	statements available to the public during the tax year.		ponoj, u			
20	State the name, address, and telephone number of the person who possesses the organization's book	s and	records			
	ROSEANN LENT - (952)200-5024					
	5900 GREEN OAK DRIVE SUITE 303, MINNETONKA, MN 553	43				

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REACH FOR RESOURCES, INC.

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Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KATE BOTTIGER	40.00							400 004	_	
EXECUTIVE DIRECTOR				Х			<u> </u>	122,074.	0.	6,313.
(2) ROSEANN LENT	40.00							E4 00E		2 0 4 0
BUSINESS/FINANCE MANAGER	1	_	<u> </u>	X		<u> </u>	<u> </u>	74,907.	0.	3,948.
(3) DAVID ERICKSON	4.00								0.	0.
BOARD CHAIR	0 00	X		Х		ļ	_	0.	0.	<u> </u>
(4) CODY HOLIDAY	2.00	,,		,,				0.	0.	0.
BOARD DEPUTY CHAIR	 	X	ļ	Х	<u> </u>	-	\vdash	U •	0.	U •
(5) ANNA HULSTEIN	2.00	х		х				0.	0.	0.
TREASURER	1.00	A		A			╀	0.	0.	<u> </u>
(6) DANNY NGO	1.00	х		х				0.	0.	0.
SECRETARY	1.00	_		1		├		0.	0.	<u>.</u>
(7) ANNA KUHLMAN	1.00	X						0.	0.	0.
DIRECTOR (8) CAROL FARR	1.00	<u> </u>				╫	╁─╴	· · · · · · · · · · · · · · · · · · ·	•	
DIRECTOR	1.00	X						0.	0.	0.
(9) DANDY LEIZENS	1.00	 ^		\vdash	 	\vdash	┢			
DIRECTOR	1.00	X						0.	0.	0.
(10) PATRICK BOLEY	2.00	123	<u> </u>		\vdash	-	╁			
DIRECTOR	2.00	х	1					0.	0.	0.
(11) PETER THOMPSON	1.00		t^{-}	 		H	T			
DIRECTOR		х						0.	0.	0.
(12) SENJA LOTTER	1.00			T						
DIRECTOR		x						0.	0.	0.
						1	1			
		1								
						Π				
		1								
Manual Control of the										
			L		_					
	l	<u> </u>	<u></u>	<u> </u>		<u></u>				- 000 (acces)

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Form 990 (2023)

Form 990 (2023)	REACH FO	R RESOUR	CE	IS,	I	NC	: •			41-15	<u> 5198</u>	55	Page 8
Part VII Sect	ion A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(0				(D)	(E)			(F)
	Name and title	Average	erage Position						Reportable	Reportable			mated
		hours per				eck more than one s person is both an			compensation	compensatio	n		ount of
		week					r/trus		from	from related			ther
		(list any	ţo						the	organization	- 1		ensation
		hours for	direc				-		organization	(W-2/1099-MIS			m the
		related	36 O.	stee			ısate		(W-2/1099-MISC/	1099-NEC)	-		nization
		organizations	trust	료		yee.	iad w		1099-NEC)			-	related
		below	gna	rtion	b	oldu	st co	-	, , , , , , , , , , , , , , , , , , , ,				izations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0,94,	
Ave.			一	-	0	*	Ξ ω	LL.		***************************************	 -		
			<u> </u>										
							\vdash						
	1												
22.0					_		-						
											İ		
1h Subtotal	See Seed title	The state of the s							196,981.	······	0.	10	,261.
T-t-16	titittt		•••••		• • • • • •				0.		0.		0.
	continuation sheets to Part \											10	
	lines 1b and 1c)		-						196,981.		0.	Τ0	,261.
2 Total numb	er of individuals (including but	not limited to the	ose	liste	d ab	ove) who	o re	ceived more than \$100,0	000 of reportable			
compensat	ion from the organization												1
												7	'es No
3 Did the org	anization list any former office	r. director, truste	ee. k	ev e	mole	ove	a or	hial	hest compensated empl	ovee on	Γ		
_	•	•		•	•	•	•	_		,	ı	3	x
	Yes," complete Schedule J for										····	3	122
	ividual listed on line 1a, is the s										1		
	organizations greater than \$15										L	4	<u>X</u> _
5 Did any per	son listed on line 1a receive or	accrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	ual for services			
rendered to	the organization? <i>If</i> "Yes." co	mplete Schedule	Jfc	or su	ch r	ers	on .		• • • • • • • • • • • • • • • • • • • •			5	X
	pendent Contractors	emajure.											
1 Complete t	his table for your five highest c	omnensated ind	enei	nder	nt co	ntra	ctor	s th	at received more than \$	100 000 of comp	oncatic	n from	`
	ation. Report compensation fo										onoatic)11 II O11	
the organiz		r trie Caleridar ye	al e	nam	y w	urro	ı wı	ma		ear.			
	(A) Name and busines	a addraga	370						(B) Description of s		0-	(C)	
	ivalile allu busilles	s address	NC)NE	<u> </u>			-	Description of s	ervices		mpens	ation
								T					
								\dashv					
								+					
2 Total numb	er of independent contractors	fincluding but no	nt lin		l to t	hos	e liet	ed .	above) who received mo	re than			
	f compensation from the organ		1111			0			and to the transfer of the	uiuii			
φτου,σού α	compensation from the organ	IIZAUUI I										~	10 /6
											F	orm 99	30 (2023)

REACH FOR RESOURCES, INC.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns ons, Gifts, Grants Similar Amounts 1a 1b b Membership dues 81,659. c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 229,664 similar amounts not included above ... 1f 37,796. g Noncash contributions included in lines 1a-1f 311,323 Total, Add lines 1a-1f **Business Code** 335,981. 2 a INDEPENDENT & COMMUNIT 623000 335,981. 1, Program Service Revenue ,203,119.1,203,119. 624310 b WAIVER CASE MANAGEMENT c MENTAL HEALTH COUNSELI 906,981. 906,981 624310 271,058. 271,058. d ADAPTIVE RECREATION 624310 624310 7,024. 7,024. OTHER PROGRAM FEES f All other program service revenue 3,724,163. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 29,314. 29,314. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a 6 a Gross rents b Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 65,610. assets other than inventory 7a b Less: cost or other basis 70,680 and sales expenses 7b 7с -5,070.c Gain or (loss) -5,070.-5,070. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 81,659. of contributions reported on line 1c). See 16,318. Part IV, line 18 b Less: direct expenses -29,677. -29,677. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 561499 551. 551. 11 a MISCELLANEOUS REVENUE d All other revenue 551 e Total. Add lines 11a-11d 4,030,604.3,724,714. -5,433. Total revenue. See instructions 12

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Form 990 (2023) REACH FOR RESOURCES, INC.
Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРСПВСВ	general expenses	Схропаса
•	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				4
	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	207,241.	90,789.	97,194.	19,258
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	2,716,584.	2,378,035.	251,060.	87,489
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	33,801.	32,641.	482.	678
9	Other employee benefits	196,335.	162,640.	26,075.	7,620
10	Payroll taxes	213,569.	180,343.	25,429.	7,797
11	Fees for services (nonemployees):	,	· · · · · · · · · · · · · · · · · · ·		
a					
b					
c		17,393.		17,393.	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	38,540.	14,124.	12,916.	11,500
12	Advertising and promotion	8,664.	8,664.		
13	Office expenses	58,947.	49,736.	7,095.	2,116
14	Information technology	37,512.	32,980.	4,050.	482
15	Royalties				
16	Occupancy	106,717.	64,823.	41,894.	
17	Travel	85,865.	85,261.	488.	116.
18	Payments of travel or entertainment expenses		00/2021	2001	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,396.	6,541.	2,318.	537
20	Interest	2,023.	0,0210	=/	55,1
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	527.		527.	
23	Insurance	63,817.	50,609.	10,878.	2,330
24	Other expenses, Itemize expenses not covered		20,003.		2,230
~~	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)		WO.		
а	LICENSES & FEES	123,972.	17,789.	102,170.	4,013
a b	BAD DEBT EXPENSE	86,883.	2.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	86,883.	2,010
			Matter Control Manifest Inc.	33,033.	
c d					**************************************
u e	All other expenses	49,598.	10,468.	659.	38,471
	Total functional expenses. Add lines 1 through 24e	4,055,361.	3,185,443.	687,511.	182,407
25 26	Joint costs. Complete this line only if the organization	1,000,0014	<u> </u>		102,407
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	o 10 01 00				Form 990 (2022

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	163,814.	1	200,872.
	2	Savings and temporary cash investments	407,555.	2	313,864.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	357,540.	4	471,132.
	5	Loans and other receivables from any current or former officer, director,		- 4.1	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	2 Breeze and Breeze and Control		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	28,541.	9	38,358.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 41,534. Less: accumulated depreciation 10b 41,499.		*	na n
	b		562.	10c	35. 523,973.
	11	Investments - publicly traded securities	467,536.	11	523,973.
	12	Investments - other securities. See Part IV, line 11	100,000.	12	103,430.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	220 000	14	220 074
	15	Other assets. See Part IV, line 11	330,287.	15	228,874.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,855,835.	16	1,880,538.
	17	Accounts payable and accrued expenses	322,711.	17	426,796.
	18	Grants payable	12 002	18	18,293.
	19	Deferred revenue	12,982.	19	10,293.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
			334,790.	25	234,720.
	26	of Schedule D Total liabilities, Add lines 17 through 25	670,483.	26	679.809.
	20	Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.	100		计电子电话机 经基础证券
č	27	Net assets without donor restrictions	1,185,352.	27	1,109,149.
sala	28	Net assets with donor restrictions		28	1,109,149. 91,580.
βĒ		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
*	32	Total net assets or fund balances	1,185,352.	32	1,200,729.
		***************************************	1,855,835.	33	1,880,538.

Form **990** (2023)

Form	1990 (2023) REACH FOR RESOURCES, INC.	41-151	9855	Pag	ge 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
•									
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,030),6	04.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,055	5,3	61.				
3	Revenue less expenses. Subtract line 2 from line 1	3	-24,75						
4									
5	Net unrealized gains (losses) on investments	5	4 (1,1	34.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1,200	7.7	29.				
Pai	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash 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		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?		2b	Х					
	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								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form !	990 ((2023)				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization								ion number			
			JRCES, INC.					<u>1-1519</u>) 855			
Part I	Reason for Public C	Charity Status. (All organizations must co	omplete th	is part.) Se	ee instruction	ıs.					
The organ	ization is not a private founda	ation because it is: (F	or lines 1 through 12, ch	neck only o	one box.)							
1	A church, convention of chu	ırches, or association	n of churches described	in section	n 170(b)(1)(A)(i).						
2	A school described in secti	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	990).)								
з 🗔	A hospital or a cooperative l		·		(b)(1)(A)(iii).						
4	A medical research organiza)(iii). Enter	the hospita	ıl's name,			
	city, and state:		,			, , , ,	,	•	•			
5	An organization operated fo	r the benefit of a coll	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in				
3 []	section 170(b)(1)(A)(iv). (C		logo or anivoloity ourroa	ог оролан	-							
<u>د</u> 🗀	A federal, state, or local gov		antal unit described in	costion 17	10/b\/4\/A\/	w						
6 L	, , ,	_					ao ganaral r	ublic doco	ribad in			
7 X												
	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8 📙	•					12 211	11					
9 🔲	An agricultural research org											
	or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the r	name, city,	and state of	tne college	or				
-	university:											
10	An organization that normal											
	activities related to its exem											
	income and unrelated busin	ess taxable income	(less section 511 tax) fro	m busines	ses acquir	ed by the or	ganization a	fter June 3	0, 1975.			
	See section 509(a)(2). (Cor	mplete Part III.)										
11	An organization organized a	•	•									
12	An organization organized a											
	more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section	509(a)(3). (Check the b	ox on			
	lines 12a through 12d that of	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	d 12g.					
a	Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	orted orga	anization(s), t	ypically by	giving				
	the supported organization											
	organization. You must o											
b 🗆	Type II. A supporting org	-		ion with its	s supporte	d organizatio	n(s), by hav	ing				
	control or management o											
	organization(s). You mus											
с [☐ Type III functionally inte	•		in connect	tion with, a	nd functiona	IIv integrate	d with.				
· _	its supported organization						,	_ ····,				
٦ -	Type III non-functionally						rted organiz	ration(s)				
d L	that is not functionally int											
	requirement (see instructi						a an attorni	7011000				
	 -						II Type III					
e L	Check this box if the orga					Type I, Type	n, Type in					
	functionally integrated, or		nally integrated supporti	ng organiz	ation.				***************************************			
	er the number of supported of		d avanciantion(a)					L				
	vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	of monetary	(vi) Amo	unt of other			
	organization	(ii) Eii	(described on lines 1-10		ing document?	support (see i	,	1 ' '	e instructions)			
			above (see instructions))	Yes	No							

								}				
							-					
		T	l	1	1	1		1				

Schedule A (Form 990) 2023

REACH FOR RESOURCES, INC.

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

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

Se			se complete Part I							
	ction A. Public Support					-				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	213,277.	138,641.	693,281.	215,843.	308,830.	1569872.			
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									
4	Total. Add lines 1 through 3	213,277.	138,641.	693,281.	215,843.	308,830.	1569872.			
5	The portion of total contributions					000,000				
Ü	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,									
							160 060			
^	** ************************************						169,969.			
	Public support, Subtract line 5 from line 4.	L					1399903.			
		(-) 0010	#-> 0000	(-) 000d	(I) 0000	4 3 0000	10 T-1-1			
	endar year (or fiscal year beginning in)	(a) 2019 213, 277.	(b) 2020 138,641.	(c) 2021 693, 281.	(d) 2022 215,843.	(e) 2023 308,830.	(f) Total 1569872.			
	Amounts from line 4	213,211.	130,041.	093,201.	413,043.	300,030.	1303072.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	12 005	0 046	02 701	01 161	00 014	06 620			
	and income from similar sources	13,205.	9,246.	23,701.	21,164.	29,314.	96,630.			
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.)	116.		1,323.	353.	551.	2,343.			
11	Total support. Add lines 7 through 10						1668845.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 14	,024,546.			
13	*	ne organization's fir	st, second, third, f	fourth, or fifth tax y	rear as a section of	J 1 (U)(U)				
13	*	. •	, , ,	ourth, or fifth tax y						
	First 5 years. If the Form 990 is for the	nere								
	First 5 years. If the Form 990 is for the organization, check this box and stop	c Support Per	centage				83.88 %			
Se	First 5 years. If the Form 990 is for the organization, check this box and storction C. Computation of Public Support percentage for 2023 (I	c Support Per ine 6, column (f), d	centage ivided by line 11, c	column (f))						
Se 14 15	First 5 years. If the Form 990 is for the organization, check this box and stoction C. Computation of Publication	c Support Per ine 6, column (f), d Schedule A, Part	centage ivided by line 11, c	column (f))		14 15	83.88 % 88.66 %			
Se 14 15	First 5 years. If the Form 990 is for the organization, check this box and storction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 a 33 1/3% support test - 2023. If the	o here c Support Per ine 6, column (f), d Schedule A, Part organization did no	centage ivided by line 11, c II, line 14	column (f))	14 is 33 1/3% or m	14 15 ore, check this box	83.88 % 88.66 %			
14 15 16a	First 5 years. If the Form 990 is for the organization, check this box and storction C. Computation of Public support percentage for 2023 (In Public support percentage from 2022)	c Support Per ine 6, column (f), d Schedule A, Part organization did no as a publicly support	centage ivided by line 11, c II, line 14 t check the box or orted organization	column (f))	14 is 33 1/3% or m	14 15 ore, check this box	83.88 % 88.66 % and			
14 15 16a	First 5 years. If the Form 990 is for the organization, check this box and storction C. Computation of Public Public support percentage for 2023 (In Public support percentage from 2022 at 33 1/3% support test - 2023. If the cost of th	bere	centage ivided by line 11, of the second in	column (f)) n line 13, and line 1	14 is 33 1/3% or m line 15 is 33 1/3%	14 15 ore, check this box	83.88 % 88.66 % and X			
14 15 16a	First 5 years. If the Form 990 is for the organization, check this box and storection C. Computation of Public Public support percentage for 2023 (In Public support percentage from 2022 at 33 1/3% support test - 2023. If the control of the contro	c Support Per ine 6, column (f), d Schedule A, Part organization did no as a publicly supporganization did no ifies as a publicly s	centage ivided by line 11, of the second organization to check a box on lisupported organization to check a box on lisupported organization.	column (f)) n line 13, and line 1 ine 13 or 16a, and	14 is 33 1/3% or m line 15 is 33 1/3%	14 15 ore, check this box	83.88 % 88.66 % and X			
14 15 16a	First 5 years. If the Form 990 is for the organization, check this box and storection C. Computation of Public support percentage for 2023 (In Public support percentage from 2022 at 33 1/3% support test - 2023. If the content of the organization qualifies at 33 1/3% support test - 2022. If the content of the organization qualifies and stop here.	bere	centage ivided by line 11, of line 14 It, line 14 It check the box or orted organization the check a box on listupported organization did not of central control organization did not of central control organization did not central con	column (f)) In line 13, and line 1 Ine 13 or 16a, and lition The check a box on line	14 is 33 1/3% or m line 15 is 33 1/3%	14 15 ore, check this box or more, check thi	83.88 % 88.66 % and X s box			
14 15 16a	First 5 years. If the Form 990 is for the organization, check this box and storection C. Computation of Public Public support percentage for 2023 (In Public support percentage from 2022 at 33 1/3% support test - 2023. If the control of the stop here. The organization qualifies and if the organization meets the fact	c Support Per ine 6, column (f), d Schedule A, Part organization did no as a publicly supporganization did no ifies as a publicly s - 2023. If the organd-circumstance	centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on lisupported organiza anization did not cest test, check this	column (f)) In line 13, and line 1 ine 13 or 16a, and lition theck a box on line box and stop her	14 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a re. Explain in Part	ore, check this box or more, check thi and line 14 is 10% of	83.88 % 88.66 % c and X s box pr more, ation			
Se: 14 15 16a k	First 5 years. If the Form 990 is for the organization, check this box and storection C. Computation of Public Public support percentage for 2023 (In Public support percentage from 2022 at 33 1/3% support test - 2023. If the control of the stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the fact meets the facts-and-circumstances test meets the facts-and-circumstances test.	c Support Per ine 6, column (f), d Schedule A, Part organization did no as a publicly supporganization did no ifies as a publicly s - 2023. If the organization st. The organization st.	centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on lisupported organiza anization did not c es test, check this n qualifies as a pu	column (f)) In line 13, and line 1 Ine 13 or 16a, and lition Check a box on line box and stop her	l4 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a re, Explain in Part	ore, check this box or more, check thi and line 14 is 10% ov	83.88 % 88.66 % c and X s box or more, ation			
Sec 14 15 16a k	First 5 years. If the Form 990 is for the organization, check this box and storection C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 a 33 1/3% support test - 2023. If the constant of the stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the facts and if the organization meets the facts and circumstances test	c Support Per ine 6, column (f), d Schedule A, Part lorganization did no as a publicly supporganization did no iffes as a publicly s - 2023. If the org standard circumstance st. The organizatio - 2022. If the org	centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li- supported organiza- anization did not c es test, check this n qualifies as a pu anization did not c	column (f)) In line 13, and line 1 In 13 or 16a, and ation Sheck a box on line box and stop her blicly supported or sheck a box on line sheck a box on line	line 15 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a re, Explain in Part rganization 13, 16a, 16b, or 1	ore, check this box or more, check thinned line 14 is 10% of VI how the organiz	83.88			
Sec 14 15 16a k	First 5 years. If the Form 990 is for the organization, check this box and storection C. Computation of Public Public support percentage for 2023 (Public support percentage from 2022 a 33 1/3% support test - 2023. If the control of the stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the fact meets the facts-and-circumstances test more, and if the organization meets the more, and if the organization meets the facts more, and if the organization meets the statement of 10% -facts-and-circumstances test more, and if the organization meets the statement of 10% -facts-and-circumstances test more, and if the organization meets the	c Support Per ine 6, column (f), d Schedule A, Part organization did no as a publicly supporganization did no iffes as a publicly s - 2023. If the organization c the organization - 2022. If the organization e facts-and-circum	centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li- supported organiza- anization did not c es test, check this n qualifies as a pu anization did not c estances test, check	column (f)) In line 13, and line 1 Ine 13 or 16a, and ation Check a box on line box and stop her blicly supported or check a box on line ck this box and st	line 15 is 33 1/3% or moline 15 is 33 1/3% or 16b, a re. Explain in Partinganization 13, 16a, 16b, or 1 op here. Explain in	ore, check this box or more, check this and line 14 is 10% of VI how the organiz	83.88			
Sec 14 15 16a k	First 5 years. If the Form 990 is for the organization, check this box and storection C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 a 33 1/3% support test - 2023. If the constant of the stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the facts and if the organization meets the facts and circumstances test	c Support Per ine 6, column (f), d Schedule A, Part in organization did not as a publicly support as a publicl	centage ivided by line 11, c II, line 14 t check the box or orted organization t check a box on li- supported organiza- anization did not c es test, check this n qualifies as a pu anization did not c estances test, chec	column (f)) In line 13, and line 1 Ine 13 or 16a, and ation Check a box on line box and stop her blicly supported or check a box on line ck this box and stalifies as a publicly	line 15 is 33 1/3% or miline 15 is 33 1/3% 13, 16a, or 16b, are. Explain in Part reganization 13, 16a, 16b, or 1 op here. Explain ir supported organiz	or more, check this box or more, check this nd line 14 is 10% over the organization.	83.88			

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.)

Sec	tion A. Public Support				Y**		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	, <u> </u>					
	membership fees received. (Do not						
	include any "unusual grants.")	,					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
5	The value of services or facilities			**************************************			
3	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	specific property	ARREST KAMMURI	Chine this Hill win	943 DESERTED FOR STATE		
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	134474747111111111111111111111111111111					
	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.)	L		[1 Noor oo o	01(0)(2) 0/202125415	
14	First 5 years. If the Form 990 is for the						
<u>e-</u>	check this box and stop here	ic Support Day	centage				
	ction C. Computation of Publ			1 (6)		145	0/
	Public support percentage for 2023 (15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves			40 1 (0)	··········	TT	
17	Investment income percentage for 20					17	<u>%</u>
18						18	<u>%</u>
19:	a 33 1/3% support tests - 2023. If the						is not
	more than 33 1/3%, check this box a						
ı	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins		
3320	23 12-21-23					Schedule A	(Form 990) 2023

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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")? |f "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?
- 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).
- 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.)

Yes	No
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	dule A (Form 990) 2023 REACH FOR RESOURCES, INC.	41-151985	5 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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	******	1.4 %	
	detail in Part VI.	11c		L
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			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supervised in the organization of the organization had more than one supervised.	pported	N. A.	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amount	ng the	0.540	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	54.55	1.55
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,	A SECURAL	Areats)	
	supervised, or controlled the supporting organization.	2		Ĺ
Sec	tion C. Type II Supporting Organizations		1	
		The state of the s	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			Mail
	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	vA tritati	A STANK	1
	the supported organization(s).	1_1		
Sec	tion D. All Type III Supporting Organizations		г	т
			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	The state of the s	4.60,000	No. 10
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1111111	
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	43 v.103 s	100.00	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	10.45.A.A	1 10000
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	V + E 2 V 2	1.22.13	1
	supported organizations played in this regard.	3	<u> </u>	<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ir	ıstructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	entity (see instruction		Γ
2	Activities Test. Answer lines 2a and 2b below.	7. <u>4. 9. 4. 9. 4. 9. 4. 9. 4. 9. 4. 9. 4. 9. 4. 9. 4. 9. 4. 9. 4. 9. 4. 9. 4. 9. 4. 9. 4. 9. 4. 9. 4. 9. 4. 9</u>	Yes	No
а	· ·			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	***		
	that these activities constituted substantially all of its activities.	2a	10000	ļ
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			1
	these activities but for the organization's involvement.	2b	ļ	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	<u></u>	<u> </u>

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Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complete	e Sections A through E.	
Sect	ion 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	ion 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		
С	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	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integrat	ted Type III supporting ord	ganization (see
	instructions).	ū		•

41-1519855 Page 7 REACH FOR RESOURCES, INC. Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 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) 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (iii) (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023	REACH FOR RESOURCES, INC.	41-1519855 Page 8
Part VI Supplemental	Information. Provide the explanations required by Part II, line 10; Part II, line 17a o	r 17b; Part III, line 12;
Part IV, Section A,	, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines ction D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part	1 and 2; Part IV, Section C,
Section D, lines 5,	, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio	nal information.
(See instructions.)		
	TI I THE 10 EVEL ANAMION EOD OFFICE TAXONE.	
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:	
MISCELLANEOUS RE	יינז בי אוד די בי	
MIDCELLIAMEOOD KE	10111011	
2019 AMOUNT: \$	116.	
2019 ΙΠΙΟΟΙ(1: φ		
2021 AMOUNT: \$	1,323.	
2022 AMOUNT: \$	353.	
2023 AMOUNT: \$	551.	
-		
		
- WARNES - WAS A CONTROL OF THE CONT	0.0000000000000000000000000000000000000	
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*		
AND CONTRACTOR OF THE PROPERTY		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public

Inspection Employer identification number Name of the organization 41-1519855 REACH FOR RESOURCES, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

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

Schedule D (Form 990) 2023

(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

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

the following amounts required to be reported under FASB ASC 958 relating to these items:

b Assets included in Form 990, Part X

	dule D (Form 990) 2023 REACH F	OR RESOURCE			asures, o	r Other			19855	Page 2
3	Using the organization's acquisition, accessi								(00//////0	
	collection items (check all that apply).			•	_	_				
а	Public exhibition	c	1 🔲 L	oan or excl	hange progra	am				
b	Scholarly research	e	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how the	y further th	e organizatio	on's exem	pt purpos	e in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations o	of art, hist	torical treas	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organi	zation's col	lection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements Comple	te if the c	rganization	answered "	Yes" on F	orm 990, I	Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	ian, or other intermed	diary for c	ontribution	s or other as	sets not ir	ncluded			
	on Form 990, Part X?							\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F							<u></u>	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been p	orovided in F	art XIII				
Par	t V Endowment Funds Complete if	the organization ans	swered "Y	es" on For	m 990, Part	IV, line 10				
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back (d) Three ye	ars back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses				,					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g,	column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse		ation that	are held an	d administer	ed for the	!			
	organization by:								Y	es No
	(i) Unrelated organizations?								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent							***************************************	
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulated	1	(d) Book v	alue
		basis (investr	nent)	basis ((other)	dep	reciation			
1a	Land									
	Buildings									,
С	Leasehold improvements									
	Equipment				0,244.		30,20	9.		35.
	Other	■			1,290.		11,29			0.
	. Add lines 1a through 1e. <i>(Column (d) must e</i>		X. line 10	c. column i	(B))					35.

332053 09-28-23

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

Par	dule D (Form 990) 2023 REACH FOR RESOURCES, INC.		<u> 1519855</u>	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	4,142,	<u>948.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments Donated services and use of facilities 2a 40,134 2b 72,210	-		
b		<u>.</u>		
С	Recoveries of prior year grants 2c	_		
d	Other (Describe in Part XIII.)	_		
е	Add lines 2a through 2d	2e		344.
3	Subtract line 2e from line 1	3	4,030,	<u>604.</u>
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			
b	Other (Describe in Part XIII.)	_		
С	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	5	4,030,	604.
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	4,127,	<u>571.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 72,210	<u>.</u>]		
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.)	_		
е	Add lines 2a through 2d	2e	72,	210.
3	Subtract line 2e from line 1	3	4,055,	361.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_]		
b	Other (Describe in Part XIII.) 4b			
С	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)	5	4,055,	361.
Par	t XIII Supplemental Information			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4; Part)	K, line 2; Part XI	
Provi lines PAF	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line	,		
Provi lines PAF	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2:	ES UI	NDER	
Provi lines PAF THE	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. AT X, LINE 2: CORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX	ES UI	NDER	
Provi lines PAF THE INT	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. ET X, LINE 2: E ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXIONAL REVENUE CODE 501(C)(3). THE ORGANIZATION IS SUBJECT COME FROM ANY UNRELATED BUSINESS.	ES UI	NDER FAX ON	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: CORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXIOR REVENUE CODE 501(C)(3). THE ORGANIZATION IS SUBJECT	ES UI TO '	NDER FAX ON	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. AT X, LINE 2: CORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXIONAL REVENUE CODE 501(C)(3). THE ORGANIZATION IS SUBJECT COME FROM ANY UNRELATED BUSINESS. CORGANIZATION HAS ADOPTED THE INCOME TAX STANDARD FOR UNCLUDED ORGANIZATION HAS ADOPTED ORGANIZATION HAS ADOPT	ES UI TO	NDER FAX ON	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. RT X, LINE 2: E ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXIONER TAXIONE	ES UI TO ' ERTA:	NDER FAX ON IN TAX RESULT O	F
Provi lines PAF THE INT INC THE POS THE	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. AT X, LINE 2: CORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXIONERAL REVENUE CODE 501(C)(3). THE ORGANIZATION IS SUBJECT COME FROM ANY UNRELATED BUSINESS. CORGANIZATION HAS ADOPTED THE INCOME TAX STANDARD FOR UNCLUSIONS. NO LIABILITY WAS RECOGNIZED BY THE ORGANIZATION AS IMPLEMENTATION OF THIS STANDARD. THE ORGANIZATION FILES INCOME TAXION FILES INCOMENTATION OF THIS STANDARD.	ES UI TO ' ERTA S A I AS A	NDER FAX ON IN TAX RESULT O	F

FOOTNOTES

STATEMENT 1

BANK ACCOUNT LISTING

BANK NAME - BREMER BANK

BANK NAME - LUMINATE BANK

Schedule D (Form 990) 2023 REACH FOR RESOURCES, INC. Part XIII Supplemental Information (continued)	41-1519855 Page 5
Part XIII Supplemental Information (continued)	
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SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

	o www.irs.gov/Form990 for instruc	tions	and ti	ne latest information	Դ.		mapedion
Name of the organization REACH F	OR RESOURCES, INC.					Employer ide 41–1519	ntification number
	Complete if the organization answer	red "Y	'es" or	Form 990, Part IV, li	ine 1		
required to complete this par		100 1		11 O.111 000, 1 are 10, 11		. 1 01111 000 LZ	mers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or 	e Solicitar f Solicitar g Special	tion of tion of fundra	non-g gover alsing	overnment grants nment grants events	tees	or	
key employees listed in Form 990, P b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes	· · · · · · · · · · · · · · · · · · ·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				

				Park Photographic State			
	VA			100000000000000000000000000000000000000			
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An Oracle Holodonica considerability							
Total		I	I				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o				it is e	xempt from re	gistration
				· · · · · · · · · · · · · · · · · · ·			
Service Annual Control of Control						· · · · · · · · · · · · · · · · · · ·	
	***************************************			* 5000dfmtm300df400df400d			The state of the s
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For Paperwork Reduction Act Notice, se	e the Instructions for Form 990 or	990-E	Z .			Schedule	G (Form 990) 2023

LHA 332081 09-13-23

			OR RESOURCES			1519855 Page 2
Pa	rt I		e organization answered	"Yes" on Form 990, Part	IV, line 18, or reported i	more than \$15,000
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	
			(a) Event #1	(b) Event #2	(C) Other events	(d) Total events
			RADIOATHON	GOLF	6	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue					20 142	07 077
ě	1	Gross receipts	38,805.	27,029.	32,143.	97,977.
	2	Less: Contributions	33,862.	18,519.	29,278.	81,659.
	3	Gross income (line 1 minus line 2)	4,943.	8,510.	2,865.	16,318.
	4	Cash prizes				
	-	Oddii piilass				
	5	Noncash prizes	2,410.		3,799.	6,209.
Direct Expenses	6	Rent/facility costs		710.	200.	910.
ct Exp	7.	Food and beverages	1,510.		4,121.	5,631.
Dire						
	8	Entertainment	45 655	15 550	1,818.	1,818.
	9	Other direct expenses		15,770.		45,995.
	10	, ,	-29,677.			
Pa	11 irt	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a	ne 3, column (a) answered "Yes" on Form	990 Part IV line 19. or i		25,0,7.
		\$15,000 on Form 990-EZ, line 6a.	arioworda (od orresin			
	<u> </u>		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) biriyo	bingo/progressive bingo	(C) Other garning	col. (a) through col. (c))
eve						
ш.	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
Ճ						
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes% No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_		to the state (a) is subjet the commitmation could	usto gamina activitios:			
9		iter the state(s) in which the organization condu the organization licensed to conduct gaming a				Yes No
		"No," explain:				
•	<i>,</i> ,,	ito, oxpiairi.				
	_					
10a	a W	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes No
ŀ	o If '	"Yes," explain:				
	_					
3320	 182 N	9-13-23			Sche	edule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023 REACH FOR RESOURCES, INC.	41-1519855 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other ent	tity formed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events boo	
Name	
Address	- Control of the Cont
15a Does the organization have a contract with a third party from whom the organization receives gaming r	revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization	and the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
	- To a state of the state of th
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
-	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds	to
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organization	
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column	ns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	7 - T-7 - 17 - 18 - 18 - 18 - 18 - 18 - 18 -

332083 09-13-23

Schedule G (Form 990) REACH FOR RESOURCES, INC. 41-1519855 Page Part IV Supplemental Information (continued)	_
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	_
	_
	_
	_
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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number REACH FOR RESOURCES, INC. 41-1519855 Part I Types of Property (a) (b) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes _____ 7 Intellectual property 8 9 Securities - Publicly traded Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles _____ 19 Food inventory Drugs and medical supplies _____ 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (SPECIAL EVENTS) 87 37,796.FMV Х 25 Other 26 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 0 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023 REACH FOR RESOURCES, INC.	41-1519855	Page 2
Part II Supplemental Information. Provide the information required by Part I lines 30b, 32b, and 3	33, and whether the organiza	tion
is reporting in Part I, column (b), the number of contributions, the number of items received, or a co	mbination of both. Also comp	olete
this part for any additional information.		
SCHEDULE M, PART I, COLUMN (B):		
COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTORS.		
		•
	-LAWWWA-W	

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

REACH FOR RESOURCES, INC. 41-1519855 FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: ACQUISITION OF TRAIL IN JUNE 2023 TO PROVIDE TRANSPORTATION TO INDIVIDUALS WITH DISABILITIES TO ACCESS EDUCATIONAL, SOCIAL, AND RECREATIONAL OPPORTUNITIES WITHIN THEIR COMMUNITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ADAPTIVE RECREATION & OTHER PROGRAM ACTIVITIES - OFFERED A VARIETY OF ADAPTIVE PROGRAMS AND ACTIVITIES WHICH PROMOTE PHYSICAL AND MENTAL HEALTH AND WELL BEING. IN 2023, REACH FOR RESOURCES SUPPORTED 643 INDIVIDUALS. EXPENSES \$ 254,916. INCLUDING GRANTS OF \$ 0. REVENUE \$ 278,633. COUNSELING: IN-PERSON AND VIRTUAL INDIVIDUAL THERAPY AND GROUP THERAPY SERVICES TO ADULTS, ADOLESCENTS AND FAMILIES WITH AND WITHOUT DISABILITIES IN NEED OF EMOTIONAL SUPPORT. THE NUMBER OF INDIVIDUALS SUPPORTED WAS 31. EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page 2
Name of the organization REACH FOR RESOURCES, INC.	Employer identification number 41–1519855
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 TH	E EXECUTIVE
DIRECTOR, USING APPROPRIATE COMPARABILITY DATA. THE COMMIT	TEE 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 2023.	
THE EXECUTIVE DIRECTOR REVIEWED SALARIES WITHIN THE ORGANI	ZATION AND
COMPARED THEM WITH SIMILAR POSITIONS IN THE STATE OF MINNE	SOTA BY USING THE
MINNESOTA COUNCIL OF NONPROFIT SALARY ANALYSIS AND BROUGHT	THIS INFORMATION
TO THE BOARD FOR ANNUAL INCREASES. THROUGHOUT THE YEAR, TH	E EXECUTIVE
DIRECTOR KEEPS A PULSE ON SALARIES FOR SIMILAR POSITIONS W	ITHIN THE
ORGANIZATION TO MAKE SURE WE ARE AT LEAST IN MID-RANGE. TH	IS USUALLY OCCURS
AT LEAST ONCE PER YEAR. THE PROCESS DESCRIBED HERE WAS LAS	T COMPLETED IN
2023.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCI	AL STATEMENTS
AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE ORGANIZATION D	OES NOT MAKE ITS
CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.	
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