Form 990

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047 <u>2021</u> **Open to Public** . Inspection

Department of the Treasury Internal Revenue Service					
	-		41	0004	

Т

A For the 2021 calendar year, or tax year beginning and ending							
	heck if pplicab			D Employer identific	cation number		
	Addre	REACH MINISTRIES					
	Name	Doing business as		91-16443	21		
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final returr	309 SOUTH G STREET #3		253-383-			
	termi ated			G Gross receipts \$	227,867.		
	Amer	TACOMA, WA 98405		H(a) Is this a group re	turn		
	Appli tion	F Name and address of principal officer: DAN STOEHR		for subordinates	? Yes X No		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 📃 527	lf "No," attach a	list. See instructions		
		te: WWW.REACHMINISTRIES.ORG		H(c) Group exemption			
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 1995 N	State of legal domicile: WA		
Ра	rt I	Summary					
e	1	Briefly describe the organization's mission or most significant activities: REACH			COMMUNITY		
Activities & Governance		FOR CHILDREN, FAMILIES, AND YOUNG ADULTS					
erna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos		I			
Š0	3				6		
ن م	4	Number of independent voting members of the governing body (Part VI, line 1b)		6			
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5			
viti	6	Total number of volunteers (estimate if necessary)		130			
Acti		tal unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.			
			Prior Year				
e	8	Contributions and grants (Part VIII, line 1h)		230,269.	225,146.		
Revenue	9	Program service revenue (Part VIII, line 2g)		440.	2,710.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22.	11.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		230,731.	227,867.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		107,453.	140,195.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ed X	b	Total fundraising expenses (Part IX, column (D), line 25)	53.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,485.	64,364.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		149,938.	204,559.		
	19	Revenue less expenses. Subtract line 18 from line 12		80,793.	23,308.		
or			Be	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		254,153.	254,853.		
t As.	21	Total liabilities (Part X, line 26)		29,205.	6,597.		
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		224,948.	248,256.		
Pa	nrt II	Signature Block					
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date						
Here	DAN STOEHR, EXECUTIVE I	DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	ate Check	PTIN					
Paid	CORA P. THORDARSON		ir self-employed	P01332199					
Preparer	Firm's name 🕒 JOHNSON STONE & 🗆		Firm's EIN 🕨 91	L-1623649					
Use Only	Firm's address 🖌 1501 REGENTS BLV	D., SUITE 100							
	FIRCREST, WA 984	Phone no. (253	3) 566-7070						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	32001 12-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) REACH MINISTRIES	91-164432	1 Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		·····
	REACH FOSTERS A SAFE COMMUNITY FOR CHILDREN, FAMILIES, A		
	ADULTS AFFECTED BY HIV, STRENGTHENING THEM IN HOPE AGAIN	ST PERSIST	ENT
	DEBILITATING STIGMA.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes 🔀 No
	If "Yes," describe these new services on Schedule O.		
2		 ,	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes A NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expense	es, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$73,252. including grants of \$) (Reven	ue \$	190.)
	FAMILY SERVICES - REACH OFFERS SUPPORT GROUPS AND ONE-ON		
	MENTORING TO CHILDREN, TEENS, AND YOUNG ADULTS, AS WELL		
	VISITS, QUARTERLY FAMILY ACTIVITIES, AND A SPRING FAMILY		
		KEIKEAI	
	WEEKEND.		
	C0.005		0 500
4b	(Code:) (Expenses \$60,925. including grants of \$) (Reven		2,520.)
	REACH CAMP - SERVING CHILDREN, THEIR FAMILIES, AND YOUNG		
	INFECTED WITH HIV. THE CAMP PROVIDES A SAFE HAVEN FOR F.	AMILIES, F	REE
	FROM FINANCIAL OBLIGATION AND SOCIAL THREATS.		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	un f)
40	(Code) (expenses \$) (neven	ле ф)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 134,177.	,	

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Form 990 (2021) REACH MINISTRIES
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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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> </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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			1
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	d the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			X
d	id the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	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		<u> </u>
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			<u>-</u> -
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u>-</u> -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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 Form 990 (2021)
 REACH
 MINISTRIES

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	27		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
~	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h		28b		X
	 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 			<u> </u>
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	Х	1

Form	990 (2021) REACH MINISTRIES		91-1644	321	Р	_{age} 5
Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_			
	filed for the calendar year ending with or within the year covered by this return	2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	s				
				3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	.ccoui	nt)?	4a		X
b	b If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	nts (FBAR).			77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		_X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					77
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		_X_
			- the at	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is req	uired	7.		x
-1	to file Form 8282?			7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7-		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e 7f		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
8	 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 					
0	sponsoring organization have excess business holdings at any time during the year?	by th		8		
9	Sponsoring organizations maintaining donor advised funds.			0		
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:			0.0		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	-	?	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.					
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				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	: incor	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.					

	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	5		
	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	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	x	
	The organization's CEO, Executive Director, or top management official	15a		x
a	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	108		- 23
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			I
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright WA , OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))s only)	availo	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	,s only)	avana	
	X Own website X Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finer	cial	
13	statements available to the public during the tax year.	a mid	Jul	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 253-383-7616			
	309 SOUTH G STREET SUITE 3, TACOMA, WA 98405			
132004		For	n 990	(2021

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

REACH MINISTRIES

Form 990 (2021)

91-1644321 Page 6

Form 990 (2	2021) REACH MINISTRIES	91-1644321	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year endi	ng with or within the organization's	s tax year.
 List a 	Il of the organization's current officers, directors, trustees (whether individuals or organizations),	regardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per week (st ary, box and a treator use) that an a treator use) biow Description and a treator use) that an a treator use) that an a treator use) that an a treator use) that a treat a treat treat a treat treat organization that a treat treat treat organization treat treat	(A)	(B)	(C)					(D)	(E)	(F)	
hours per week (list any hours for related organizations below line)both an officer and a director/trustee organization generation from the organizations (W-2/1099-MISC/ 1099-NEC)compensation from related organizations (W-2/1099-MISC/ 1099-NEC)amount of other compensation from the organizations (W-2/1099-MISC/ 1099-NEC)amount of other compensation from the organization and related organizations(1) DAN STOEHR EXECUTIVE DIR.40.000 0.000X70,720.00.000EXECUTIVE DIR.0.000X70,720.00.000(1) DAN STOEHR EXECUTIVE DIR.0.000X70,720.00.000(2) MICHAEL HOLBERT, RRT, RPFT PRESIDENT2.000 XX70,720.00.000(3) RICHARD JORDAN, M.D., FACP, MSS, (4) MARY FAIRCHOK, M.D.2.000 XXX0.0000.000(4) MARY FAIRCHOK, M.D. SECRETARY2.000 XXX0.0000.000(5) FALL BETHKE BOARD MEMBER2.000 XXX0.0000.000(6) STEFANIE PRITCHETT, ACSW, MSW BOARD MEMBER1.000 XX0.0000.000(7) ANDY ROSAS, BA BOARD MEMBER1.000X0.0000.000(8) SUSAN SMITH, PHD, LICSW1.0001.0001.0000.000	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
Week (list any hours for related organizations below line)Informated related organizations weight and related organizations weight below line)Informated related organization (W-2/1099-MISC/ 1099-NEC)Other compensation from the organizations (W-2/1099-MISC/ 1099-NEC)Other compensation from the organizations (W-2/1099-MISC/ 1099-NEC)Other compensation from the organizations and related organizations(1) DAN STOEHR EXECUTIVE DIR.40.00 0.000X70,720.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			box	box, unless per		rson i	s both	n an		•	
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	BOARD MEMBER		X						0.	0.	0.
			1								

	1 990 (2021) REACH MIN	IISTRIES	5							91-10	5443	321	Р	age 8
Pa	rt VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C		· /				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	l than o s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om th anizat d relat anizati	e ion ed
					0	×	<u> </u>							
											-+			
	Subtotal Total from continuation sheets to Part VII				·····				70,720.		0.			0.
	Total (add lines 1b and 1c)								70,720.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			0
2	Did the organization list any former officer,	diractor truct			mol		0 0r	hic	abost componented omp		ſ		Yes	No
3	line 1a? If "Yes," complete Schedule J for su			-	•	-				•		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ	dual for services		5		x
Se	ction B. Independent Contractors													
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•						n the organization's tax y	•	ensat			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	C	(C omper		n
2	Total number of independent contractors (ir \$100.000 of compensation from the organiz	•	ot lin	niteo	d to t	thos C		ted	l above) who received mo	ore than				

		Check if Schedule O	contains a	response	or note to any line	e in this Part VIII		(2)	
						(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
its Its	1 a	Federated campaigns		1a					
àrar oun	b	Membership dues		1b					
s, G	с	Fundraising events		1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		1d					
is, (е	Government grants (contr	ributions)	1e	23,857.				
r ior	f	All other contributions, gifts,	grants, and						
<u>p</u> tion		similar amounts not included	above	1f	201,289.				
	g	Noncash contributions included in		1g \$					
ы С	h	Total. Add lines 1a-1f				225,146.			
					Business Code		0 510		
e	2 a	REGISTRATION	FEES		900099	2,710.	2,710.		
Program Service Revenue	b								
n S	с								
Jev Sev	d								
rog	е								
ר	•	All other program service				0 710			
		Total. Add lines 2a-2f				2,710.			
	3	Investment income (includ	-			1 1			11
	_	other similar amounts)				11.			11.
	4	Income from investment o		• •	· · · ·				
	5	Royalties		i) Real	(ii) Personal				
	-	a .		i) Real	(II) Personal				
		Gross rents							
		Less: rental expenses							
		Rental income or (loss)	6c						
		Net rental income or (loss		ecurities					
	7 a	Gross amount from sales of		ecunties	(ii) Other				
		assets other than inventory	7a						
	a	Less: cost or other basis							
Revenue	_	and sales expenses	70						
eve	c	Gain or (loss)	/C						
er R		Net gain or (loss)							
Othe	8 а	Gross income from fundraisi							
0				- 1					
		contributions reported on	,						
		Part IV, line 18		<u>8a</u> 8b					
		Less: direct expenses		·····					
		Net income or (loss) from	-		····· •				
	9 a	Gross income from gamin							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from							
	10 a	Gross sales of inventory, I							
		and allowances							
		Less: cost of goods sold			· · · · · · · · · · · · · · · · · · ·				
_	С	Net income or (loss) from	sales of in	ventory	Business Code				
3					Dusiness Code				
e e	11 a								
Bevenue	b								<u> </u>
Miscellarieous Revenue	C.								<u> </u>
Ň		All other revenue							
		Total. Add lines 11a-11d		<u></u>	····· P	222 067	2,710.	0.	11.
	12	Total revenue. See instruction	OHS			441,00/.		i U.	I 11.

Form 990 (2021) REACH MINISTRIES

Form 990 (2021)	REACH MINISTRIES	93
Part IX Stateme	ent of Functional Expenses	
Section 501(c)(3) and 5	01(c)(4) organizations must complete all columns. All other organiza	tions must complete column (A).

0000					
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5		70,720.	38,624.	7,072.	25,024.
6	trustees, and key employees	10,120.	50,024.	7,072.	25,024.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)		20.000	7 7 5 0	10 020
7	Other salaries and wages	58,582.	39,886.	7,758.	10,938.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4.0			
10	Payroll taxes	10,893.	6,612.	1,259.	3,022.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	5,445.	1,843.	3,286.	316.
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	770.	624.	48.	98.
12	Advertising and promotion	2,979.	1,588.	336.	98. 1,055.
13	Office expenses	20,658.	16,021.	3,245.	1,392.
14	Information technology				
15	Royalties				
16	Occupancy	10,565.	7,662.	1,397.	1,506.
17	Travel	1,180.	822.	53.	305.
18	Payments of travel or entertainment expenses	,	-		
.5	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	87.	71.	7.	9.
20	· · · · · · · · · · · · · · · · · · ·				
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
22 23		1,973.	1,530.	197.	246.
	Other expenses. Itemize expenses not covered	1,515•	1,550•	± <i>J</i> / •	210.
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule 0.)	17,885.	17,885.		
a L	BANK CHARGES AND FEES	2,025.	816.	982.	227.
b	PROFESSIONAL DEVELOPMEN	2,025.	118.	364.	227.
c					<u> </u>
d	OTHER PROGRAM EXPENSES	90.	75.	15.	
	All other expenses		124 100		44 262
25	Total functional expenses. Add lines 1 through 24e	204,559.	134,177.	26,019.	44,363.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2021)

REACH	MINISTRIES
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		Dalance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		10,749.	1	15,450.
	2	Savings and temporary cash investments		80,335.	2	63,843.
	3	Pledges and grants receivable, net		158,489.	3	170,978.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of the	se persons		5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described			6	
s	7	Notes and loans receivable, net	Г		7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		4,580.	15	4,582.
	16	Total assets. Add lines 1 through 15 (must equ		254,153.	16	254,853.
	17	Accounts payable and accrued expenses		5,348.	17	6,597.
	18	Grants payable		-	18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
S	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
lide		controlled entity or family member of any of the			22	
Ë	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		of Schedule D		23,857.	25	Ο.
	26	Total liabilities. Add lines 17 through 25		29,205.	26	6,597.
		Organizations that follow FASB ASC 958, che	ck here 🕨 🔀			
sec		and complete lines 27, 28, 32, and 33.				
Fund Balances	27	Net assets without donor restrictions		224,948.	27	248,256.
Bal	28	Net assets with donor restrictions			28	
pu		Organizations that do not follow FASB ASC 9				
Ē		and complete lines 29 through 33.				
ې د	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or ec			30	
As	31	Retained earnings, endowment, accumulated in			31	
Net Assets or	32	Total net assets or fund balances		224,948.	32	248,256.
	33			254,153.	33	254,853.
	00			231/1331	55	- 990 (2001

254,853. Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

Form	1990 (2021) REACH MINISTRIES	91-1644	321	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				<u> </u>
	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	227	7,8	67.
2	Total expenses (must equal Part IX, column (A), line 25)	2	204	. ,5	59.
3	Revenue less expenses. Subtract line 2 from line 1	3	23	3,3	08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	224	1,9	48.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	248	3,2	56.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	Ο.			
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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	Ĺ

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

ĺ	OMB No. 1545-0047
	2021
	Open to Public Inspection

Nam	e of t	he organization							identification number
	41		H MINISTRI						1-1644321
Pa	πι	Reason for Public (Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	6.	
The	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (0		lege or university owned	l or operat	ed by a go	overnmental un	it describe	ed in
6		A federal, state, or local gov		ental unit described in	section 17	70(6)(1)(1)	(14)		
	X	An organization that norma	-					o gonoral i	aublic described in
'		section 170(b)(1)(A)(vi). (C		ntial part of its support in	on a gove	minentai		e general j	
8		A community trust describe			+ 11 \				
9		An agricultural research org				ad in coniu	unction with a l	and grant	college
9		or university or a non-land-							
		university:	grant conege of agric			name, eity		ine college	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) c	r section !	509(a)(2).	See section 5	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization	ı(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.		
d] Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its support	ed organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	l, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		ride the following information			(iv) is the orac	anization listed			
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in:		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)
Tota	1								

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	182,522.	276,519.	239,647.	230,709.	227,856.	1157253.
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	182,522.	276,519.	239,647.	230,709.	227,856.	1157253.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						210,935.
6	Public support. Subtract line 5 from line 4.						946,318.
	ction B. Total Support						2 - 0 / 0 - 0 1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	182,522.	276,519.	239,647.	230,709.	227,856.	1157253.
	Gross income from interest,					/	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4.	42.	37.	22.	11.	116.
9		<u>-</u> .		57.		±±•	110.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1157369.
	Total support. Add lines 7 through 10					40	1137303.
	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for the						
800	organization, check this box and stor ction C. Computation of Publi						
							81.76 %
	Public support percentage for 2021 (I					14	BO CO
	Public support percentage from 2020					15	
16a	33 1/3% support test - 2021. If the c				14 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						0.1	(Farma 000) 0001

Schedule A (Form 990) 2021

	Schedule A	Form 990) 202
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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	cion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	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.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, f	ourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
<u>So(</u>	check this box and stop here	ic Support Der				-	
	•			aluma (f)		45	
	Public support percentage for 2021 (I			.,,		15	<u>%</u>
	Public support percentage from 2020	(1			16	%
	tion D. Computation of Inves		•	a 10 a luma (f)		17	
	Investment income percentage for 20						%
18						18	%
198	33 1/3% support tests - 2021. If the						
b	more than 33 1/3%, check this box as 33 1/3% support tests - 2020. If the	-	•				>
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization			-		-	
	<u> </u>		,	,			,

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

	(Form 990)		-	MINISTRIES
Part IV	Suppor	ting Org	ganizations _{(co}	ntinued)

No

11 Has the organization accepted a gift or contribution from any of the following persons? Image: No a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Ima

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

 1
 the supported organization(s)

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governm	nental entity. Describe in Part VI how	you supported a governmental entity (see ins	struction <u>s).</u>
-----	--------------------------------------	--	--	----------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

No

Yes

		<u>y e. g</u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must	complete	(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		
	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		
	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 have if the surrent year is the experimetion's first as a per functional	intograt		ningtion (coo

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

Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 REACH MINISTRIES

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

Sche	edule A (Form 990) 2021 REACH MINISTRIES	
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	(continued)
Sect	tion D - Distributions	
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported	
	organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6

	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u> i</u>	Carryover from 2016 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

1

Current Year

Schedule A	Form 990	2021
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE O (Form 990)

Name of the organization

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



91-1644321

REACH MINISTRIES

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STRENGTHENING THEM IN HOPE AGANST PERSISTENT, DEBILITATING STIGMA.

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

BOARD REVIEWS FINANCIALS AT QUARTERLY MEETINGS AND AT THE END OF THE YEAR.

THE STAFF FORWARDS YEAR-END FINANCIALS TO THE CPA FIRM TO PREPARE THE 990.

UPON COMPLETION, THE EXECUTIVE DIRECTOR REVIEWS THE COMPLETED 990 WITH THE

CPA, SENDS THE 990 TO ALL BOARD MEMBERS FOR REVIEW, AFTER WHICH THE

EXECUTIVE DIRECTOR SIGNS AND FILES.

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

IT IS THE POLICY OF THE BOARD THAT THE EXISTENCE OF ANY POTENTIAL CONFLICTS OF INTEREST SHALL BE DISCLOSED ON A TIMELY BASIS AND ALWAYS BEFORE ANY TRANSACTION IS CONSUMMATED. IT SHALL BE THE CONTINUING RESPONSIBILITY OF BOARD MEMBERS, OFFICERS, AND EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES. ADDITIONALLY, EACH DIRECTOR AND EMPLOYEE MUST FILE AN ANNUAL DISCLOSURE STATEMENT. NEW BOARD MEMBERS AND EMPLOYEES MUST FILE AN INITIAL DISCLOSURE STATEMENT PRIOR TO ELECTION OR HIRE.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALLY BY THE FINANCE COMMITTEE USING TWO OR MORE SALARY SURVEYS FROM INDEPENDENT REGIONAL AND NATIONAL SOURCES. THE FULL BOARD OF DIRECTORS DELIBERATES ON THE FINANCE COMMITTEE RECOMMENDATIONS, AND FINAL COMPENSATION IS APPROVED BY A VOTE OF

FORM 990, PART VI, SECTION C, LINE 18:

THE FORMS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST AT

THE ORGANIZATION'S ADDRESS LISTED ON FORM 990, PAGE 1. ADDITIONALLY, THE

FORM 990 IS AVAILABLE FROM GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

PHOTOCOPIES OF ORIGINALS AND PRINTED DOCUMENTS ARE PROVIDED TO REQUESTOR.