# **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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

B Check If applicable:    Name of any application   Reach   A village   Demployer identification number   Address change   Inside round change   Inside round   Reach   Reach	<u>A</u>	For	the 20	$\frac{22 \text{ calendar year, or tax year beginning } 09/01/2022}{22}$ and ending $08$	3/31/202								
Name change   Namber and street (or PC) box if mail is not delivered to street address)   Room/suite   Frequencies number   Room/suite   Room/suit	В	Chec	ck if app			D	Emplo	oyer identification number					
Printipal return   P.O. Box 577   Control training   Property		Addr	ess ch	ango -		4	45-5443213						
First instruction   Park   Forest, II. 50466   Sark Forest, II. 50466   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Craft   Rame and address of principal officer. Earnie R. Rame and addres		Nam	e chan	ge Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telepl	hone number					
Amended natural   Park FOrest, II. 60466   G. Gross receiptes 22, 499,076.		Initia	l return	P.O. Box 577		(	833	)412-4253					
Amended natural   Park FOrest, II. 60466   G. Gross receiptes 22, 499,076.	П	Final r	eturn/ter	minated City or town, state or province, country, and ZIP or foreign postal code									
Application prodright   Famme and address of principal officer. Earnie R. Craft   233 Martin Drive Muscle Shoals, AL 35661   White is a growtent or transcribed   Me   No   No   No   No   No   No   No   N	Ħ	Ame	nded re			G	Gross	receipts \$ 2,499,076.					
Tau-exempt status:	Ħ	Applic	ation per										
Tan-exempt status:			•		35661	H(b) Are	all subo	rdinates included? Yes No					
Website: reachavillage.org		ax-ex	empt s										
Part   Summary   1   Briefly describe the organization's mission or most significant activities: Training, equipping and empowering indigenous church leaders to plant churches in unreached villages.   2   Check this box   if the organization discontinued its operations or disposed of more than 25% of its net assets.   3   Number of voting members of the governing body (Part VI, line 1a)   3   7   7   7   4   Number of independent voting members of the governing body (Part VI, line 1a)   4   6   6   6   7   7   7   7   7   7   7						H(c) Gro	up exem	ption number					
Briefly describe the organization's mission or most significant activities:   Training, equipping and empowering indigenous church leaders to plant churches in unreached villages.													
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Training, equipping and empowering indigenous church leaders to plant churches in unreached villages 2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets.  2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of violing members of the governing body (Part VI, line 1a).  4 Number of independent voting members of the governing body (Part VI, line 1a).  5 Total number of individuals employed in calendar year 2022 (Part VI, line 1b).  6 Total number of violinities registrate if necessary).  6 Total number of violinities registrate if necessary).  7 Total unrelated business revenue form Part VIII, column (O, line 12													
Churches in unreached villages.  2 Check this box	ø)	Ι.		·	oue chu	rch	1020	derg to plant					
A Number of independent voting members of the governing body (Part VI, line 1b).   4   6   6	ŭ												
A Number of independent voting members of the governing body (Part VI, line 1b).   4   6   6	rı	١,		<del>_</del>	han 25% of its no	at accate							
A Number of independent voting members of the governing body (Part VI, line 1b).   4   6   6	ŏ	1		<del></del>			1 1	7					
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a).  6 Total number of volunteers (estimate if necessary).  7a Total unrelated business revenue (setimate if necessary).  7a Total unrelated business travable income from Part VIII, column (C), line 12.  7b Do.  b Net unrelated business taxable income from Form 990-T, Part I, line 11.  Prior Year  Current Year  2,340,586. 2,495,770.  8 Contributions and grants (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 1h).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d).  12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  329,756.  346,263.  16a Professional fundraising fees (Part IX, column (D), line 2b).  17 Other expenses (Part IX, column (D), line 2b).  17 Other expenses (Part IX, column (D), line 2b).  17 Other expenses (Part IX, column (D), line 2b).  2, 247,904.  1, 999,405.  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 2b).  2, 2, 047,904.  1, 999,405.  2, 377,660.  2, 345,668.  19 Revenue less expenses. Subtract line 18 from line 12.  2, 047,904.  1, 999,405.  2, 047,904.  1, 999,405.  2, 377,660.  2, 345,668.  19 Revenue less expenses. Subtract line 18 from line 12.  2, 047,904.  1, 1, 999,405.  2, 2, 047,904.  1, 999,405.  2, 377,660.  2, 345,668.  19 Revenue less expenses. Subtract line 18 from line 12.  2, 047,904.  1, 1, 999,405.  2, 377,660.  2, 345,668.  19 Revenue less expenses. Subtract line 18 from line 12.  2, 047,904.  1, 1, 999,405.  2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							+						
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Sign   Signature of officer   Date    Here   Earnie Craft, President/CEO   Type or print name and title    Paid   Preparer    Preparer    Use Only   Firm's name    Firm's address    Firm's address    Possible    Preparer (other than officer) is based on all information of which preparer has any knowledge.  Date    Date    Check   if   PTIN    Self-employed    Firm's EIN    Phone no.				-	d statements, and	to the he	ot of m	v knowledge and heliaf it is					
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If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program	Par		atement of Program Ser			П
partners in over 20 countries through training, equipping and supporting their work to plant churches in unreached villages.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27.  If 'Yes,' describe these new services on Schedule O.  3 Did the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by separates. Section 501(6)31 and 501(6)40 reganizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, it any, for each program service reported.  4a (Code: ) (Expenses \$2,007,228. including grants of \$ ) (Revenue \$ 2,499,076. Facilitating and supporting indigenous church planting & church growt 1,591,513 scriptures provided, 787,595 people who heard the Gospel. 391,253 new people in Bible studies. 137,395 new believers. 83,445 people who attended training events.  2,925 churches started.  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	1			22 5. Hoto to dry mile in the fact inc		
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 900-E2?  If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services services?  If "Yes," describe these changes on Schedule O.  4 Describe the organization regrams service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4 (Coole:		Educa	te and mobilize			
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prior Form 990 or 990-E27.		suppo	rting their worl	t to plant churches	in unreached villages	<b>5.</b>
prior Form 990 or 990-E27.		Did the ord	ganization undertake any significa	ant program services during the year which	were not listed on the	
If "Yes," describe these new services on Schedule O.	_	-				Yes X No
services?  If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$2,007,228. including grants of \$ ) (Revenue \$ 2,499,076. Faccilitating and supporting indigenous church planting & church growth 1,591,513 scriptures provided. 787,595 people who heard the Gospel. 391,253 new people in Bible studies. 137,395 new believers. 83,445 people who attended training events. 2,925 churches started.  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )		•				
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		<u> </u>		grants of \$ ) (Rev	enue \$	2,007,228.

Form 990 (2022) Reach A Village
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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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	11c		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		<u> </u>
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		3.7	
	Schedule D, Parts XI and XII	12a	X	
b		401		3.5
40	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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15		140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	13		_X_
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17		16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Λ
13	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	assissed government on that they committee the troop complete concease is the trained in	:_		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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 Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d 25 o	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or			
	founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity			
	(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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		X
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 non-cash contributions? If "Yes," complete Schedule M	29	х	21
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "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		х
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		Х
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		Х
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	26		v
37	related organization? If "Yes,", complete Schedule R, Part V, line 2	36		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	- 51		- 22
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х	
Pa	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			
			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 reporatble gaming (gambling)			
	winnings to prize winners?	1c	X	

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4 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 account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	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 transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g h	If the organization received a contribution of qualified intellectual property, and the organization rife in obesides as required:	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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			
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		
	<b>Note:</b> 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			
с 14 а	Enter the amount of reserves on hand	14a		х
14 a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		^
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	1-10		
	or excess parachute payment(s) during the year?	15		х
	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 income?	16		х
	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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>
	If "Yes," complete Form 6069.			

UYA Form **990** (2022)

Form 990 (2022) Reach A Village 45-5443213 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 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. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct Х 3 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . . . . Did the organization have members or stockholders?.............. 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X X **b** Each committee with authority to act on behalf of the governing body?............. 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . . . X **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 11 a 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 X 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c 13 13 Х Х 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records (828)640 - 484120

Timothy N. Trout 3084 Bermuda Lane Granite Falls, NC 28630

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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 instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any rela	ted o	rgar	niza	tion	comp	oen	sated any currer	nt officer, directo	r, or trustee.
				(C	;)					
(A)	(B)	B) Position						(D)	(E)	(F)
Name and title	Average	(do n	ot ch	eck r	more	than o	ne	Reportable	Reportable	Estimated amount
	hours	box, ι	box, unless person is both an				an	compensation	compensation	of other
	per week (list any	office	er and	d a di	irecto	or/truste	ee)	from the organization (W-2/	from related organization (W-2/	compensation from the
	hours for	or o	Ins	Off	Ke	Hig	Fol	1099-MISC/	1099-MISC/	organization and
	related	Individual or director	#   #	Officer	Key employee	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	ot all t	iona		old	t co	`			
	below dotted line)	Individual trustee or director	Institutional trustee		yee	mpe				
	dolled line)	ee	stee			Highest compensated employee				
			"			ted				
(0) = 1 = 5	10.00									
(1) Earnie R Craft	40.00							F0 00F		
President/CEO	00 00			Х				58,207.		
(2) Robert A Beasley	02.00									
Director	02.00	X								
(3) Wayne Evans	03.00	٦,								
Director	01 00	X								
(4) Felipe Hernandez Director	01.00	- T								
	02 00	X								
(5) Lynn Griffin	03.00	- T								
Director (6) Lisa Garvin	01.00	X								
Director	01.00	x								
(7) Janver Holly	02.00									
Director	02.00	x								
(8)										
(6)		-								
(9)										
(10)										
(11)										
(12)										
7										
(13)		-								
40				_						
(14)		-								
	1	1	1	1	I	l	l			

UYA Form **990** (2022)

Section A. Officers, Directors, Tru	ustees, Ke	y Em	ploy	yee	s, a	nd Hi	ighe	est Compensate	ed Employees	(continued)	
N		(C)									
(A)	(B)		Position				(D)	(E)		(F)	
Name and title	Average	Ι'				than o		Reportable	Reportable		ted amount
	hours per week (list any	d î		•		is both		compensation from the	compensation from related		fother ensation
	hours for				_	or/truste	<u> </u>	organization (W-2/	organization (W-2/		om the
	related	ndiv   dii	nstit	Officer	Key employee	mpl mpl	Former	1099-MISC/	1099-MISC/		zation and
	organizations below dotted	idua ecto	utior	er.	emp	est o	<u> </u>	1099-NEC)	1099-NEC)	related o	organizations
	line)	T true	nal tr		loye	omp Imoor					
		Individual trustee or director	Institutional trustee		Ф	ens					
			ě			Highest compensated employee					
(15)										1	
(16)											
(17)											
(18)											
(19)											
(00)										<u> </u>	
(20)											
(21)											
(21)											
(22)										1	
(22)		1									
(23)											
()											
(24)										1	
. ,		1									
(25)											
1b Subtotal								58,207.			
c Total from continuation sheets to Pa	•										
d Total (add lines 1b and 1c)								58,207.			
2 Total number of individuals (including b		ted to	tho	se l	liste	d abo	ove)	who received m	ore than \$100,	000 of	
reportable compensation from the orga	inization										
2. Did the organization list any former office	or director	truct	· 00	kov	, or	nlov	20.	or highoot comp	anaatad		Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete				-				-		. 3	7
4 For any individual listed on line 1a, is the											X
organization and related organizations gi					•			•			
individual							۰۲		707 00077	. 4	х
5 Did any person listed on line 1a receive of							v ur	related organiza	tion or individu	-	
for services rendered to the organization											х
Section B. Independent Contractors								·			
1 Complete this table for your five highest											
compensation from the organization. Re	oort compe	nsatio	on fo	or th	ne c	alend	lar y	year ending with	or within the or	ganizatio	on's
tax year. (A)								(B)	<u> </u>	(C)	1
Name and business address								Description of se	ervices	Compen	
2 Total number of independent contractors	(including	hut n	O+ 1:	mit	2d +	o than	L	isted shove) who	,		
2 Total number of independent contractors received more than \$100,000 of compen							o€ 11	isieu abuve, Will			
			ყ u	(	~						

		Check if Schedule O contains	s a response or not	e to any line in this	Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business	Revenue excluded from tax under
							revenue	sections 512-514
nts, nts	1a	Federated campaigns	<u>1</u> a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	<u>1</u> b					
s, G Am	С	Fundraising events	<u>1</u> c					
3ift Iar	d	Related organizations	<u>1</u> d					
imi	е	Government grants (contributi	ions) <b>1e</b>					
tion S. S	f	All other contributions, gifts, g	rants,					
ibu the		and similar amounts not include	ded above . 1f	2,495,770.				
d of	g	Noncash contributions include	d in lines 1a-1f 1g	\$ 27,934.				
<u> ၁</u>	h	Total. Add lines 1a-1f			2,495,770.			
e				Business Code				
Program Service Revenue	2a							
å	b							
Ş.	С							
Se	d							
ם	е							
ဥ်	f	All other program service reve						
<u> </u>	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, interest,					
		and other similar amounts)	. <b></b> .		3,306.	3,306.		
	4	Income from investment of tax	c-exempt bond prod	eeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
		and sales expenses 7b						
	С	Gain or (loss) <b>7c</b>						
	d	Net gain or (loss)						
ō								
Other Revenu	8a	Gross income from fundraisin	g					
Še		events (not including \$						
e e		of contributions reported on lir						
뜡		See Part IV, line 18			-			
	ı	Less: direct expenses						
	l	Net income or (loss) from fund	-					
	9a	Gross income from gaming ac						
	١.	See Part IV, line 19			-			
	ı	Less: direct expenses						
	l	Net income or (loss) from gan	-					
	10a	Gross sales of inventory, less						
		returns and allowances			_			
	l	Less: cost of goods sold	· · · · · · · · · · · · · · · · · · ·					
	С	Net income or (loss) from sale	es of inventory					
ns				Business Code				
Miscellaneous Revenue	11a							
scellaneo Revenue	b							
Sce Re	C	A II. d						
Ξ	l	All other revenue			-			
		Total. Add lines 11a-11d				3 306		
	12	Total revenue. See instruction	ons		∠,499,076 <b>.</b>	3,306.		

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (A) Total expenses (B) (C) Do not include amounts reported on lines 6b. 7b. 8b. 9b. Program service expenses Management and general expenses and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . . Grants and other assistance to domestic individuals. See Part IV. line 22. . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . . . . . . . . . . . . . . Benefits paid to or for members. . . . . . Compensation of current officers, directors, trustees, 58,761. 22,171. 29,272. 7,318. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . . . . . . . 249,935. 145,035. 6,370. 98,530. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . . . . . . . . 12,790. 15,746. 2,956. Other employee benefits . . . . . . . . . . 21,821. 7,562. 14,155. 104. 10 11 Fees for services (nonemployees): <u>13,2</u>53. 13,253. 3,262. 3,262. **c** Accounting . . . . . . . . . . . . . . . . . . 9,000. 9,000. **d** Lobbying . . . . . . . . . . . . . . . . . . e Professional fundraising services. See Part IV, line 17 . . . **9** Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . 12 40,227. 40,211. 16. 13 11,398. 11,398. 14 15 Royalties 2,044. 2,044. 16 46,239. 40,951. 4,169. 1,119. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . . . . . 2,840. 1,160. 19 Conferences, conventions, and meetings . . . . . . 1,530. 150. 20 21 22 3,232. 3,232. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,821,414. 1,821,414. a Ministry/Program expenses 2,264. 2,264. b Internet/Phone 36,363. 36,363. c Media d Bank & Credit Card Fees 6,068. 6,068. e All other expenses 1,801. 1,801. 2,345,668. 2,007,228. 286,006. 52,434. 25 Total functional expenses. Add lines 1 through 24e 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).

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
+				
	Cash — non-interest-bearing	547,443.	1	740,362
	Savings and temporary cash investments	204,900.	2	120,207
- 1	Pledges and grants receivable, net	- 10F	3	15 061
	Accounts receivable, net	7,427.	4	15,061
	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
n 6	Loans and other receivables from other disqualified persons (as defined			
ן מַ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
1 8	Inventories for sale or use	46,376.	8	39,882
- 1	Prepaid expenses and deferred charges	42,826.	9	51,452
	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation		10c	
11	Investments — publicly traded securities		11	
- 1	Investments — other securities. See Part IV, line 11		12	
13	Investments — program-related. See Part IV, line 11		13	
14	Intangible assets		14	
	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	848,972.	16	966,964
17	Accounts payable and accrued expenses	140,864.	17	181,407
18	Grants payable		18	
19	Deferred revenue		19	
20 م	Tax-exempt bond liabilities		20	
21 22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or			
<u> </u>	founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
<b>-</b> 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
	not included on lines 17-24). Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	140,864.	26	181,407
ន្ឋ	Organizations that follow FASB ASC 958, check here			
<u> </u>	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	35,887.	27	189,295
27 28	Net assets with donor restrictions		25	
	Organizations that do not fallow FACD ACC 050 about here	672,221.	28	596,262
	Organizations that do not follow FASB ASC 958, check here			
<i>-</i>	and complete lines 29 through 33.			
ฏ 29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
2 31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances.	708,108.	32	785,557
33	Total liabilities and net assets/fund balances	848,972.	33	966,964 Form <b>990</b> (202

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. <b>X</b>
1			,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	,34	5,6	68.
3	Revenue less expenses. Subtract line 2 from line 1	3	15	3,4	08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70	8,1	08.
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	-7	5,9	59.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	78	5,5	57.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash 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	х	
	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:	·			
	X 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 ba				
	basis, or both:	,			
	X 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				
	Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	theUniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	1	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	1	
LIVA	, , , , , , , , , , , , , , , , , , , ,			, aan	(2022)

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. <b>X</b>
1			,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	,34	5,6	68.
3	Revenue less expenses. Subtract line 2 from line 1	3	15	3,4	08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70	8,1	08.
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	-7	5,9	59.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	78	5,5	57.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash 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	х	
	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:	·			
	X 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 ba				
	basis, or both:	,			
	X 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				
	Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	theUniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	1	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
LIVA	, , , , , , , , , , , , , , , , , , , ,			, aan	(2022)

### **SCHEDULE A**

(Form 990)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

2022 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

n. Inspection
Employer identification number

Rea	ach	n A Village					45-5443213		
Pa	rt I	Reason for Public Cha	rity Status.(Al	l organizations mus	t comple	ete this p	oart.) See instruction	ons.	
The	orga	anization is not a private founda	ation because it i	s: (For lines 1 throug	h 12, che	ck only c	ne box.)		
1	П	A church, convention of church	nes, or associati	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).		
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	同	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .							
4	同	A medical research organization	on operated in co	onjunction with a hos	oital desc	ribed in s	section 170(b)(1)(A	)(iii). Enter the	
		hospital's name, city, and state	e:	•					
5		An organization operated for the		ollege or university ov	vned or o	perated b	y a governmental u	nit described in	
		section 170(b)(1)(A)(iv). (Cor	nplete Part II.)						
6		A federal, state, or local govern	nment or govern	mental unit described	d in <b>secti</b>	on 170(b	)(1)(A)(v).		
7	X	An organization that normally	receives a subst	antial part of its supp	ort from a	a governr	mental unit or from t	he general public	
		described in section 170(b)(1)	(A)(vi). (Compl	ete Part II.)					
8	$\Box$	A community trust described in	section 170(b)	(1)(A)(vi). (Complete	e Part II.)				
9	$\Box$	An agricultural research organ	ization described	d in section 170(b)(1	)(A)(ix) o	perated in	n conjunction with a	land-grant college	
		or university or a non-land-gra	nt college of agr	iculture (see instruction	ons). Ent	er the na	me, city, and state o	of the college or	
		university:						-	
10		An organization that normally receipts from activities related	receives (1) mor	e than 33 1/3% of its	support f	rom cont	ributions, members	hip fees, and gross	
		receipts from activities related support from gross investment	to its exempt fur	nctions, subject to cer	rtain exce	eptions; a	nd (2) no more than	33 1/3% of its	
		acquired by the organization a	fter June 30, 197	75. See <b>section 509(</b>	<b>a)(2).</b> (Co	omplete F	Part III.)	Dusiliesses	
11		An organization organized and							
12		An organization organized and	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of	
		one or more publicly supported							
		Check the box on lines 12a thro	-	• • • • • • • • • • • • • • • • • • • •		-	•		
a	۱ [	<b>Type I.</b> A supporting organiz							
		the supported organization(s			ct a majo	ority of th	e directors or trustee	es of the supporting	
		organization. You must con	•						
k	) <u> </u>	Type II. A supporting organiz	•				•		
		control or management of the			e same p	ersons tl	nat control or manaç	ge the supported	
	_	organization(s). You must co	-						
C	; _	Type III functionally integra						ly integrated with,	
	. –	its supported organization(s)	•	, -					
C	1 _	Type III non-functionally in							
		that is not functionally integrated requirement (see instructions						an attentiveness	
_		Check this box if the organizations	-	· ·				II. Tuno III	
e	, _	functionally integrated, or Ty					* * * * * * * * * * * * * * * * * * * *	п, туре пі	
f	_	inter the number of supported of	•		orting or	gariizatio	11.		
ç		Provide the following information							
		Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
	(-)	rame of supported organization	(, =	(described on lines 1-10	listed in you	ur governing	support (see	other support (see	
				above (see instructions))	docu	ment?	instructions)	instructions)	
					Yes	No			
(A)									
( <u>^</u> )									
(B)									
(C)									
(D)									
(E)									
<del></del>									

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,223,167.	1,810,538.	2,132,207.	2,188,736.	2,499,076.	9,853,724.
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	1,223,167.	1,810,538.	2,132,207.	2,188,736.	2,499,076.	9,853,724.
5	The portion of total contributions by						
	each person (other than a governmental						
	unit or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						9,853,724.
	on B. Total Support	Γ	ı	1		1	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
7		1,223,167.	1,810,538.	2,132,207.	2,188,736.	2,499,076.	9,853,724.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						9,853,724.
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the o						
<u> </u>	organization, check this box and stop he					<u> </u>	
	on C. Computation of Public Suppo			44 1 (f)			100 00%
14	Public support percentage for 2022 (line		•		•	-	100.00%
15	Public support percentage from 2021 Sch						%
16a	33 1/3 % support test-2022. If the organ box and stop here. The organization qua						
<b>L</b>	33 1/3 % support test-2021. If the organ	•		•			
b	check this box and <b>stop here.</b> The organ						
170	10%-facts-and-circumstances test–202	-			-		
17a	10% or more, and if the organization me						
	Part VI how the organization meets the fa						
	organization			~			
h	10%-facts-and-circumstances test–202						
b	15 is 10% or more, and if the organization	•					
	Explain in Part VI how the organization m						
	supported organization				-	-	
18	<b>Private foundation.</b> If the organization d						
.0	instructions						
			<del></del>			<u> </u>	<u> </u>

Schedule A (Form 990) 2022 Reach A Village

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

(Comple	te only if you checked t	he box on line 10 of Part I or if the organization failed to qu	ualify under Part II.
If the org	ganization fails to qualif	y under the tests listed below, please complete Part II.)	

Secti	ion A. Public Support			, <b>,</b>	•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	. ,					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support	( ) 22/2			( 1) 2021		(n =
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L.	royalties, and income from similar sources						
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business						
• • •	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's f	irst, second, th	ird, fourth, or	fifth tax year a	s a section 50°	(c)(3)
	organization, check this box and stop here	e					
Secti	on C. Computation of Public Support	rt Percentag	je				
15	Public support percentage for 2022 (lin						%
16	Public support percentage from 2021			<u> 15</u>		. 16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2022 (			-	* * * *	<del></del>	%
18	Investment income percentage from 202						<u>%</u>
19a	331/3 % support tests-2022. If the organ						
	line 17 is not more than 331/3%, check this l		_			-	
b	331/3 % support tests-2021. If the organiz						
	line 18 is not more than 331/3%, check this b	_	-	-			
20	Private foundation. If the organization did	not check a	box on line 14	, 19a, or 19b,	cneck this box	and see instru	ctions

determine whether the organization had excess business holdings.)

### Part IV Suppo

### **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.)

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part	t V.)	
Secti	on A. All Supporting Organizations		Vaa	Na
	Assembly follows and the first of the control of the first of the control of the		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
•	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
•	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the	21-		
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
4-	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion	41-		
_	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4-		
F	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
D	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
U	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? <i>If "Yes," provide detail in</i>			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	-		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?	•		
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
-	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
~	the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI.</b></i>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
J	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720. to			

10b

Part	Supporting Organizations (continued)		1	
44	Lies the approximation accounted a gift on contribution from any of the following page 20		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively			
	operated, supervised, or controlled the organization's activities. If the organization had more than one supported 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,			
0	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Vaa	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 in	struc	tions	:)_
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			<b>,</b> -
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	
•	instructions).		V	NI-
2	Activities Test. <i>Answer lines 2a and 2b below.</i>		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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			
	<b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	2b		
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 <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ).							
See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
<b>b</b> Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by 0.035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, column A)	1						
2 Enter 0.85 of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see				

UYA Schedule A (Form 990) 2022

Schedul	e A (Form 990) 2022 Reach A Village				5-5443213 Page /
<b>Part</b>		3) Supporting Organ	<b>nizations</b> (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2		empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets	and the state in Day	4 1/6	4	
5	Qualified set-aside amounts (prior IRS approval required		t VI)	5	
6	Other distributions (describe in Part VI). See instructions.	•		6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic <i>(provide details in Part VI)</i> . See instructions.	th the organization is res	sponsive	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required- explain in <b>Part VI</b> ). See instr.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				

d Excess from 2021 Excess from 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 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.)							

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,223,167.	1,810,538.	2,132,207.	2,188,736.	2,499,076.	9,853,724.
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	1,223,167.	1,810,538.	2,132,207.	2,188,736.	2,499,076.	9,853,724.
5	The portion of total contributions by						
	each person (other than a governmental						
	unit or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						9,853,724.
	on B. Total Support	Γ	ı	1		1	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
7		1,223,167.	1,810,538.	2,132,207.	2,188,736.	2,499,076.	9,853,724.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						9,853,724.
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the o						
<u> </u>	organization, check this box and stop he					<u> </u>	
	on C. Computation of Public Suppo			44 1 (f)			100 00%
14	Public support percentage for 2022 (line		•		•	-	100.00%
15	Public support percentage from 2021 Sch						%
16a	33 1/3 % support test-2022. If the organ box and stop here. The organization qua						
<b>L</b>	33 1/3 % support test-2021. If the organ	•		•			
b	check this box and <b>stop here.</b> The organ						
170	10%-facts-and-circumstances test–202	-			-		
17a	10% or more, and if the organization me						
	Part VI how the organization meets the fa						
	organization			~			
h	10%-facts-and-circumstances test–202						
b	15 is 10% or more, and if the organization	•					
	Explain in Part VI how the organization m						
	supported organization				-	-	
18	<b>Private foundation.</b> If the organization d						
.0	instructions						
			<del></del>			<u> </u>	<u> </u>

Schedule A (Form 990) 2022 Reach A Village

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

(Comple	te only if you checked t	he box on line 10 of Part I or if the organization failed to qu	ualify under Part II.
If the org	ganization fails to qualif	y under the tests listed below, please complete Part II.)	

Secti	ion A. Public Support			, <b>,</b>	•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	. ,					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support	( ) 22/2			( 1) 2021		(n =
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L.	royalties, and income from similar sources						
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business						
• • •	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's f	irst, second, th	ird, fourth, or	fifth tax year a	s a section 50°	(c)(3)
	organization, check this box and stop here	e					
Secti	on C. Computation of Public Support	rt Percentag	je				
15	Public support percentage for 2022 (lin						%
16	Public support percentage from 2021			<u> 15</u>		. 16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2022 (			-	* * * *	<del></del>	%
18	Investment income percentage from 202						<u>%</u>
19a	331/3 % support tests-2022. If the organ						
	line 17 is not more than 331/3%, check this l		_			-	
b	331/3 % support tests-2021. If the organiz						
	line 18 is not more than 331/3%, check this b	_	-	-			
20	Private foundation. If the organization did	not check a	box on line 14	, 19a, or 19b,	cneck this box	and see instru	ctions

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 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.)

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 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.)

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 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.)

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 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 D** (Form 990)

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

vame o	t the organization	Employer identification number
Read	ch A Village	45-5443213
Part	Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Accounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.
		(a) Donor advised funds (b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised funds are the organization's
	property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in	
	purposes and not for the benefit of the donor or donor advisor, or for a	
	private benefit?	
Part		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	
	Preservation of land for public use (for example, recreation or edu	· · · <u>· · · · · · · · · · · · · · · · </u>
	Protection of natural habitat	Preservation of a certified historic structure
	Preservation of open space	
2		ervation contribution in the form of a conservation easement on the last day
	of the tax year.	Held at the End of the Tax Ye
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure inc	
d	Number of conservation easements included in (c) acquired after July	
-	listed in the National Register.	
3	Number of conservation easements modified, transferred, released, ex	· · · · · · · · · · · · · · · · · · ·
	organization during the tax year	angulorou, or terminatou sy trio
4	Number of states where property subject to conservation easement is	located
5	Does the organization have a written policy regarding the periodic mon	
-	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	<del>-</del> -
	3, 4, 44 3, 4	
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	plations, and enforcing conservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easem	nents in its revenue and expense statement and balance sheet, and
	include, if applicable, the text of the footnote to the organization's finan	icial statements that describes the organization's accounting for
	conservation easements.	
Part		Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhib	ition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial state	ments that describes these items.
b	If the organization elected, as permitted under FASB ASC 958, to repo	ort in its revenue statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or	r other similar assets for financial gain, provide the following amounts
	required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990. Part X	

Part	Organizations Maintaining Co	ollections of A	Art, His	torical 1	reasures,	, or Ot	her Similar <i>i</i>	Asse	ets (cc	ntin	ued)
3	Using the organization's acquisition, accession, (check all that apply):	and other records,	check ar	ny of the fo	llowing that m	ake signi	ficant use of its	collect	tion item	S	
а	Public exhibition		d	Loan	or exchange p	orogram					
b	Scholarly research		е	Other							
С	Preservation for future generations										
4	Provide a description of the organization's collect	ctions and explain h	now they f	urther the	organization's	exempt	purpose in Part	XIII.			
5	During the year, did the organization solicit or re									_	1
Dow	rather than to be maintained as part of the organ		?					<u></u>	Yes		No
Pan	Complete if the organization an 990, Part X, line 21.		on Forn	n 990, P	art IV, line	9, or r	eported an a	mou	nt on F	orm	1
1a	Is the organization an agent, trustee, custodian on Form 990, Part X?		-						□ v <sub>o</sub> s	v	No.
b	If "Yes," explain the arrangement in Part XIII and								163	22	, 140
	ii 163, explain the arrangement in Fart XIII and	a complete the folic	wing tabl	<b>.</b>			Ar	nount			
С	Beginning balance					. 1c					
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Form						<u> </u>		Yes	x	No
b	If "Yes," explain the arrangement in Part XIII. Ch					•			_	=	, 
Part		TOOK HOTO II THO CAP	nanation i	ido been p	TOVIGCG OFF C				<u> </u>	<u>·                                    </u>	<u>l</u>
	Complete if the organization an	swered "Yes" o	on Forn	n 990. P	art IV. line	10.					
		(a) Current year		rior year	(c) Two yea		(d) Three years b	ack	(e) Four	vears	back
1a	Beginning of year balance	,	. ,		, ,		, ,	-	. ,		
b	Contributions							-			
c	Net investment earnings, gains, and										
·	losses										
d	Grants or scholarships.							-			
	Other expenditures for facilities and							_			
е	programs										
f	Administrative expenses							_			
	End of year balance							-			
g		veer and belones	Tino 1 a a	aluma (a))	hold oo.						
2	Provide the estimated percentage of the current	-	ine ig, c	olumn (a))	neid as:						
a	Board designated or quasi-endowment  Permanent endowment  %	%									
b											
С		Loguel 1000/									
2.	The percentages on lines 2a, 2b, and 2c should Are there endowment funds not in the possession		on that ar	م ماما ممط	administered	for the					
3a		on or the organizati	On mai ai	e neiu anu	aummistereu	ioi iiie			Ţ.	Yes	No.
	organization by:								$\overline{}$	res	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
Por	Describe in Part XIII the intended uses of the or		ment tund	IS.							
Par	Land, Buildings, and Equipm		on Earn	000 D	ort IV/ line	110 0	oo Form 00	0 Dc	rt V li	na 1	^
	Complete if the organization an			1				1			υ.
	Description of property	(a) Cost or other		ľ, ,	r other basis ther)		ccumulated preciation	(	<b>d)</b> Book	value	
		,	,	(0)	u 101 <i>)</i>	ue	prociation	<del> </del>			
1a	Land			<del>                                     </del>				<del></del>			
b	Buildings							<del> </del>			
C	Leasehold improvements							—			
d	Equipment							<del></del>			
e Tatal	Other			(D) " (C)	- 1			<del></del>			
ı otal.	Add lines 1a through 1e. (Column (d) must equal	ı ⊢orm 990, Part X,	column	മ), iine 10	<i>U.)</i>			1			

Part VII	(Form 990) 2022 Reach A Village Investments — Other Securities.		-	5-5443213	
· are vii	Complete if the organization answered "Yes" on Form	n 990. Part IV. line	11b. See Form	990. Part X. line	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Me	ethod of valuation: and-of-year market value	
(1) Financia	l derivatives				
(2) Closely h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	(I) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII		000 Dort IV line	11a Cas Form	000 Dort V line	. 12
	Complete if the organization answered "Yes" on Form				; 13.
	(a) Description of investment	(b) Book value	• •	thod of valuation: nd-of-year market value	
(4)				ia or your marker raise	
(1) (2)					
(2)					
(3)					
(4) (5)					
( <del>5)</del> (6)					
<del>(0)</del> (7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX					
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line	11d. See Form	990, Part X, line	e 15.
	(a) Description			(b) Book valu	e
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(I) (F) (F) (F) (F)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)				
Part X	Other Liabilities.  Complete if the organization answered "Yes" on Form	n 990, Part IV, line	11e or 11f. See	Form 990, Part	: X,
	line 25.	<i>.</i>		·	
1.	(a) Description of liability			(b) Book val	ue
(1) Federa	al income taxes				
(2)					
(3)					

(4) (5) (6) (7) (8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . . . . . . . . . . . .

Part	XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Page 1			Retur	n.
4	· · · · · · · · · · · · · · · · · · ·		7, IIIIe 12a.	1	2,499,076.
1	Total revenue, gains, and other support per audited financial statements			1	2,499,076.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م			
a L	Net unrealized gains (losses) on investments	2a 2b		-	
b	Donated services and use of facilities			-	
C	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)			20	
e	Subtract line 2e from line 1.			2e 3	2,499,076.
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i		3	2,433,070.
a	Investment expenses not included on Form 990, Part VIII, line 7b	12			
a b	Other (Describe in Part XIII.)			-	
C	Add lines 4a and 4b.			4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12</i> .)			5	2,499,076.
Part					
ı art	Complete if the organization answered "Yes" on Form 990, Pa			, 1100	arri.
1	Total expenses and losses per audited financial statements			1	2,345,668.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				2/313/0001
a	Donated services and use of facilities	2a			
b	Prior year adjustments			-	
c	Other losses	<b>—</b>		-	
d	Other (Describe in Part XIII.)			-	
e	Add lines 2a through 2d		1	2e	
3	Subtract line 2e from line 1			3	2,345,668.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	İ			2,313,000.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
C	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	2,345,668.
Part	Supplemental Information.				
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lir lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad				

UYA Schedule D (Form 990) 2022

Schedule D (	Form 990) 2022 Reach A Village	45-5443213 <sup>h</sup>	age <b>5</b>
Part XIII	Supplemental Information (continued)		
-			

# SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

Rea	ch A Village						45-54	43213
Part	General Information Form 990, Part IV, line		ies Outside	the United	States. Com	plete if the organ	nization and	swered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eliginary eliginary grants or assistance?	organization	grants or ass	sistance, and tl	he selection o			r
2	For grantmakers. Describe assistance outside the Unite		e organization	n's procedures	for monitorin	g the use of its g	grants and	other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table	can be duplica	ated if additio	nal space is nee	eded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region		nents, recipients	(e) If activity liste a program se describe specific service(s) in th	ervice, of	(f) Total expenditures for and investments in the region
(1)	East Asia and the Pacific			Program	Services	Church Planting	, Vales Ed	921,881.
(2)	Russia and Neighboring States			Program	Services	Church growth,chur	ch plant	987,045.
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17) 3a	Subtotal	0	C					1,908,926.
b	Total from continuation							1,500,520.
С	sheets to Part I	0	(					1,908,926.

Schedule F (Form 990) 2022 Reach A Village 45-5443213 Page 2 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Purpose of grant (b) IRS code (c) Region (e) Amount of cash grant (f) Manner of (g)Amount of (h)Description of noncash assistance (a) Name of (i) Method of section and EIN cash noncash assistance organization valuation (if applicable) (book, FMV, appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

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

UYA Schedule F (Form 990) 2022

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

# SCHEDULE M (Form 990)

## **Noncash Contributions**

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

on. Inspection number

Reach A Village
Part I Types of Property

45-5443213

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d)  Method of determining noncash contribution amou	ınts
1	Art – Works of art					
2	Art – Historical treasures					
3	Art – Fractional interests					
4	Books and publications					
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities – Publicly traded					
10	Securities – Closely held stock					
11	Securities - Partnership, LLC,					
	or trust interests					
12	Securities – Miscellaneous					
13	Qualified conservation					
	contribution – Historic					
	structures					
14	Qualified conservation					
	contribution – Other					
15	Real estate – Residential					
16	Real estate – Commercial					
17	Real estate – Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ( <b>Printing</b> )	х	34	27,934.	Wholesale cost	
26	Other ()			, , , ,		
27	Other ()					
28	Other (					
29	Number of Forms 8283 received by the	organization	during the tax year for contributi	ons for which the		
	organization completed Form 8283, Part	•	•		29	0
			· ·		Yes	No
30a	During the year, did the organization rec	eive by contr	ibution any property reported in	Part I, lines 1 through 28,		
	that it must hold for at least 3 years from	n the date of t	he initial contribution, and which	n isn't required to be used for ex	empt	
	purposes for the entire holding period?					
b	If "Yes," describe the arrangement in Pa					
31	Does the organization have a gift accept		hat requires the review of any no	onstandard		
	contributions?				31	
32a	Does the organization hire or use third p				5-	
	contributions?		•			
b	If "Yes," describe in Part II.					
33	If the organization didn't report an amoun	nt in column	(c) for a type of property for which	ch column (a) is checked.		
	describe in Part II.		( )	(-,		

#### 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

2022
Open to Public Inspection

Name of the organization	Employer identification number
Reach A Village	45-5443213

Page 2

Name of the organization	Employer identification number
Reach A Village	45-5443213
Part VI Line 11b	
Form 990 sent to Board members for review before being f	iled with IRS
Part VI Line 12c	
Transactions are reviewed by CFO and managerial staff re	garding
Part VI Line 12c	<u> </u>
conflict of interest	
Part VI Line 15a or b	
CEO 2022, Ministry Director 2022, CFO 2022, Director of	Development 2022
Part VI Line 19	
These documents were made available to the public upon r	equest.
Part XI Line 9	
Draw down of fund balances	