

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning **10/01/15** , and ending **09/30/16**

76-0079085

REACH UNLIMITED, INC.

Net Asset / Fund Balance at Beginning of Year		<u>6,323,614</u>
Revenue		
Contributions	<u>394,724</u>	
Program service revenue	<u>9,060,465</u>	
Investment income	<u>13,254</u>	
Capital gain / loss	<u>8,168</u>	
Fundraising / Gaming:		
Gross revenue	<u>538,736</u>	
Direct expenses	<u>95,948</u>	
Net income	<u>442,788</u>	
Other income	<u>153,949</u>	
Total revenue		<u>10,073,348</u>
Expenses		
Program services	<u>8,418,911</u>	
Management and general	<u>990,711</u>	
Fundraising	<u>256,348</u>	
Total expenses		<u>9,665,970</u>
Excess / (deficit)		<u>407,378</u>
Changes		<u>27,484</u>
Net Asset / Fund Balance at End of Year		<u>6,758,476</u>

Reconciliation of Revenue

Total revenue per financial statements	<u>10,100,832</u>
Less:	
Unrealized gains	<u>27,484</u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>10,073,348</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>9,665,970</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>9,665,970</u>

	Beginning	Ending	Differences
Assets	<u>8,042,817</u>	<u>8,211,782</u>	
Liabilities	<u>1,719,203</u>	<u>1,453,306</u>	
Net assets	<u>6,323,614</u>	<u>6,758,476</u>	<u>434,862</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 02/15/17
 Failure to file penalty _____

**KENNEMER, MASTERS & LUNSFORD, LLC
8 WEST WAY COURT
LAKE JACKSON, TX 77566
979-297-4075**

January 13, 2017

CONFIDENTIAL

REACH UNLIMITED, INC.
12777 JONES ROAD #103
HOUSTON, TX 77070

Dear Kathi:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

KENNEMER, MASTERS & LUNSFORD, LLC

Filing Instructions

REACH UNLIMITED, INC.

Exempt Organization Tax Return

Taxable Year Ended September 30, 2016

Date Due: February 15, 2017

Remittance: None is required. Your Form 990 for the tax year ended 9/30/16 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

KENNEMER, MASTERS & LUNSFORD, LLC
8 WEST WAY COURT
LAKE JACKSON, TX 77566

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2015, or fiscal year beginning 10/01, 2015, and ending 9/30, 2016

2015

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

REACH UNLIMITED, INC.

76-0079085

Name and title of officer

**GEORGE PARKER
CHAIRPERSON**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>10,073,348</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **KENNER, MASTERS & LUNSFORD, LLC** to enter my PIN **87800** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **12/12/16**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

76183472727

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

KEVIN CADENHEAD

Date } **12/12/16**

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

Form **990**

Department of the Treasury
Internal Revenue Service

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10/01/15, and ending 09/30/16

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **REACH UNLIMITED, INC.**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): **12777 JONES ROAD #103** Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: **HOUSTON TX 77070**

D Employer identification number: **76-0079085**
E Telephone number: **281-469-8058**
G Gross receipts\$: **10,453,698**

F Name and address of principal officer: **GEORGE PARKER**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u REACHUNLIMITED.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1983** **M** State of legal domicile: **TX**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: REHABILITATIVE TRAINING AND HOUSING OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES		
	2 Check this box <input type="checkbox"/> u 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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	282
	6 Total number of volunteers (estimate if necessary)	6	2000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,238,840	394,724
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,605,212	9,060,465
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,239	21,422
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	292,368	596,737
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,166,659	10,073,348
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,119,323	6,151,498
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u	256,348	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,700,078	3,514,472
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,819,401	9,665,970
19 Revenue less expenses. Subtract line 18 from line 12	347,258	407,378	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,042,817	8,211,782
	22 Net assets or fund balances. Subtract line 21 from line 20	1,719,203	1,453,306
		6,323,614	6,758,476

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **GEORGE PARKER** Date: **CHAIRPERSON**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **KEVIN CADENHEAD** Preparer's signature: **KEVIN CADENHEAD** Date: **01/13/17** Check if self-employed PTIN: **P00957773**

Firm's name: **KENNER, MASTERS & LUNSFORD, LLC** Firm's EIN: **42-1655494**
 Firm's address: **8 WEST WAY COURT LAKE JACKSON, TX 77566** Phone no.: **979-297-4075**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

REHABILITATIVE TRAINING AND HOUSING OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ **5,181,971** including grants of \$) (Revenue \$ **9,060,465**)

DIRECT CARE AND TRAINING OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

CLIENT COPY

4b (Code:) (Expenses \$ **1,676,200** including grants of \$) (Revenue \$)

MANAGEMENT OF RESIDENTIAL HOUSING FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

4c (Code:) (Expenses \$ **1,560,740** including grants of \$) (Revenue \$)

LEARNING ACTIVITY CENTER FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 8,418,911**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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	X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
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		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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part 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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	15		
b	Enter the number of voting members included in line 1a, above, who are independent		
	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u TX**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**
REACH UNLIMITED, INC.
HOUSTON **12777 JONES ROAD #103** **TX 77070** **281-469-8058**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAUREN BLACK	40.00									
EXECUTIVE DIRECTOR	0.00	X					117,793	0	0	
(2) GEORGE PARKER	0.00									
CHAIRPERSON	0.00	X					0	0	0	
(3) KATHLEEN COVEY	0.00									
MEMBER	0.00	X					0	0	0	
(4) MARILYN HILDENBRAND	0.00									
MEMBER	0.00	X					0	0	0	
(5) LESLIE MARTONE	0.00									
VICE CHAIRPERSON	0.00	X					0	0	0	
(6) JIM KIDWELL	0.00									
MEMBER	0.00	X					0	0	0	
(7) GORDON GAECKE	0.00									
MEMBER	0.00	X					0	0	0	
(8) KAREN GILLIGAN	0.00									
MEMBER	0.00	X					0	0	0	
(9) LORI NOACK-MAY	0.00									
MEMBER	0.00	X					0	0	0	
(10) TED ORIHEL	0.00									
TREASURER	0.00	X					0	0	0	
(11) ALICE WIMBERLY	0.00									
SECRETARY	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(12) LEON MATHIEU MEMBER	0.00 0.00	X						0	0	0	
(13) CAMERON DICKEY MEMBER	0.00 0.00	X						0	0	0	
(14) GALE PARKER MEMBER	0.00 0.00	X						0	0	0	
(15) STEPHANIE SCIANNA MEMBER	0.00 0.00	X						0	0	0	
(16) ELIZABETH WOOD MEMBER	0.00 0.00	X						0	0	0	
1b Sub-total u							117,793				
c Total from continuation sheets to Part VII, Section A u											
d Total (add lines 1b and 1c) u							117,793				

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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 394,724				
	g Noncash contributions included in lines 1a-1f: \$	69,319				
	h Total. Add lines 1a-1f	u 394,724				
Program Service Revenue	2a PROGRAM SERVICE FEES - GOVT	Busn. Code	7,551,964	7,551,964		
	b PROGRAM SERVICE FEES		1,508,501	1,508,501		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u 9,060,465				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u 13,254			13,254
4 Income from investment of tax-exempt bond proceeds		u				
5 Royalties		u				
6a Gross rents		(i) Real				
		(ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)		u				
7a Gross amount from sales of assets other than inventory		(i) Securities	284,847			
		(ii) Other	400			
		b Less: cost or other basis & sales exps.	274,079	3,000		
		c Gain or (loss)	10,768	-2,600		
d Net gain or (loss)		u 8,168	8,168			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	538,736			
		b Less: direct expenses	95,948			
	c Net income or (loss) from fundraising events	u 442,788			442,788	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a	8,395				
	b Less: cost of goods sold	7,323				
	c Net income or (loss) from sales of inventory	u 1,072	1,072			
11 Miscellaneous Revenue	Busn. Code					
	11a ENTERPRISE INCOME		62,479	62,479		
	b MISCELLANEOUS		50,417	50,417		
	c MANAGEMENT & BOOKKEEPING FEES		39,981	39,981		
	d All other revenue					
e Total. Add lines 11a-11d	u 152,877					
12 Total revenue. See instructions.	u 10,073,348	9,222,582	0	456,042		

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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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,951,521	4,279,445	580,192	91,884
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	775,780	664,457	93,100	18,223
10 Payroll taxes	424,197	341,793	75,734	6,670
11 Fees for services (non-employees):				
a Management				
b Legal	2,031		2,031	
c Accounting	25,168		25,168	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	1,018		1,018	
13 Office expenses	122,683	43,791	75,374	3,518
14 Information technology				
15 Royalties				
16 Occupancy	539,561	453,997	84,904	660
17 Travel	17,999	14,769	1,503	1,727
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	46,607	26,989	19,618	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	180,837	180,837		
23 Insurance	161,481	133,390	26,693	1,398
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOSTER COMPANION FEES	1,255,724	1,255,724		
b FOOD & HOUSEHOLD SUPPLIES	324,829	324,829		
c PROFESSIONAL FEES	252,969	242,909		10,060
d MEDICAL EXPENSES	143,579	143,579		
e All other expenses	439,986	312,402	5,376	122,208
25 Total functional expenses. Add lines 1 through 24e	9,665,970	8,418,911	990,711	256,348
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	61,383	1	192,584
	2	Savings and temporary cash investments	700,373	2	484,858
	3	Pledges and grants receivable, net	1,939,277	3	1,839,448
	4	Accounts receivable, net	466,958	4	398,760
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	48,251	9	17,565
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,905,209		
	b	Less: accumulated depreciation	10b 2,004,986	10c	2,900,223
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	1,687,367	12	2,280,650
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	98,243	15	97,694
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,042,817	16	8,211,782	
Liabilities	17	Accounts payable and accrued expenses	637,325	17	570,127
	18	Grants payable		18	
	19	Deferred revenue	123,195	19	99,240
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	958,683	23	783,939
	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	1,719,203	26	1,453,306
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,963,157	27	3,230,880
	28	Temporarily restricted net assets	3,349,448	28	3,516,586
	29	Permanently restricted net assets	11,009	29	11,010
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	6,323,614	33	6,758,476	
34	Total liabilities and net assets/fund balances	8,042,817	34	8,211,782	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,073,348
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,665,970
3	Revenue less expenses. Subtract line 2 from line 1	3	407,378
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,323,614
5	Net unrealized gains (losses) on investments	5	27,484
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,758,476

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

REACH UNLIMITED, INC.

Employer identification number

76-0079085

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,088,262	7,313,384	9,163,116	8,496,546	7,946,688	40,007,996
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	7,088,262	7,313,384	9,163,116	8,496,546	7,946,688	40,007,996
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)						985,685
6 Public support. Subtract line 5 from line 4.						39,022,311

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	7,088,262	7,313,384	9,163,116	8,496,546	7,946,688	40,007,996
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,619	9,132	19,629	29,239	13,254	82,873
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.)	620,103	481,108	542,364	187,669	538,736	2,369,980
11 Total support. Add lines 7 through 10						42,460,849
12 Gross receipts from related activities, etc. (see instructions)					12	1,619,356

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	91.90 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	91.51 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 Total. 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. 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	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
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	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 1-1/2% 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 .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 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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 II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS \$ 192,532

SPECIAL EVENTS \$ 1,898,857

VENDING MACHINE INCOME \$ 182,298

MANAGEMENT & BOOKKEEPING FEES \$ 96,293

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Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

REACH UNLIMITED, INC.

76-0079085

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization REACH UNLIMITED, INC.	Employer identification number 76-0079085
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SIM-TEX L.P. P.O. BOX 1569 WALLER TX 77484	\$ 110,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE FONDREN FOUNDATION P.O. BOX 2558 HOUSTON TX 77252-2558	\$ 31,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KENNY SCIANNA 22903 TIMBERLAKE CREEK DR. TOMBALL TX 77377	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BILLY DREWS 17342 W. COPPER LAKES DR. HOUSTON TX 77095	\$ 32,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	WILSON WINDLE 13167 BARYKNOLL LANE HOUSTON TX 77079-3604	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CARLTON CHEN 8919 HAVERSTOCK DRIVE HOUSTON TX 77031-2705	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

REACH UNLIMITED, INC.

Employer identification number

76-0079085

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHARLES SCIANNA 5738 OLD HIGHWAY 36 RD. BELLVILLE TX 77418	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DOUGLAS B. MARSHALL, JR. FAMILY FOUN 600 JEFFERSON, #350 HOUSTON TX 77002	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	DON & PAM BOUNDS 13113 LUNA MONTANA WAY AUSTIN TX 78732	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	GARRETT CLAYTON 9999 BELLAIRE BLVD., #700 HOUSTON TX 77036	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	PRIME MECHANICAL 10315 WINDFERN ROAD HOUSTON TX 77064-5215	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MIKE ZACHARIAS 14824 TOMBALL PARKWAY, #150 HOUSTON TX 77086	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

REACH UNLIMITED, INC.

Employer identification number

76-0079085

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON TX 77007	\$ 9,859	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

REACH UNLIMITED, INC.

76-0079085

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor 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 writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 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 easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions			5,500	5,500	
c Net investment earnings, gains, and losses		1	6	2	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance		11,009	11,008	5,502	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Temporarily restricted endowment **u**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		348,051		348,051
b Buildings		3,208,194	1,239,698	1,968,496
c Leasehold improvements				
d Equipment		41,567	41,567	
e Other		1,307,397	723,721	583,676
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		u		2,900,223

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other CERTIFICATES OF DEPOSIT	1,815,438	MARKET
(A) OPEN END MUTUAL FUNDS	465,212	MARKET
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u	2,280,650	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue is 10,100,832; adjusted total is 10,073,348.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses are 9,665,970.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines for providing supplemental information.

Part XIII Supplemental Information (continued)

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**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

REACH UNLIMITED, INC.

Employer identification number

76-0079085

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.....

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.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>PLEDGE DRIVES</u>	_____	<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	(col. (c))
Revenue	1 Gross receipts	538,736			538,736
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	538,736			538,736
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	95,948			95,948
	10 Direct expense summary. Add lines 4 through 9 in column (d)				95,948
11 Net income summary. Subtract line 10 from line 3, column (d)				442,788	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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Inspection**

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990.

u Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

REACH UNLIMITED, INC.

Employer identification number

76-0079085

Part I Types of Property

	(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 amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		15,930	FAIR MARKET VALUE
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	X	47	5,522	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (MISCELLANEOUS)	X	1	15,918	FAIR MARKET VALUE
26 Other u (GIFT CERTIFICAT)	X	87	31,949	FAIR MARKET VALUE
27 Other u ()				
28 Other u ()				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Employer identification number

REACH UNLIMITED, INC.

76-0079085

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

GEORGE PARKER

GALE PARKER

PRESIDENT

DIRECTOR

MARRIED

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

**THE ORGANIZATION HAS A FINANCE COMMITTEE WHICH REVIEWS AUDIT FINDINGS,
FINANCIAL STATEMENTS AND THE FORM 990 PRIOR TO FILING.**

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMEBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

BOARD APPROVES COMPENSATION ANNUALLY AT THE BEGINNING OF EACH FISCAL YEAR.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

BOARD APPROVES COMPENSATION ANNUALLY AT THE BEGINNING OF EACH FISCAL YEAR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AVAILABLE UPON REQUEST AT REACH UNLIMITED, INC.'S OFFICE.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

REACH UNLIMITED, INC.

Identifying number
76-0079085

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	180,837

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	180,837
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
6	Phone System	12/09/97	9,284			9,284	5 MO S/L	9,284	0
202	Dining Room Table	11/25/86	809			809	5 MO S/L	809	0
207	Fire Alarm System	12/17/86	3,320			3,320	5 MO S/L	3,320	0
209	Desk	3/06/87	135			135	5 MO S/L	135	0
260	Land Cost	2/26/93	14,500			14,500	0 -- Memo	0	0
261	House	2/26/93	75,234			75,234	27 MO S/L	61,897	2,736
262	4 Ton Heating & A/C	6/09/93	2,875			2,875	27 MO S/L	2,331	104
291	Framed Print	8/01/00	150			150	5 MO S/L	150	0
309	2002 Ford Econoline	6/03/02	25,871			25,871	3 MO S/L	22,871	0
	Sold/Scrapped: 9/30/16								
316	HP LJ 41000 Printer	8/27/02	1,190			1,190	3 MO S/L	1,190	0
317	2003 Chev'y Express	10/31/02	26,734			26,734	3 MO S/L	23,734	0
318	2003 Chevy G-Van	8/15/03	23,874			23,874	3 MO S/L	20,874	0
319	Power Edge Dell Computer	12/19/02	2,032			2,032	5 MO S/L	2,032	0
321	Barwood Bldg.	2/06/04	81,268			81,268	27 MO S/L	34,477	2,955
322	Barwood Land	2/06/04	15,000			15,000	0 -- Land	0	0
326	Cushions for Furniture	8/05/04	692			692	5 MO S/L	692	0
327	150 Stack Chairs (Navy Blue)	12/24/04	4,838			4,838	5 MO S/L	4,838	0
328	23 Folding Tables	12/03/04	4,301			4,301	5 MO S/L	4,301	0
329	9 Folding Tables	12/03/04	2,088			2,088	5 MO S/L	2,088	0
330	12 30X60 Resin Top Science Tables	12/11/04	5,028			5,028	5 MO S/L	5,028	0
331	8 Kismet Highback Task Chairs (Port)	12/11/04	1,008			1,008	5 MO S/L	1,008	0
332	11 Kismet Highback Task Chairs (Dark Blue)	12/11/04	1,385			1,385	5 MO S/L	1,385	0
334	2 Electronic Time Recorders	11/29/04	678			678	5 MO S/L	678	0
335	Manual Hole Punch	11/29/04	82			82	5 MO S/L	82	0
336	Model 45 Hand Machine System	12/07/04	1,830			1,830	5 MO S/L	1,830	0
339	Education 25 School Roll	11/23/04	1,441		X	1,436	5 MO S/L	1,441	0
342	Pencil Attachment for Stamper	11/23/04	94			94	5 MO S/L	94	0
344	12 Stacking Chairs (Maroon)	12/27/04	995			995	5 MO S/L	995	0
345	3 Square Tables 36"	12/22/04	567			567	5 MO S/L	567	0
346	3 Chair Mats	12/27/04	406			406	5 MO S/L	406	0
347	Fitness Equipment	11/16/04	2,063			2,063	5 MO S/L	2,063	0
348	Platform Truck	11/16/04	528			528	5 MO S/L	528	0
351	Sports Equipment	11/29/04	919			919	5 MO S/L	919	0
355	10 Computer Tables	12/10/04	1,860			1,860	5 MO S/L	1,860	0
356	12 Upholstered Chairs (Burgundy)	12/16/04	1,535			1,535	5 MO S/L	1,535	0
357	Education Software	12/30/04	2,621			2,621	5 MO S/L	2,621	0
358	Basketball Equipment	12/07/04	226			226	5 MO S/L	226	0
359	Books	12/14/04	737			737	5 MO S/L	737	0
360	Laser Fax	12/28/04	1,112			1,112	5 MO S/L	1,112	0
361	4 Single Faced Wall Shelves	1/05/05	1,795			1,795	5 MO S/L	1,795	0
362	2 Single Faced Wall Shelves Add-on	1/05/05	617			617	5 MO S/L	617	0
363	3 29x48 Library Tables	1/13/05	1,095			1,095	5 MO S/L	1,095	0
364	Security System	8/23/05	1,590			1,590	5 MO S/L	1,590	0
365	Education Literature on C/D	2/04/05	2,779			2,779	5 MO S/L	2,779	0
366	Phone System	12/06/04	20,853			20,853	5 MO S/L	20,853	0
368	Natural Vinyl Plank Flooring	2/17/05	2,290			2,290	5 MO S/L	2,290	0
370	2005 Chevy 3500 Van	6/30/05	31,881			31,881	5 MO S/L	28,881	0
371	Learning Activity Center Bldg.	12/31/04	2,200,874			2,200,874	27 MO S/L	863,676	80,032
372	Land - LAC	12/31/04	122,925			122,925	0 -- Land	0	0
373	Chev G350 15 Pass MH	4/19/06	29,288			29,288	3 MO S/L	29,288	0
374	Riding Lawn Mower	2/28/05	2,275			2,275	3 MO S/L	2,275	0
375	Chev G350 12 Pass BW	4/19/06	28,405			28,405	5 MO S/L	28,405	0
376	New A/C Unit	9/10/06	2,450			2,450	15 MO S/L	1,484	163
377	Panasonic Laser Facsimile	2/07/06	1,040			1,040	5 MO S/L	1,040	0
378	Metal Racks	3/24/06	1,432			1,432	7 MO S/L	1,432	0
379	100 Stack Chair Poly 18" Seat	10/10/05	3,571			3,571	10 MO S/L	3,571	0
380	2007 Honda Accord	6/21/07	20,600			20,600	5 MO S/L	20,600	0
381	Flooring	6/26/07	3,660			3,660	15 MO S/L	2,074	244
382	Server	2/09/07	7,708			7,708	5 MO S/L	7,708	0
383	New Carpet	9/01/07	5,970			5,970	5 MO S/L	5,970	0
	Sold/Scrapped: 3/31/16								
384	Dual Station Desk with Drawers	5/11/07	6,360			6,360	7 MO S/L	6,360	0
385	Alarm System	5/29/07	2,280			2,280	7 MO S/L	2,280	0
389	Honda Accord - Silver - LAC	12/05/07	20,000			20,000	5 MO S/L	20,000	0
390	LAC Wheelchair Van	12/22/07	31,599			31,599	3 MO S/L	31,599	0
391	Cypress Cottage Van	2/15/08	6,000			6,000	3 MO S/L	6,000	0
392	Moorberry House	7/28/08	163,400			163,400	27 MO S/L	42,644	5,942

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
393	Moorberry Furniture	8/25/08	2,815			2,815	5 MO S/L	2,815	0
394	Moorberry Land	7/28/08	50,000			50,000	0 -- Land	0	0
395	Dell Server	9/29/08	11,036			11,036	5 MO S/L	11,036	0
396	Land - Contributed MH	4/02/07	30,005			30,005	0 -- Land	0	0
397	2008 Chevy for White River	10/21/08	20,000			20,000	3 MO S/L	20,000	0
398	2008 Chevy for Limerick Lane	10/21/08	20,000			20,000	3 MO S/L	20,000	0
400	2008 Honda for	4/01/09	20,000			20,000	3 MO S/L	20,000	0
401	Kenneth Scianna Van	5/22/09	28,000			28,000	3 MO S/L	28,000	0
402	Renovations to Moorberry	4/01/09	16,274			16,274	7 MO S/L	15,111	1,163
403	Barwood Roof Renovation	2/27/09	13,365			13,365	7 MO S/L	12,569	796
407	Storage Building L.A.C.	11/08/08	11,611			11,611	5 MO S/L	11,611	0
408	Cole Crossing Building	4/30/09	194,465			194,465	27 MO S/L	45,375	7,072
409	Cole Crossing Land	4/30/09	33,967			33,967	0 -- Land	0	0
410	Lift for Tenant - Cole Crossing	3/20/09	18,881			18,881	5 MO S/L	18,881	0
411	2010 FORD VAN	12/08/09	34,616			34,616	5 MO S/L	34,616	0
412	2009 HONDA ACCORD	6/02/10	21,533			21,533	5 MO S/L	21,533	0
413	2010 TOYOTA SIENNA	8/09/10	22,000			22,000	5 MO S/L	22,000	0
414	2008 TOYOTA SIENNA	8/09/10	20,000			20,000	5 MO S/L	20,000	0
415	2009 CHEVROLET G3500	8/09/10	20,000			20,000	5 MO S/L	20,000	0
416	Construction in Progress - Phase Two LAC	1/31/11	9,000			9,000	0 -- Memo	0	0
417	2011 FORD E 350	10/31/11	26,849			26,849	5 MO S/L	21,032	5,369
418	2012 HONDA ACCORD	4/03/12	22,726			22,726	5 MO S/L	15,908	4,545
419	2012 TOYOTA SIENNA XLE	4/20/12	58,994			58,994	5 MO S/L	40,312	11,799
420	Stone Gate Home	3/29/12	126,570			126,570	27 MO S/L	16,407	4,688
421	Stone Gate Land	3/29/12	31,394			31,394	0 -- Land	0	0
422	2012 Big Tex 12' Utility Trailer	9/26/12	1,700			1,700	5 MO S/L	1,020	340
423	Construction in Progress - Phase Two LAC	9/30/12	41,188			41,188	0 -- Memo	0	0
424	2008 Honda Odyssey	7/26/13	20,000			20,000	5 MO S/L	8,667	4,000
425	Video Surveillance System	11/14/12	21,996			21,996	7 MO S/L	9,165	3,142
426	Construction in Progress - Phase Two LAC	9/30/13	71,780			71,780	0 -- Memo	0	0
427	Adams Run Home	6/21/13	187,912			187,912	27 MO S/L	15,659	6,960
428	Adams Run Land	6/21/13	36,834			36,834	0 -- Land	0	0
429	Automatic Bipart Sliding Door	2/20/13	6,818			6,818	7 MO S/L	2,516	974
430	Automatic Bipart Sliding Door	3/08/13	6,916			6,916	7 MO S/L	2,552	988
431	2013 RED TOYOTA SIENNA	2/25/14	27,279			27,279	5 MO S/L	8,638	5,456
432	2012 BLACK TOYOTA CAMRY	11/19/13	18,591			18,591	5 MO S/L	6,817	3,718
433	Construction in Progress - Phase Two LAC	9/30/14	246,421			246,421	0 -- Memo	0	0
434	Creek Stone Land	10/29/13	24,289			24,289	0 -- Land	0	0
435	Creek Stone Building	10/29/13	132,279			132,279	27 MO S/L	9,390	4,899
436	2014 BLACK TOWN AND COUNTRY VA	10/10/14	22,752			22,752	5 MO S/L	4,550	4,551
437	2013 FORD E-250 VAN	1/09/15	33,842			33,842	5 MO S/L	5,076	6,769
438	2013 BLACK TOYOTA CAMRY	3/04/15	17,390			17,390	5 MO S/L	2,029	3,478
439	2014 SILVER TOYOTA CAMRY	4/14/15	19,621			19,621	5 MO S/L	1,962	3,924
440	2014 GRAY TOYOTA CAMRY	5/26/15	19,514			19,514	5 MO S/L	1,301	3,903
441	Construction in Progress - Phase Two LAC	9/30/15	30,759			30,759	0 -- Memo	0	0
442	2006 Ford E450	9/01/16	7,649			7,649	5 MO S/L	0	127
443	2016 White Dodge Grand Caravan	9/27/16	21,225			21,225	5 MO S/L	0	0
444	Construction in Process - Phase Two LAC	9/30/16	14,220			14,220	0 -- Memo	0	0
Total Other Depreciation			<u>4,937,123</u>			<u>4,937,118</u>		<u>1,852,992</u>	<u>180,837</u>
Total ACRS and Other Depreciation			<u>4,937,123</u>			<u>4,937,118</u>		<u>1,852,992</u>	<u>180,837</u>
Grand Totals			4,937,123			4,937,118		1,852,992	180,837
Less: Dispositions and Transfers			31,841			31,841		28,841	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>4,905,282</u>			<u>4,905,277</u>		<u>1,824,151</u>	<u>180,837</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
6	Phone System	12/09/97	0			0	0 HY	0	0
202	Dining Room Table	11/25/86	0			0	0 HY	0	0
207	Fire Alarm System	12/17/86	0			0	0 HY	0	0
209	Desk	3/06/87	0			0	0 HY	0	0
260	Land Cost	2/26/93	0			0	0 HY	0	0
261	House	2/26/93	75,234			75,234	27 MO S/L	49,394	2,736
262	4 Ton Heating & A/C	6/09/93	2,875			2,875	27 MO S/L	1,864	104
291	Framed Print	8/01/00	0			0	0 HY	0	0
309	2002 Ford Econoline	6/03/02	0			0	0 HY	0	0
	Sold/Scrapped: 9/30/16								
316	HP LJ 41000 Printer	8/27/02	0			0	0 HY	0	0
317	2003 Chev'y Express	10/31/02	0			0	0 HY	0	0
318	2003 Chevy G-Van	8/15/03	0			0	0 HY	0	0
319	Power Edge Dell Computer	12/19/02	0			0	0 HY	0	0
321	Barwood Bldg.	2/06/04	0			0	0 HY	0	0
322	Barwood Land	2/06/04	0			0	0 HY	0	0
326	Cushions for Furniture	8/05/04	0			0	0 HY	0	0
327	150 Stack Chairs (Navy Blue)	12/24/04	0			0	0 HY	0	0
328	23 Folding Tables	12/03/04	0			0	0 HY	0	0
329	9 Folding Tables	12/03/04	0			0	0 HY	0	0
330	12 30X60 Resin Top Science Tables	12/11/04	0			0	0 HY	0	0
331	8 Kismet Highback Task Chairs (Port)	12/11/04	0			0	0 HY	0	0
332	11 Kismet Highback Task Chairs (Dark Blue)	12/11/04	0			0	0 HY	0	0
334	2 Electronic Time Recorders	11/29/04	0			0	0 HY	0	0
335	Manual Hole Punch	11/29/04	0			0	0 HY	0	0
336	Model 45 Hand Machine System	12/07/04	0			0	0 HY	0	0
339	Education 25 School Roll	11/23/04	0			0	0 HY	0	0
342	Pencil Attachment for Stamper	11/23/04	0			0	0 HY	0	0
344	12 Stacking Chairs (Maroon)	12/27/04	0			0	0 HY	0	0
345	3 Square Tables 36"	12/22/04	0			0	0 HY	0	0
346	3 Chair Mats	12/27/04	0			0	0 HY	0	0
347	Fitness Equipment	11/16/04	0			0	0 HY	0	0
348	Platform Truck	11/16/04	0			0	0 HY	0	0
351	Sports Equipment	11/29/04	0			0	0 HY	0	0
355	10 Computer Tables	12/10/04	0			0	0 HY	0	0
356	12 Upholstered Chairs (Burgundy)	12/16/04	0			0	0 HY	0	0
357	Education Software	12/30/04	0			0	0 HY	0	0
358	Basketball Equipment	12/07/04	0			0	0 HY	0	0
359	Books	12/14/04	0			0	0 HY	0	0
360	Laser Fax	12/28/04	0			0	0 HY	0	0
361	4 Single Faced Wall Shelves	1/05/05	0			0	0 HY	0	0
362	2 Single Faced Wall Shelves Add-on	1/05/05	0			0	0 HY	0	0
363	3 29x48 Library Tables	1/13/05	0			0	0 HY	0	0
364	Security System	8/23/05	0			0	0 HY	0	0
365	Education Literature on C/D	2/04/05	0			0	0 HY	0	0
366	Phone System	12/06/04	0			0	0 HY	0	0
368	Natural Vinyl Plank Flooring	2/17/05	0			0	0 HY	0	0
370	2005 Chevy 3500 Van	6/30/05	0			0	0 HY	0	0
371	Learning Activity Center Bldg.	12/31/04	2,200,874			2,200,874	27 MO S/L	863,676	80,032
372	Land - LAC	12/31/04	0			0	0 HY	0	0
373	Chev G350 15 Pass MH	4/19/06	0			0	0 HY	0	0
374	Riding Lawn Mower	2/28/05	0			0	0 HY	0	0
375	Chev G350 12 Pass BW	4/19/06	0			0	0 HY	0	0
376	New A/C Unit	9/10/06	2,450			2,450	15 MO S/L	1,662	163
377	Panasonic Laser Facsimile	2/07/06	0			0	0 HY	0	0
378	Metal Racks	3/24/06	0			0	0 HY	0	0
379	100 Stack Chair Poly 18" Seat	10/10/05	0			0	0 HY	0	0
380	2007 Honda Accord	6/21/07	20,600			20,600	5 MO S/L	20,600	0
381	Flooring	6/26/07	3,660			3,660	15 MO S/L	2,074	244
382	Server	2/09/07	7,708			7,708	5 MO S/L	7,708	0
383	New Carpet	9/01/07	5,970			5,970	5 MO S/L	5,970	0
	Sold/Scrapped: 3/31/16								
384	Dual Station Desk with Drawers	5/11/07	6,360			6,360	7 MO S/L	6,360	0
385	Alarm System	5/29/07	2,280			2,280	7 MO S/L	2,280	0
389	Honda Accord - Silver - LAC	12/05/07	20,000			20,000	5 MO S/L	20,000	0
390	LAC Wheelchair Van	12/22/07	31,599			31,599	3 MO S/L	31,599	0
391	Cypress Cottage Van	2/15/08	6,000			6,000	3 MO S/L	6,000	0
392	Moorberry House	7/28/08	163,400			163,400	27 MO S/L	42,644	5,942

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
393	Moorberry Furniture	8/25/08	2,815			2,815	5 MO S/L	2,815	0
394	Moorberry Land	7/28/08	0			0	0 HY	0	0
395	Dell Server	9/29/08	11,036			11,036	5 MO S/L	11,036	0
396	Land - Contributed MH	4/02/07	30,005			30,005	0 -- Land	0	0
397	2008 Chevy for White River	10/21/08	20,000			20,000	3 MO S/L	20,000	0
398	2008 Chevy for Limerick Lane	10/21/08	20,000			20,000	3 MO S/L	20,000	0
400	2008 Honda for	4/01/09	20,000			20,000	3 MO S/L	20,000	0
401	Kenneth Scianna Van	5/22/09	28,000			28,000	3 MO S/L	28,000	0
402	Renovations to Moorberry	4/01/09	16,274			16,274	7 MO S/L	15,111	1,163
403	Barwood Roof Renovation	2/27/09	13,365			13,365	7 MO S/L	12,569	796
407	Storage Building L.A.C.	11/08/08	11,611			11,611	5 MO S/L	11,611	0
408	Cole Crossing Building	4/30/09	194,465			194,465	27 MO S/L	45,375	7,072
409	Cole Crossing Land	4/30/09	33,967			33,967	0 -- Land	0	0
410	Lift for Tenant - Cole Crossing	3/20/09	18,881			18,881	5 MO S/L	18,881	0
411	2010 FORD VAN	12/08/09	0			0	0 HY	0	0
412	2009 HONDA ACCORD	6/02/10	0			0	0 HY	0	0
413	2010 TOYOTA SIENNA	8/09/10	0			0	0 HY	0	0
414	2008 TOYOTA SIENNA	8/09/10	0			0	0 HY	0	0
415	2009 CHEVROLET G3500	8/09/10	0			0	0 HY	0	0
416	Construction in Progress - Phase Two LAC	1/31/11	0			0	0 HY	0	0
417	2011 FORD E 350	10/31/11	0			0	0 HY	0	0
418	2012 HONDA ACCORD	4/03/12	0			0	0 HY	0	0
419	2012 TOYOTA SIENNA XLE	4/20/12	0			0	0 HY	0	0
420	Stone Gate Home	3/29/12	0			0	0 HY	0	0
421	Stone Gate Land	3/29/12	0			0	0 HY	0	0
422	2012 Big Tex 12' Utility Trailer	9/26/12	0			0	0 HY	0	0
423	Construction in Progress - Phase Two LAC	9/30/12	0			0	0 HY	0	0
424	2008 Honda Odyssey	7/26/13	20,000			20,000	5 MO S/L	8,667	4,000
425	Video Surveillance System	11/14/12	0			0	0 HY	0	0
426	Construction in Progress - Phase Two LAC	9/30/13	0			0	0 HY	0	0
427	Adams Run Home	6/21/13	0			0	0 HY	0	0
428	Adams Run Land	6/21/13	0			0	0 HY	0	0
429	Automatic Bipart Sliding Door	2/20/13	0			0	0 HY	0	0
430	Automatic Bipart Sliding Door	3/08/13	0			0	0 HY	0	0
431	2013 RED TOYOTA SIENNA	2/25/14	0			0	0 HY	0	0
432	2012 BLACK TOYOTA CAMRY	11/19/13	0			0	0 HY	0	0
433	Construction in Progress - Phase Two LAC	9/30/14	0			0	0 HY	0	0
434	Creek Stone Land	10/29/13	0			0	0 HY	0	0
435	Creek Stone Building	10/29/13	0			0	0 HY	0	0
436	2014 BLACK TOWN AND COUNTRY VA	10/10/14	22,752			22,752	5 MO S/L	4,550	4,551
437	2013 FORD E-250 VAN	1/09/15	33,842			33,842	5 MO S/L	5,076	6,769
438	2013 BLACK TOYOTA CAMRY	3/04/15	17,390			17,390	5 MO S/L	2,029	3,478
439	2014 SILVER TOYOTA CAMRY	4/14/15	19,621			19,621	5 MO S/L	1,962	3,924
440	2014 GRAY TOYOTA CAMRY	5/26/15	19,514			19,514	5 MO S/L	1,301	3,903
441	Construction in Progress - Phase Two LAC	9/30/15	0			0	0 HY	0	0
442	2006 Ford E450	9/01/16	7,649			7,649	5 MO S/L	0	127
443	2016 White Dodge Grand Caravan	9/27/16	21,225			21,225	5 MO S/L	0	0
444	Construction in Process - Phase Two LAC	9/30/16	0			0	0 HY	0	0
	Total Other Depreciation		<u>3,131,422</u>			<u>3,131,422</u>		<u>1,290,814</u>	<u>125,004</u>
	Total ACRS and Other Depreciation		<u>3,131,422</u>			<u>3,131,422</u>		<u>1,290,814</u>	<u>125,004</u>
	Grand Totals		3,131,422			3,131,422		1,290,814	125,004
	Less: Dispositions and Transfers		<u>5,970</u>			<u>5,970</u>		<u>5,970</u>	<u>0</u>
	Net Grand Totals		<u>3,125,452</u>			<u>3,125,452</u>		<u>1,284,844</u>	<u>125,004</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

CLIENT COPY

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
6	Phone System	12/09/97	9,284	0	0
202	Dining Room Table	11/25/86	809	0	0
207	Fire Alarm System	12/17/86	3,320	0	0
209	Desk	3/06/87	135	0	0
260	Land Cost	2/26/93	14,500	0	0
261	House	2/26/93	75,234	2,736	2,736
262	4 Ton Heating & A/C	6/09/93	2,875	105	105
291	Framed Print	8/01/00	150	0	0
316	HP LJ 41000 Printer	8/27/02	1,190	0	0
317	2003 Chev'y Express	10/31/02	26,734	0	0
318	2003 Chevy G-Van	8/15/03	23,874	0	0
319	Power Edge Dell Computer	12/19/02	2,032	0	0
321	Barwood Bldg.	2/06/04	81,268	2,955	0
322	Barwood Land	2/06/04	15,000	0	0
326	Cushions for Furniture	8/05/04	692	0	0
327	150 Stack Chairs (Navy Blue)	12/24/04	4,838	0	0
328	23 Folding Tables	12/03/04	4,301	0	0
329	9 Folding Tables	12/03/04	2,088	0	0
330	12 30X60 Resin Top Science Tables	12/11/04	5,028	0	0
331	8 Kismet Highback Task Chairs (Port)	12/11/04	1,008	0	0
332	11 Kismet Highback Task Chairs (Dark Blue)	12/11/04	1,385	0	0
334	2 Electronic Time Recorders	11/29/04	678	0	0
335	Manual Hole Punch	11/29/04	82	0	0
336	Model 45 Hand Machine System	12/07/04	1,830	0	0
339	Education 25 School Roll	11/23/04	1,441	0	0
342	Pencil Attachment for Stamper	11/23/04	94	0	0
344	12 Stacking Chairs (Maroon)	12/27/04	995	0	0
345	3 Square Tables 36"	12/22/04	567	0	0
346	3 Chair Mats	12/27/04	406	0	0
347	Fitness Equipment	11/16/04	2,063	0	0
348	Platform Truck	11/16/04	528	0	0
351	Sports Equipment	11/29/04	919	0	0
355	10 Computer Tables	12/10/04	1,860	0	0
356	12 Upholstered Chairs (Burgundy)	12/16/04	1,535	0	0
357	Education Software	12/30/04	2,621	0	0
358	Basketball Equipment	12/07/04	226	0	0
359	Books	12/14/04	737	0	0
360	Laser Fax	12/28/04	1,112	0	0
361	4 Single Faced Wall Shelves	1/05/05	1,795	0	0
362	2 Single Faced Wall Shelves Add-on	1/05/05	617	0	0
363	3 29x48 Library Tables	1/13/05	1,095	0	0
364	Security System	8/23/05	1,590	0	0
365	Education Literature on C/D	2/04/05	2,779	0	0
366	Phone System	12/06/04	20,853	0	0
368	Natural Vinyl Plank Flooring	2/17/05	2,290	0	0
370	2005 Chevy 3500 Van	6/30/05	31,881	0	0
371	Learning Activity Center Bldg.	12/31/04	2,200,874	80,032	80,032
372	Land - LAC	12/31/04	122,925	0	0
373	Chev G350 15 Pass MH	4/19/06	29,288	0	0
374	Riding Lawn Mower	2/28/05	2,275	0	0
375	Chev G350 12 Pass BW	4/19/06	28,405	0	0
376	New A/C Unit	9/10/06	2,450	163	164
377	Panasonic Laser Facsimile	2/07/06	1,040	0	0
378	Metal Racks	3/24/06	1,432	0	0
379	100 Stack Chair Poly 18" Seat	10/10/05	3,571	0	0
380	2007 Honda Accord	6/21/07	20,600	0	0
381	Flooring	6/26/07	3,660	244	244
382	Server	2/09/07	7,708	0	0
384	Dual Station Desk with Drawers	5/11/07	6,360	0	0
385	Alarm System	5/29/07	2,280	0	0
389	Honda Accord - Silver - LAC	12/05/07	20,000	0	0
390	LAC Wheelchair Van	12/22/07	31,599	0	0
391	Cypress Cottage Van	2/15/08	6,000	0	0
392	Moorberry House	7/28/08	163,400	5,941	5,941
393	Moorberry Furniture	8/25/08	2,815	0	0
394	Moorberry Land	7/28/08	50,000	0	0
395	Dell Server	9/29/08	11,036	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
396	Land - Contributed MH	4/02/07	30,005	0	0
397	2008 Chevy for White River	10/21/08	20,000	0	0
398	2008 Chevy for Limerick Lane	10/21/08	20,000	0	0
400	2008 Honda for	4/01/09	20,000	0	0
401	Kenneth Scianna Van	5/22/09	28,000	0	0
402	Renovations to Moorberry	4/01/09	16,274	0	0
403	Barwood Roof Renovation	2/27/09	13,365	0	0
407	Storage Building L.A.C.	11/08/08	11,611	0	0
408	Cole Crossing Building	4/30/09	194,465	7,071	7,071
409	Cole Crossing Land	4/30/09	33,967	0	0
410	Lift for Tenant - Cole Crossing	3/20/09	18,881	0	0
411	2010 FORD VAN	12/08/09	34,616	0	0
412	2009 HONDA ACCORD	6/02/10	21,533	0	0
413	2010 TOYOTA SIENNA	8/09/10	22,000	0	0
414	2008 TOYOTA SIENNA	8/09/10	20,000	0	0
415	2009 CHEVROLET G3500	8/09/10	20,000	0	0
416	Construction in Progress - Phase Two LAC	1/31/11	9,000	0	0
417	2011 FORD E 350	10/31/11	26,849	448	0
418	2012 HONDA ACCORD	4/03/12	22,726	2,273	0
419	2012 TOYOTA SIENNA XLE	4/20/12	58,994	6,883	0
420	Stone Gate Home	3/29/12	126,570	4,688	0
421	Stone Gate Land	3/29/12	31,394	0	0
422	2012 Big Tex 12' Utility Trailer	9/26/12	1,700	340	0
423	Construction in Progress - Phase Two LAC	9/30/12	41,188	0	0
424	2008 Honda Odyssey	7/26/13	20,000	4,000	4,000
425	Video Surveillance System	11/14/12	21,996	3,142	0
426	Construction in Progress - Phase Two LAC	9/30/13	71,780	0	0
427	Adams Run Home	6/21/13	187,912	6,960	0
428	Adams Run Land	6/21/13	36,834	0	0
429	Automatic Bipart Sliding Door	2/20/13	6,818	974	0
430	Automatic Bipart Sliding Door	3/08/13	6,916	988	0
431	2013 RED TOYOTA SIENNA	2/25/14	27,279	5,456	0
432	2012 BLACK TOYOTA CAMRY	11/19/13	18,591	3,718	0
433	Construction in Progress - Phase Two LAC	9/30/14	246,421	0	0
434	Creek Stone Land	10/29/13	24,289	0	0
435	Creek Stone Building	10/29/13	132,279	4,900	0
436	2014 BLACK TOWN AND COUNTRY VAN	10/10/14	22,752	4,550	4,550
437	2013 FORD E-250 VAN	1/09/15	33,842	6,768	6,768
438	2013 BLACK TOYOTA CAMRY	3/04/15	17,390	3,478	3,478
439	2014 SILVER TOYOTA CAMRY	4/14/15	19,621	3,924	3,924
440	2014 GRAY TOYOTA CAMRY	5/26/15	19,514	3,903	3,903
441	Construction in Progress - Phase Two LAC	9/30/15	30,759	0	0
442	2006 Ford E450	9/01/16	7,649	1,530	1,530
443	2016 White Dodge Grand Caravan	9/27/16	21,225	4,245	4,245
444	Construction in Process - Phase Two LAC	9/30/16	14,220	0	0
Total Other Depreciation			<u>4,905,282</u>	<u>172,415</u>	<u>128,691</u>
Total ACRS and Other Depreciation			<u>4,905,282</u>	<u>172,415</u>	<u>128,691</u>
Grand Totals			<u>4,905,282</u>	<u>172,415</u>	<u>128,691</u>

Form 990		Two Year Comparison Report		2014 & 2015
Name		For calendar year 2015, or tax year beginning 10/01/15 , ending 09/30/16		Taxpayer Identification Number
REACH UNLIMITED, INC.				76-0079085
		2014	2015	Differences
Revenue	1. Contributions, gifts, grants	1. 1,238,840	394,724	-844,116
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 8,605,212	9,060,465	455,253
	5. Investment income	5. 29,239	13,254	-15,985
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 1,000	8,168	7,168
	8. Net income or (loss) from fundraising events	8. 129,706	442,788	313,082
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.	1,072	1,072
	11. Other revenue	11. 162,662	152,877	-9,785
	12. Total revenue. Add lines 1 through 11	12. 10,166,659	10,073,348	-93,311
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 237,600		-237,600
	16. Salaries, other compensation, and employee benefits	16. 5,881,723	6,151,498	269,775
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 23,555	27,199	3,644
	19. Occupancy, rent, utilities, and maintenance	19. 502,176	539,561	37,385
	20. Depreciation and Depletion	20. 189,990	180,837	-9,153
	21. Other expenses	21. 2,984,357	2,766,875	-217,482
	22. Total expenses. Add lines 13 through 21	22. 9,819,401	9,665,970	-153,431
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 347,258	407,378	60,120
Other Information	24. Total exempt revenue	24. 10,166,659	10,073,348	-93,311
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 8,927,819	9,678,624	750,805
	27. Total assets	27. 8,042,817	8,211,782	168,965
	28. Total liabilities	28. 1,719,203	1,453,306	-265,897
	29. Retained earnings	29. 6,323,614	6,758,476	434,862
	30. Number of voting members of governing body	30. 14	15	
	31. Number of independent voting members of governing body	31. 14	15	
	32. Number of employees	32. 270	282	
	33. Number of volunteers	33. 400	2000	

Form 990	Tax Return History	2015
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Name REACH UNLIMITED, INC.	Employer Identification Number 76-0079085
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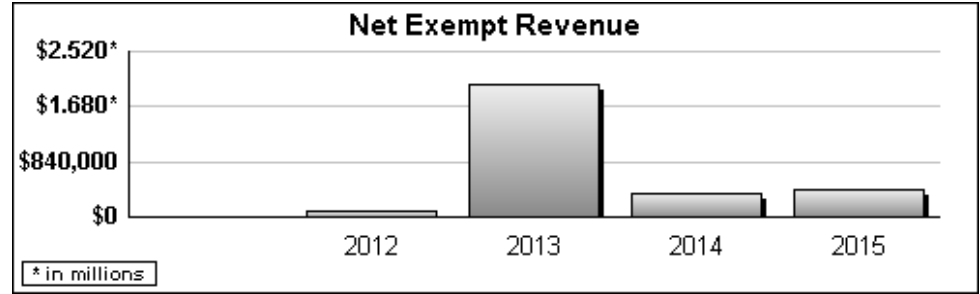
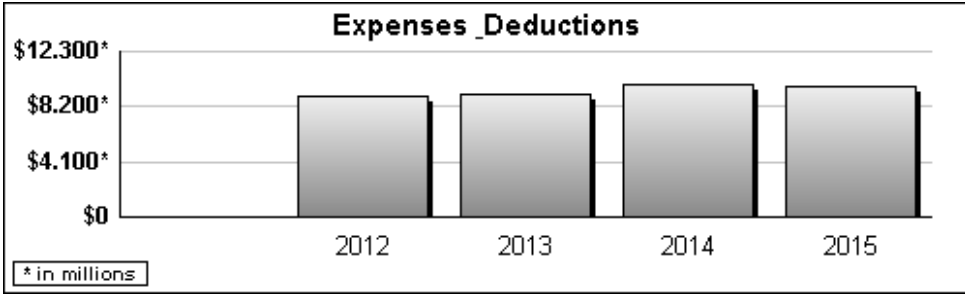
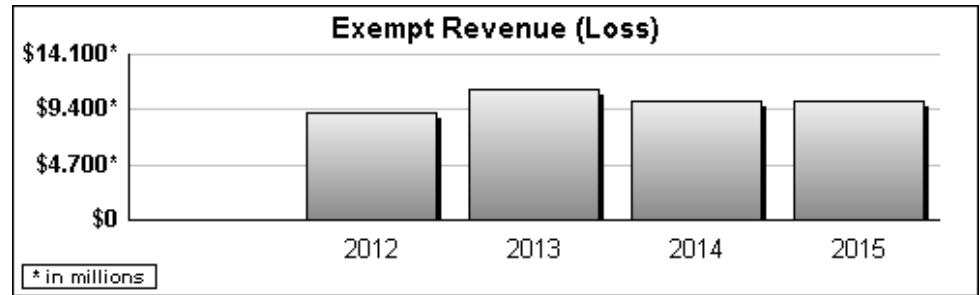
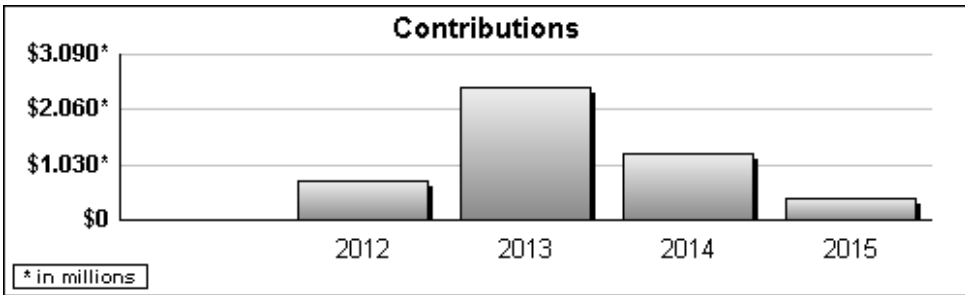
	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants		741,824	2,464,022	1,238,840	394,724	
Membership dues						
Program service revenue		7,864,993	8,051,868	8,605,212	9,060,465	
Capital gain or loss			46,922	1,000	8,168	
Investment income		9,132	19,629	29,239	13,254	
Fundraising revenue (income/loss)		445,175	509,820	129,706	442,788	
Gaming revenue (income/loss)						
Other revenue		35,933	32,544	162,662	153,949	
Total revenue		9,097,057	11,124,805	10,166,659	10,073,348	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		236,451	238,478	237,600		
Other compensation		5,221,818	5,416,398	5,881,723	6,151,498	
Professional fees			22,342	23,555	27,199	
Occupancy costs		409,438	445,727	502,176	539,561	
Depreciation and depletion		175,240	183,444	189,990	180,837	
Other expenses		2,977,800	2,799,417	2,984,357	2,766,875	
Total expenses		9,020,747	9,105,806	9,819,401	9,665,970	
Excess or (Deficit)		76,310	2,018,999	347,258	407,378	
Total exempt revenue		9,097,057	11,124,805	10,166,659	10,073,348	
Total unrelated revenue						
Total excludable revenue		9,097,057	8,660,783	8,927,819	9,678,624	
Total Assets		5,432,035	7,375,100	8,042,817	8,211,782	
Total Liabilities		1,452,817	1,358,621	1,719,203	1,453,306	
Net Fund Balances		3,979,218	6,016,479	6,323,614	6,758,476	

Form 990T	Tax Return History	2015
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Name REACH UNLIMITED, INC.	Employer Identification Number 76-0079085
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	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

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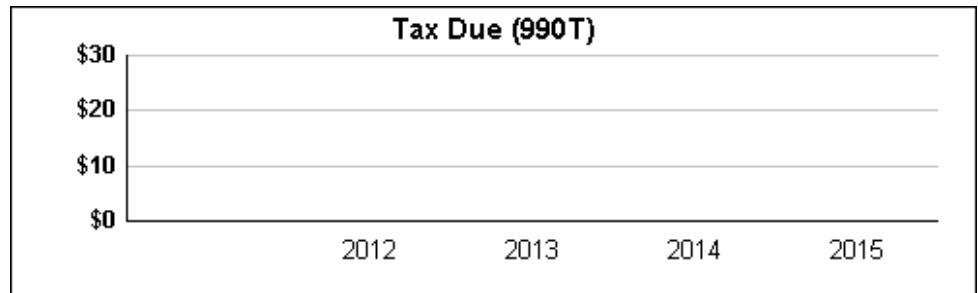
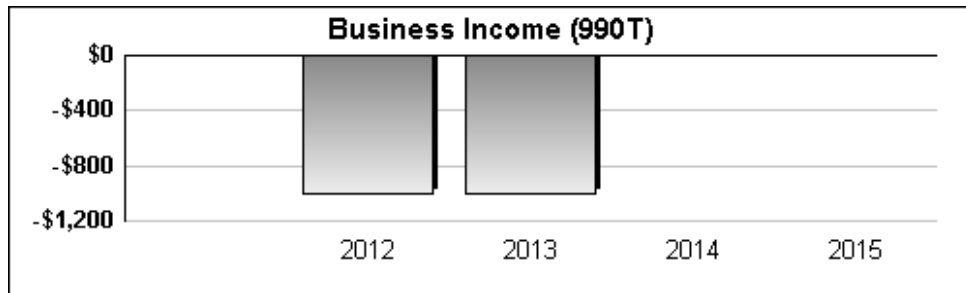
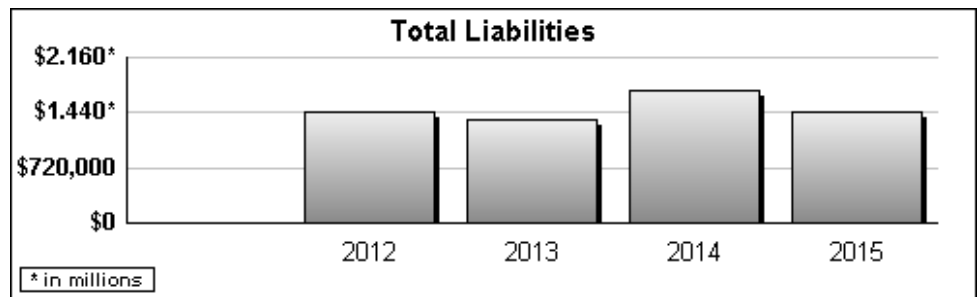
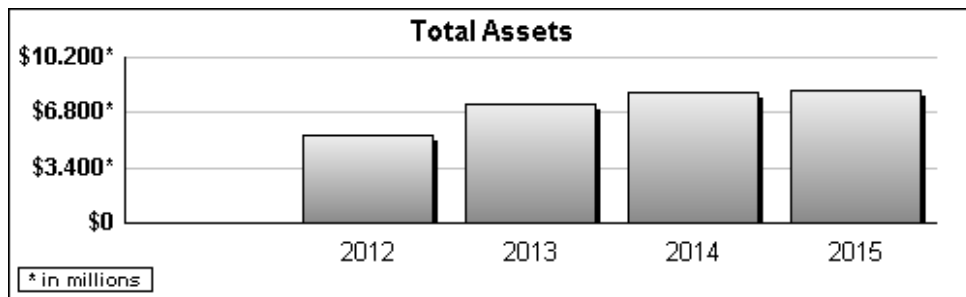
Form 990T	Tax Return History	2015
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Name REACH UNLIMITED, INC.	Employer Identification Number 76-0079085
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	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction		1,000	1,000			
Income after expense and deductions		-1,000	-1,000			
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

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Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 13,254		14			
TOTAL	<u>\$ 13,254</u>					

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Federal Statements**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
FEES & LICENSES	\$ 142,820	\$ 142,620	\$ 200	\$
BAD DEBTS	121,960			121,960
TRAINING & TRAINING SUPPL	97,020	93,294	3,726	
MAINTENANCE - VANS	64,800	64,800		
MISCELLANEOUS	6,345	4,647	1,450	248
TAXES - OTHER	4,053	4,053		
MAINTENANCE - EQUIPMENT	2,773	2,773		
LOAN ISSUANCE COSTS	215	215		
TOTAL	<u>\$ 439,986</u>	<u>\$ 312,402</u>	<u>\$ 5,376</u>	<u>\$ 122,208</u>

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Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
SIM-TEX, LP	\$ <u>1,834,902</u>	\$ <u>985,685</u>
TOTAL	\$ <u><u>1,834,902</u></u>	\$ <u><u>985,685</u></u>

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Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 13,254
TOTAL	\$ 13,254

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