PUBLIC DISCLOSURE INSTRUCTIONS

1. The public disclosure copy must be signed and dated by an officer of the organization.

2. The “public disclosure copy” is for your convenience.
   - Please note that we have removed all information that is not open to public inspection.

3. Public disclosure requirements (failure to comply may result in penalties):
   - Make the return available for 3 years after the date the return is required to be filed or it is actually filed, whichever is later.
   - Make the return available for public inspection at its principal, regional, or district offices during regular business hours and you may have an employee present in the room.
   - Allow the individual making the inspection to take notes freely and to make a photocopy of the documents for a reasonable fee.
   - Generally, you must respond to an in-person request for copies of returns on the same day of the request. If, due to unusual circumstances, you cannot provide them on the same day, you must provide them no later than the next business day following the day the unusual circumstances cease to exist or the fifth business day after the day of the request, whichever occurs first.
   - You must respond to a written request for copies of your return within 30 days from the date you receive the request. If you require payment in advance, you must provide the documents 30 days from the date you receive payment. For requests made in person, you must accept payment by cash or money order. For requests made in writing, you must accept payment by certified check, money order, personal check or credit card. In both instances, you may accept other types of payment as well.
   - You are not required to respond to requests for copies of your return if you have made it “widely available” by posting it on a World Wide Web page that you establish and maintain or, as part of a database of similar documents of other tax-exempt organizations that another entity establishes and maintains.
**PUBLIC DISCLOSURE COPY**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

For the 2018 calendar year, or tax year beginning OCT 1, 2018 and ending SEP 30, 2019

B Name of organization

VILLAGEREC

C Name of organization

VILLAGEREC

D Employer identification number

91-2083484

E Telephone number

206-512-1530

G Gross receipts $ 19,740,570

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

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

J Website: WWW.VILLAGEREC.ORG

K Form of organization: X Corporation Trust Association Other

L Year of formation: 2000

M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO SAVE LIVES AND IMPROVE HEALTH

BY INCREASING ACCESS TO QUALITY HEALTHCARE.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 13

4 Number of independent voting members of the governing body (Part VI, line 1b) 13

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 66

6 Total number of volunteers (estimate if necessary) 13

7a Total unrelated business revenue from Part VIII, column (C), line 12 0.

7b Net unrelated business taxable income from Form 990-T, line 38 0.

Part II Revenue

8 Contributions and grants (Part VIII, line 1h) 4,097,669, 14,773,889.

9 Program service revenue (Part VIII, line 2g) 5,424,040, 4,951,344.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,511, 9,316.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,039,382, 19,733,603.

Part II Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,345,743, 1,958,166.

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) 7,784,610, 9,138,905.

16a Professional fundraising fees (Part IX, column (A), line 11e) 0.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,343,626, 4,499,242.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,473,979, 15,596,313.

19 Revenue less expenses. Subtract line 18 from line 12 3,170,105, 6,970,442.

Part II Net Assets of Fund Balances

20 Total assets (Part X, line 16) 5,465,424, 8,881,092.

21 Total liabilities (Part X, line 26) 2,295,319, 1,910,650.

22 Net assets or fund balances. Subtract line 21 from line 20 3,170,105, 6,970,442.

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 ANGELA FIDLER, TREASURER

Type or print name and title

Preparer's signature JENNIFER BECKER HARRIS

Date 08/12/20

Preparer's signature JENNIFER BECKER HARRIS

Date 08/12/20

Check box self-employed

PTIN 00183358

Paid Preparer's name JENNIFER BECKER HARRIS

Preparer's signature JENNIFER BECKER HARRIS

Date 08/12/20

Preparer's signature JENNIFER BECKER HARRIS

Date 08/12/20

Check box self-employed

Phone no. 425-454-4919

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

Form 990 (2018)
Part III | Statement of Program Service Accomplishments

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

1 Briefly describe the organization’s mission:

VILLAGEREACH’S MISSION IS TO SAVE LIVES AND IMPROVE HEALTH BY INCREASING ACCESS TO QUALITY HEALTHCARE FOR REMOTE, UNDERSERVED COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If “Yes,” describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If “Yes,” describe these changes on Schedule O.

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 $ 3,786,851. including grants of $ 1,361,442.) (Revenue $ 509,448.)

SUPPLY CHAIN AND LOGISTICS: HIGH-PERFORMING SUPPLY CHAINS ARE ESSENTIAL TO ENSURING THAT VACCINES, CONTRACEPTIVES, AND ESSENTIAL MEDICINES REACH THE LAST MILE. VILLAGEREACH WORKS WITH MINISTRIES OF HEALTH TO ASSESS CURRENT HEALTH SUPPLY CHAIN PERFORMANCE, IDENTIFY OPPORTUNITIES FOR IMPROVEMENT, AND IMPLEMENT NEW APPROACHES TO ENSURE ESSENTIAL PRODUCTS REACH THE LAST MILE. SUPPLY CHAIN FOR COMMUNITY HEALTH WORKERS: VILLAGEREACH SERVICES AS THE SUPPLY CHAIN PARTNER FOR THE COMMUNITY HEALTH IMPACT COALITION, HELPING ENSURE THAT COMMUNITY HEALTH WORKERS (CHWs) ARE EQUIPPED WITH THE PRODUCTS THEY NEED TO SERVE THE PEOPLE IN THEIR COMMUNITIES. SUPPLY CHAIN EQUITY: VILLAGEREACH IS DEVELOPING A FRAMEWORK FOR ASSESSING EQUITY IN THE DESIGN AND CONFIGURATION OF AN IMMUNIZATION SUPPLY CHAIN, WHICH IS PARTICULARLY

4b (Code: ) (Expenses $ 3,754,761. including grants of $ 84,848.) (Revenue $ 823,506.)

ACCELERATING NEXT-GENERATION IMMUNIZATION SUPPLY CHAINS (ISC):

VILLAGEREACH WORKS WITH MINISTRIES OF HEALTH TO DESIGN AND IMPLEMENT "NEXT-GENERATION" IMMUNIZATION SUPPLY CHAINS TO REACH ALL CHILDREN CURRENTLY WITHOUT ACCESS TO VACCINES. ALONG WITH OUR DIRECT WORK WITH GOVERNMENTS AND THEIR PARTNERS TO IMPLEMENT NEW SUPPLY CHAIN DESIGNS IN MOZAMBIQUE, DRC, TANZANIA AND PAKISTAN, THE ORGANIZATION ALSO DRIVES CHANGE GLOBALLY THROUGH ADVOCACY, EVIDENCE-GENERATION, AND PARTNERSHIPS THAT ENCOURAGE ADDITIONAL COUNTRIES TO INITIATE AND EXPAND EFFORTS TO IMPROVE IMMUNIZATION SUPPLY CHAINS.

4c (Code: ) (Expenses $ 2,139,261. including grants of $ 278,342.) (Revenue $ 886,769.)

OPENLMIS - IMPROVING HEALTH LOGISTICS AT THE LAST MILE: OPENLMIS, AN OPEN SOURCE LOGISTICS MANAGEMENT INFORMATION SYSTEM DESIGNED TO MANAGE HEALTH COMMODITIES IN LOW RESOURCE ENVIRONMENTS. OPENLMIS INCREASES DATA VISIBILITY FOR LOGISTICS, ENSURING EFFICIENT DELIVERY OF VACCINES AND OTHER ESSENTIAL MEDICINES. VILLAGEREACH IS THE LEADING DEVELOPER AND IMPLEMENTING PARTNER OF OPENLMIS, DEPLOYED IN MULTIPLE COUNTRIES BY PARTNERS THROUGHOUT SUB-SAHARAN AFRICA.

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

(Expenses $ 2,949,155. including grants of $ 233,534.) (Revenue $ 2,731,621.)

4e Total program service expenses $ 12,630,028.
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. <strong>Section 501(c)(3) organizations.</strong> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td></td>
<td></td>
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<tr>
<td>e. Did the organization report an amount for other liabilities in Part X, line 25?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a. Did the organization obtain separate, independent audited financial statements for the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Was the organization included in consolidated, independent audited financial statements for the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td></td>
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<tr>
<td>13. Is the organization a school described in section 170(b)(1)(A?</td>
<td>X</td>
<td></td>
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<tr>
<td>If &quot;Yes,&quot; complete Schedule E</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14a. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td></td>
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</tr>
<tr>
<td>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 11?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Part I</td>
<td></td>
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<tr>
<td>18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</td>
<td>X</td>
<td></td>
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<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td></td>
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</tr>
<tr>
<td>19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td></td>
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</tr>
<tr>
<td>20a. Did the organization operate one or more hospital facilities?</td>
<td>X</td>
<td></td>
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<tr>
<td>If &quot;Yes,&quot; complete Schedule H</td>
<td></td>
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<tr>
<td>b. If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 17?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
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</table>
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<td>22</td>
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<td>23</td>
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<td>37</td>
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<td>38</td>
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<td>X</td>
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</tbody>
</table>

### Part V Statements Regarding Other IRS Filings and Tax Compliance

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1a</td>
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<td>1b</td>
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<td>1c</td>
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</tbody>
</table>

**Note:** All Form 990 filers are required to complete Schedule O.
### Part V  Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>66</td>
</tr>
</tbody>
</table>

**Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).

2b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

3a. Did the organization have unrelated business gross income of $1,000 or more during the year? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3a</td>
</tr>
</tbody>
</table>

3b. If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3b</td>
</tr>
</tbody>
</table>

4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4a</td>
</tr>
</tbody>
</table>

4b. If "Yes," enter the name of the foreign country: ▶ MOZAMBIQUE, MALAWI, CONGO, DEM REP


5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5a</td>
</tr>
</tbody>
</table>

5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5b</td>
</tr>
</tbody>
</table>

5c. If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5c</td>
</tr>
</tbody>
</table>

6a. Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6a</td>
</tr>
</tbody>
</table>

6b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6b</td>
</tr>
</tbody>
</table>

7. Organizations that may receive deductible contributions under section 170(c).

7a. Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7a</td>
</tr>
</tbody>
</table>

7b. If "Yes," did the organization notify the donor of the value of the goods or services provided? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7b</td>
</tr>
</tbody>
</table>

7c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7c</td>
</tr>
</tbody>
</table>

7d. If "Yes," indicate the number of Forms 8282 filed during the year. 

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

7e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7e</td>
</tr>
</tbody>
</table>

7f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7f</td>
</tr>
</tbody>
</table>

7g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7g</td>
</tr>
</tbody>
</table>

7h. Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7h</td>
</tr>
</tbody>
</table>

8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

9. Sponsoring organizations maintaining donor advised funds.

9a. Did the sponsoring organization make any taxable distributions under section 4966? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9a</td>
</tr>
</tbody>
</table>

9b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9b</td>
</tr>
</tbody>
</table>

10. Section 501(c)(7) organizations. Enter:

10a. Initial fees and capital contributions included on Part VIII, line 12. 

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

10b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

11. Section 501(c)(12) organizations. Enter:

11a. Gross income from members or shareholders. 

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

11b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12a</td>
</tr>
</tbody>
</table>

12b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

13. Section 501(c)(29) qualified nonprofit health insurance issuers.

13a. Is the organization licensed to issue qualified health plans in more than one state? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13a</td>
</tr>
</tbody>
</table>

**Note.** See the instructions for additional information the organization must report on Schedule O.

13b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

13c. Enter the amount of reserves on hand. 

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

14a. Did the organization receive any payments for indoor tanning services during the tax year? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14a</td>
</tr>
</tbody>
</table>

14b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14b</td>
</tr>
</tbody>
</table>

15. Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

16. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>

Form 990 (2018)
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.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year 1a

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.

b Enter the number of voting members included in line 1a, above, who are independent 1b

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2

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? 3

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5

6 Did the organization have members or stockholders? 6

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8

a The governing body? 8a

b Each committee with authority to act on behalf of the governing body? 8b

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 9

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

10a Did the organization have local chapters, branches, or affiliates? 10a

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c

13 Did the organization have a written whistleblower policy? 13

14 Did the organization have a written document retention and destruction policy? 14

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official 15a

b Other officers or key employees of the organization 15b

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

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? 16a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed 17

NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X 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 20

ANGELA FIDLER - 206-512-1530

2900 EASTLAKE AVENUE E, SUITE 230, SEATTLE, WA 98102
## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

### Table

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Average hours per week</th>
<th>Position</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MARGARET GRIFFITHS</td>
<td>1.00</td>
<td>CHAIR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) JOHN DEW</td>
<td>1.00</td>
<td>VICE-CHAIR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) RICK FANT</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) MARI ANDERSON</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) SENA KWAWU</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) PAUL SUZMAN</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) LAURA HERMAN</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) MICHAEL HERMAN</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) KARI GLOVER</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) WILL POOLE</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) ALLEN WILCOX</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) IYABO TINUBU-KARCH</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) VALERIE NKAMGANG BEMO</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) EMILY BANCROFT</td>
<td>40.00</td>
<td>PRESIDENT</td>
<td>148,104.</td>
<td>0.</td>
<td>27,136.</td>
</tr>
<tr>
<td>(15) NANCY GEIGER</td>
<td>40.00</td>
<td>TREASURER</td>
<td>110,714.</td>
<td>0.</td>
<td>19,403.</td>
</tr>
<tr>
<td>(16) JESSICA CRAWFORD</td>
<td>40.00</td>
<td>SECRETARY</td>
<td>116,615.</td>
<td>0.</td>
<td>16,335.</td>
</tr>
<tr>
<td>(17) PATRICK SIKANA</td>
<td>40.00</td>
<td>VP OF PROGRAMS</td>
<td>35,000.</td>
<td>0.</td>
<td>1,885.</td>
</tr>
</tbody>
</table>
### Part VII  
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
</table>
| (18) BRANDON BOWERSOX-JOHNSON  
DIRECTOR, INFORMATION SYSTEMS | 40.00 | X | 128,369. | 0. | 14,047. |
| (19) OLIVIER DEFAWE  
DIRECTOR, HEALTH SYSTEMS | 40.00 | X | 105,225. | 0. | 12,855. |
| (20) MELISSA WEST  
DIRECTOR, ADVOCACY & COMMS | 40.00 | X | 106,129. | 0. | 20,428. |
| (21) JOSEPH ROUSSEL  
DIRECTOR, PRIVATE SECTOR ENGAGEMENT | 40.00 | X | 141,309. | 0. | 9,046. |

1b Sub-total: 891,464.  
C Total from continuation sheets to Part VII, Section A: 0.  
D Total (add lines 1b and 1c): 891,464.  

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: 7

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: 3  
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: 4  
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: 5  
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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>
| SOLDEVELO  
ALEJA ZWYCIESTWA, GDYNIA, POLAND 81-451 | IT CONSULTING | 1,044,083. |
| HUNGRYTHING  
4514 SE MAIN STREET, PORTLAND, OR 97215 | IT CONSULTING | 450,733. |

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: 2

---

Form 990 (2018)  
91-2083484  
Page 8  
832006 12-31-18
### Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td>2,501,577</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>12,272,312</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>14,773,889</td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a CONTRACT REVENUE</td>
<td>900099</td>
<td>4,951,344</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4,951,344.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Royalties                                                                |                   |                                       |                             |                                                  |
|--------------------------------------------------------------------------|-------------------|---------------------------------------|                             |                                                  |
| 5                                                                         |                   |                                       |                             |                                                  |

<table>
<thead>
<tr>
<th>Gross rents</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: rental expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental income or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net rental income or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross amount from sales of assets other than inventory</td>
<td>(i) Securities</td>
<td>(ii) Other</td>
</tr>
<tr>
<td>Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gain or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net gain or (loss)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from gaming activities. See Part IV, line 19</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a REIMBURSEMENTS</td>
<td>900099</td>
<td>9,316.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9,316.</td>
</tr>
</tbody>
</table>

| Total revenue. See instructions                                                                               |                   | 19,733,603         | 4,951,344.                            | 0.                           | 8,370.                                          |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 990 (2018) VILLAGEREACH 91-2083484 Page 10

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.

<table>
<thead>
<tr>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>1,958,166</td>
<td>1,958,166</td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>673,979</td>
<td>515,840</td>
<td>145,594</td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>6,365,265</td>
<td>4,871,754</td>
<td>1,375,031</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>374,268</td>
<td>331,932</td>
<td>37,578</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>1,274,383</td>
<td>1,018,636</td>
<td>228,113</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>451,010</td>
<td>355,979</td>
<td>76,902</td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td>41,429</td>
<td>31,221</td>
<td>10,208</td>
</tr>
<tr>
<td>c Accounting</td>
<td>105,155</td>
<td>49,259</td>
<td>55,896</td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>1,484,258</td>
<td>1,320,451</td>
<td>152,807</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>10,415</td>
<td>5,438</td>
<td>4,932</td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>422,330</td>
<td>253,169</td>
<td>145,056</td>
</tr>
<tr>
<td>14 Information technology</td>
<td>320,164</td>
<td>176,601</td>
<td>139,911</td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>236,701</td>
<td>116,334</td>
<td>120,367</td>
</tr>
<tr>
<td>17 Travel</td>
<td>1,355,717</td>
<td>1,190,381</td>
<td>160,716</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>30,746</td>
<td>20,094</td>
<td>10,652</td>
</tr>
<tr>
<td>20 Interest</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>100,404</td>
<td>85,839</td>
<td>14,565</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>75,539</td>
<td>38,350</td>
<td>37,165</td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a VEHICLES &amp; EQUIPMENT</td>
<td>154,024</td>
<td>149,886</td>
<td>4,010</td>
</tr>
<tr>
<td>b TRAINING &amp; EDUCATION</td>
<td>98,405</td>
<td>94,686</td>
<td>3,719</td>
</tr>
<tr>
<td>c MEALS &amp; ENTERTAINMENT</td>
<td>59,271</td>
<td>45,952</td>
<td>13,189</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td>4,676</td>
<td>60</td>
<td>1,241</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>15,596,313</td>
<td>12,630,028</td>
<td>2,737,660</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

832010 12-31-18 Form 990 (2018)
## Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>625,577</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>499,531</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>3,304,084</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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 instr). Complete Part II of Sch L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>600,000</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>1,058,366</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>878,431</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>9,471</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>5,465,424</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>2,043,658</td>
</tr>
<tr>
<td>18</td>
<td>Deferred revenue</td>
<td>225,000</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>26,661</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>2,295,319</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets</td>
<td>1,511,508</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>1,658,597</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34. Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>3,170,105</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>5,465,424</td>
</tr>
</tbody>
</table>

Form 990 (2018)
### Part XI Reconciliation of Net Assets

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>19,733,603.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>15,596,313.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>4,137,290.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>3,170,105.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>-336,953.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>6,970,442.</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
Accounting method used to prepare the Form 990:  
- [ ] Cash  
- [x] Accrual  
- [ ] Other
  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

| 2a   |   |
Were the organization’s financial statements compiled or reviewed by an independent accountant?  
- [ ] Separate basis  
- [ ] Consolidated basis  
- [ ] Both consolidated and separate basis
  
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:

| 2b   |   |
Were the organization’s financial statements audited by an independent accountant?  
- [x] Separate basis  
- [ ] Consolidated basis  
- [ ] Both consolidated and separate basis
  
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:

| 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?  
- [ ] Separate basis  
- [ ] Consolidated basis  
- [ ] Both consolidated and separate basis
  
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?  
- [ ] Separate basis  
- [ ] Consolidated basis  
- [ ] Both consolidated and separate basis
  
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:

| 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] Yes  
- [ ] No
  
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

| 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

Form 990 (2018)
### Part I: Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

<table>
<thead>
<tr>
<th>The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
</tr>
<tr>
<td>3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>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:</td>
</tr>
<tr>
<td>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.)</td>
</tr>
<tr>
<td>6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>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.)</td>
</tr>
<tr>
<td>8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
</tr>
<tr>
<td>9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
</tr>
<tr>
<td>10. 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.)</td>
</tr>
<tr>
<td>12. 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>f. Enter the number of supported organizations.</td>
</tr>
<tr>
<td>g. Provide the following information about the supported organization(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>5,479,711.</td>
<td>10,603,861.</td>
<td>3,831,967.</td>
<td>4,097,669.</td>
<td>14,773,889.</td>
<td>38,787,097.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>5,479,711.</td>
<td>10,603,861.</td>
<td>3,831,967.</td>
<td>4,097,669.</td>
<td>14,773,889.</td>
<td>38,787,097.</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22,518,795.</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>5,479,711.</td>
<td>10,603,861.</td>
<td>3,831,967.</td>
<td>4,097,669.</td>
<td>14,773,889.</td>
<td>38,787,097.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>2,066.</td>
<td>1,459.</td>
<td>3,935.</td>
<td>3,725.</td>
<td>6,021.</td>
<td>17,206.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,500. 1,082. 1,511. 9,316. 14,409.</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>38,818,712.</td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 41.91 % |

15 Public support percentage from 2017 Schedule A, Part II, line 14 | 35.85 % |

16a 33 1/3% support test - 2018. 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 | [X] |

16b 33 1/3% support test - 2017. 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 | [X] |

17a 10% facts-and-circumstances test - 2018. 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 | [X] |

17b 10% facts-and-circumstances test - 2017. 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 | [X] |

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 | [X] |
**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th>(b) 2017</th>
<th>(c) 2016</th>
<th>(d) 2015</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2017 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th>(b) 2017</th>
<th>(c) 2016</th>
<th>(d) 2015</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2017 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**9a 33 1/3% support tests - 2018.** 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

**9b 33 1/3% support tests - 2017.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part VI.)

#### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
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<tr>
<td>c</td>
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<td>6</td>
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<td>7</td>
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<tr>
<td>8</td>
<td></td>
<td></td>
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<tr>
<td>9a</td>
<td></td>
<td></td>
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<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IV. Supporting Organizations (continued)

#### 11. Has the organization accepted a gift or contribution from any of the following persons?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
</tbody>
</table>

**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

#### 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

#### 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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).

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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," explain in Part VI the role the organization’s supported organizations played in this regard.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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).

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>The organization satisfied the Activities Test. Complete line 2 below.</td>
</tr>
<tr>
<td>b</td>
<td>The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
</tr>
<tr>
<td>c</td>
<td>The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).</td>
</tr>
</tbody>
</table>

#### 2. Activities Test. Answer (a) and (b) below.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td></td>
</tr>
</tbody>
</table>

**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.
Schedule A (Form 990 or 990-EZ) 2018  VILLAGEREACH

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

### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td>---</td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td>---</td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount</strong>. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Part E - Distribution Allocations

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2019.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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.)

<table>
<thead>
<tr>
<th>SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HONORARIUM</strong></td>
</tr>
<tr>
<td>2015 AMOUNT: $ 2,500.</td>
</tr>
<tr>
<td>2017 AMOUNT: $ 1,500.</td>
</tr>
<tr>
<td><strong>REFUNDS</strong></td>
</tr>
<tr>
<td>2016 AMOUNT: $ 1,082.</td>
</tr>
<tr>
<td><strong>REIMBURSEMENTS</strong></td>
</tr>
<tr>
<td>2018 AMOUNT: $ 9,316.</td>
</tr>
<tr>
<td><strong>MISCELLANEOUS</strong></td>
</tr>
<tr>
<td>2017 AMOUNT: $ 11.</td>
</tr>
</tbody>
</table>
Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

VILLAGERRACH

Employer identification number

91-2083484

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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
## Part I  Contributors
(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$4,553,221.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$300,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$1,067,681.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$4,320,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$322,500.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$2,501,577.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>
## Part II Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
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<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
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<th>(d) Description of how gift is held</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
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<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 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>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

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? □ Yes □ No

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? □ Yes □ No

## Part II | Conservation Easements

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

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (e.g., recreation or education)
   - Protection of natural habitat
   - Preservation of a historically important land area
   - Preservation of a certified historic structure
   - Preservation of open space

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.
   - a) Total number of conservation easements
   - b) Total acreage restricted by conservation easements
   - c) Number of conservation easements on a certified historic structure included in (a)
   - d) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

3. Number of states where property subject to conservation easement is located

4. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? □ Yes □ No

5. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the tax year

6. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7. 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)? □ Yes □ No

8. 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.

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.

1b. 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 | ▶ $ |
   - (ii) Assets included in Form 990, Part X | ▶ $ |

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:
   - Revenue included on Form 990, Part VIII, line 1 | ▶ $ |
   - Assets included in Form 990, Part X | ▶ $ |

LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | Schedule D (Form 990) 2018
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
d Loan or exchange programs
   b Scholarly research
e Other
   c Preservation for future generations

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

5 During the year, did the organization 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?
   a Yes
   b 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? 
   a Yes
   b No

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
   a Yes
   b 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.

1a Beginning of year balance ...................................................
   b Contributions ..............................................................
   c Net investment earnings, gains, and losses ...........................
   d Grants or scholarships ...................................................
   e Other expenditures for facilities .....................................
   f Administrative expenses ................................................
   g End of year balance .....................................................

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment  ▶ %
   b Permanent endowment  ▶ %
   c Temporarily restricted endowment  ▶ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) unrelated organizations ..................................................
   3a(i)
   (ii) related organizations ..................................................
   3a(ii)

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

   b If "Yes," explain 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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land ........................................</td>
<td>........................................</td>
<td>....................................</td>
<td>..................................</td>
<td>179,935.</td>
</tr>
<tr>
<td>b Buildings ......................</td>
<td>........................................</td>
<td>....................................</td>
<td>..................................</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements ....</td>
<td>133,761.</td>
<td>75,922.</td>
<td>57,839.</td>
<td></td>
</tr>
<tr>
<td>d Equipment ....................</td>
<td>489,005.</td>
<td>369,004.</td>
<td>120,001.</td>
<td></td>
</tr>
<tr>
<td>e Other ..........................</td>
<td>435,600.</td>
<td>433,505.</td>
<td>2,095.</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018
### 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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### 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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) DEFERRED RENT</td>
<td>29,941</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

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

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 

Schedule D (Form 990) 2018
**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>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>19,447,889.</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>5</td>
</tr>
</tbody>
</table>

**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>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>15,647,552.</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5</td>
</tr>
</tbody>
</table>

**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.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**IMPAIRMENT OF RECIEVABLE**

-285,714.
Name of the organization: VILLAGEREACH

Employer identification number: 91-2083484

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1. **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [ ] Yes [ ] No

2. **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3. **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB-SAHARAN AFRICA</td>
<td>3</td>
<td>82</td>
<td>IMPROVEMENT</td>
<td>HEALTH SYSTEM</td>
<td>6,666,546.</td>
</tr>
<tr>
<td>SUB-SAHARAN AFRICA</td>
<td>0</td>
<td>0</td>
<td>GRANTS TO RECIPIENTS</td>
<td>N/A</td>
<td>1,958,166.</td>
</tr>
<tr>
<td>EUROPE</td>
<td>0</td>
<td>0</td>
<td>DEVELOPMENT</td>
<td>FOREIGN BUSINESS</td>
<td>0.</td>
</tr>
</tbody>
</table>

| 3a Subtotal             | 3                                   | 82                                                                      |                                                                                                                                         |                                                                                                    | 8,624,712.                                                                                           |
| b Total from continuation sheets to Part I | 0                                   | 0                                                                       |                                                                                                                                         |                                                                                                    | 0.                                                                                                   |
| c Totals (add lines 3a and 3b) | 3                                   | 82                                                                      |                                                                                                                                         |                                                                                                    | 8,624,712.                                                                                           |
Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB-SAHARAN</td>
<td>AFRICA - ANGOLA, 91-2083484</td>
<td>SUB-SAHARAN</td>
<td>SUPPORT LAST MILE</td>
<td>850,993</td>
<td>WIRE TRANSFER</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BENIN, BOTSWANA,</td>
<td></td>
<td>SUPPLY CHAIN WORK</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BURKINA, FASO,</td>
<td></td>
<td>IN MOZAMBIQUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUB-SAHARAN</td>
<td>AFRICA - ANGOLA, 91-2083484</td>
<td>SUB-SAHARAN</td>
<td>SUPPORT NEXGEN ISC</td>
<td>30,969</td>
<td>WIRE TRANSFER</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BENIN, BOTSWANA,</td>
<td></td>
<td>WORK ZAMBIA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BURKINA, FASO,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUB-SAHARAN</td>
<td>AFRICA - ANGOLA, 91-2083484</td>
<td>SUB-SAHARAN</td>
<td>IMPROVING ACCESS TO</td>
<td>169,894</td>
<td>ACH</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BENIN, BOTSWANA,</td>
<td></td>
<td>LIFE SAVING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BURKINA, FASO,</td>
<td></td>
<td>COMMODITIES IN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>BURKINA, FASO,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NIGERIA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUB-SAHARAN</td>
<td>AFRICA - ANGOLA, 91-2083484</td>
<td>SUB-SAHARAN</td>
<td>BUILD OUT OF FEATURES</td>
<td>164,211</td>
<td>ACH</td>
<td>0.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>BENIN, BOTSWANA,</td>
<td></td>
<td>FOR OPENLIMS IN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BURKINA, FASO,</td>
<td></td>
<td>TANZANIA AND ZAMBIA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUB-SAHARAN</td>
<td>AFRICA - ANGOLA, 91-2083484</td>
<td>SUB-SAHARAN</td>
<td>IMPROVE AVAILABILITY</td>
<td>58,971</td>
<td>ACH</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BENIN, BOTSWANA,</td>
<td></td>
<td>OF MEDICAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BURKINA, FASO,</td>
<td></td>
<td>COMMODITIES,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>INCLUDING LAB</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>SUB-SAHARAN</td>
<td>AFRICA - ANGOLA, 91-2083484</td>
<td>SUB-SAHARAN</td>
<td>TECHNICAL SUPPORT OF</td>
<td>114,131</td>
<td>ACH</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BENIN, BOTSWANA,</td>
<td></td>
<td>OPENLIMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BURKINA, FASO,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUB-SAHARAN</td>
<td>AFRICA - ANGOLA, 91-2083484</td>
<td>SUB-SAHARAN</td>
<td>IMPROVE AVAILABILITY</td>
<td>243,880</td>
<td>ACH</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BENIN, BOTSWANA,</td>
<td></td>
<td>OF MEDICAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BURKINA, FASO,</td>
<td></td>
<td>COMMODITIES,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td>INCLUDING LAB</td>
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<tr>
<td>SUB-SAHARAN</td>
<td>AFRICA - ANGOLA, 91-2083484</td>
<td>SUB-SAHARAN</td>
<td>PARTNER ON CHIPATALA</td>
<td>71,035</td>
<td>ACH</td>
<td>0.</td>
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<td></td>
<td>BENIN, BOTSWANA,</td>
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<td>CHA PA FONI (CCPF),</td>
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<td>BURKINA, FASO,</td>
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<td>OR HEALTH CENTER BY</td>
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<td>PHONE</td>
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</table>

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

3 Enter total number of other organizations or entities ........................................................................................................................................ ▶

SEE PART V FOR COLUMN (D) DESCRIPTIONS
<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VILLAGEREACH 91-2083484</td>
<td></td>
<td>SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,</td>
<td>ADAPT A TOOL TO ASSIST LOW AND MIDDLE INCOME COUNTRY GOVERNMENTS IN</td>
<td>76,348</td>
<td>ACH</td>
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<td>SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,</td>
<td>FURTHER THE SECTOR'S COLLECTIVE KNOWLEDGE OF HOW TO TRANSITION PROGRAMS TO</td>
<td>42,363</td>
<td>ACH</td>
<td>0</td>
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<td>SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,</td>
<td>STRENGTHEN SUPPLY CHAINS THAT PROVIDE MEDICINES TO COMMUNITY HEALTH</td>
<td>135,371</td>
<td>ACH</td>
<td>0</td>
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<td>(a) Type of grant or assistance</td>
<td>(b) Region</td>
<td>(c) Number of recipients</td>
<td>(d) Amount of cash grant</td>
<td>(e) Manner of cash disbursement</td>
<td>(f) Amount of noncash assistance</td>
<td>(g) Description of noncash assistance</td>
<td>(h) Method of valuation (book, FMV, appraisal, other)</td>
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<td>Question</td>
<td>Answer</td>
<td>Yes</td>
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<td>1</td>
<td>Was the organization a U.S. transferor of property to a foreign corporation during the tax year?</td>
<td></td>
<td>X</td>
<td></td>
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<td></td>
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<tr>
<td>2</td>
<td>Did the organization have an interest in a foreign trust during the tax year?</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>3</td>
<td>Did the organization have an ownership interest in a foreign corporation during the tax year?</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>4</td>
<td>Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year?</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>Did the organization have an ownership interest in a foreign partnership during the tax year?</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Did the organization have any operations in or related to any boycotting countries during the tax year?</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
PART I, LINE 2:

VILLAGEREACH HAS A SUBRECIPIENT POLICY IN PLACE WITH PROCEDURES THAT
GUIDES THE MONITORING OF SUBRECIPIENTS. THIS INCLUDES BOTH FINANCIAL AND
TECHNICAL MONITORING USING RISK ASSESSMENTS, REPORTING, SITE VISITS,
REGULAR CONTACT, AND OTHER MEANS TO PROVIDE REASONABLE ASSURANCE THAT THE
RECIPIENT ADMINISTERS FUNDS IN COMPLIANCE WITH LAWS, REGULATIONS, AND
PRIME AWARD TERMS WHILE ACHIEVING PROJECT AND PERFORMANCE GOALS
ESTABLISHED.

PART I, LINE 3:

VILLAGEREACH USES THE ACCRUAL METHOD OF ACCOUNTING TO REPORT EXPENDITURES
WITHIN THE ORGANIZATION’S FINANCIAL STATEMENTS.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(D) PURPOSE OF GRANT: IMPROVE AVAILABILITY OF MEDICAL COMMODITIES,
INCLUDING LAB SAMPLES, AS PART OF THE LAST MILE SUPPLY CHAIN PROJECT

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(D) PURPOSE OF GRANT: IMPROVE AVAILABILITY OF MEDICAL COMMODITIES,
INCLUDING LAB SAMPLES, AS PART OF THE LAST MILE SUPPLY CHAIN PROJECT

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(D) PURPOSE OF GRANT: ADAPT A TOOL TO ASSIST LOW AND MIDDLE INCOME
COUNTRY GOVERNMENTS IN CONDUCTING COST MODELING EXERCISES

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

(D) PURPOSE OF GRANT: FURTHER THE SECTOR’S COLLECTIVE KNOWLEDGE OF HOW
TO TRANSITION PROGRAMS TO GOVERNMENT OWNERSHIP, WHILE MAINTAINING QUALITY
AND IMPACT AT SCALE

REGION: SUB-SAHARIAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(D) PURPOSE OF GRANT: STRENGTHEN SUPPLY CHAINS THAT PROVIDE MEDICINES TO
COMMUNITY HEALTH ASSISTANTS WHO HELP BRING CRITICAL HEALTHCARE SERVICES
IN LIBERIA.

PART IV, LINE 1

VILLAGEREACH DID NOT MEET THE REQUIREMENTS FOR FILING FORM 926 FOR THE
FISCAL YEAR 2019.

PART I, LINE 3

VILLAGEREACH INCURS ADMINISTRATIVE COSTS WHEN WRITING PROPOSALS AND
PREPARING BIDS FOR PROJECTS, I.E. PROGRAM, FUNDING. THE BUSINESS
DEVELOPMENT COSTS ASSOCIATED WITH FOREIGN GRANT FUNDS IS NOT EASILY
ASCERTAINED.
**Part I Questions Regarding Compensation**

1. Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
   - [ ] First-class or charter travel
   - [ ] Housing allowance or residence for personal use
   - [ ] Travel for companions
   - [ ] Payments for business use of personal residence
   - [ ] Tax indemnification and gross-up payments
   - [ ] Health or social club dues or initiation fees
   - [ ] Discretionary spending account
   - [ ] Personal services (such as maid, chauffeur, chef)

2. If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If “No,” complete Part III to explain.

3. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

4. Indicate which, if any, of the following the filing organization used to establish the compensation of the organization’s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
   - [ ] Compensation committee
   - [ ] Written employment contract
   - [ ] Independent compensation consultant
   - [ ] Compensation survey or study
   - [ ] Form 990 of other organizations
   - [ ] Approval by the board or compensation committee

5. During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
   - [ ] Receive a severance payment or change-of-control payment?
   - [ ] Participate in, or receive payment from, a supplemental nonqualified retirement plan?
   - [ ] Participate in, or receive payment from, an equity-based compensation arrangement?

6. If “Yes” to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

5. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
   - [ ] The organization?
   - [ ] Any related organization?

6. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
   - [ ] The organization?
   - [ ] Any related organization?

7. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If “Yes,” describe in Part III.

8. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If “Yes,” describe in Part III.

9. If “Yes” on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

---

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

Schedule J (Form 990) 2018
**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren’t listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) EMILY BANCROFT PRESIDENT</td>
<td>(i) 148,104. 0. 0.</td>
<td>7,788. 19,348.</td>
<td>175,240. 0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>(2) JOSEPH ROUSSEL DIRECTOR, PRIVATE SECTOR ENGAGEMENT</td>
<td>(i) 141,309. 0. 0.</td>
<td>7,243. 1,803.</td>
<td>150,355. 0.</td>
<td>0.</td>
<td>0.</td>
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</table>
PART I, LINE 3:

THE BOARD OF DIRECTORS ANNUALLY REVIEWS SALARY DATA OF SIMILAR ORGANIZATIONS TO DETERMINE THE APPROPRIATE COMPENSATION LEVEL OF THE PRESIDENT.
### Part I Excess Benefit Transactions

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of disqualified person</th>
<th>(b) Relationship between disqualified person and organization</th>
<th>(c) Description of transaction</th>
<th>(d) Corrected?</th>
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<td>Yes</td>
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1. Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

   $\text{Amount} \quad \text{[$]}$

2. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

   $\text{Amount} \quad \text{[$]}$

### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of interested person</th>
<th>(b) Relationship with organization</th>
<th>(c) Purpose of loan</th>
<th>(d) Loan to or from the organization?</th>
<th>(e) Original principal amount</th>
<th>(f) Balance due</th>
<th>(g) In default?</th>
<th>(h) Approved by board or committee?</th>
<th>(i) Written agreement?</th>
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<td>To</td>
<td>From</td>
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<td>Yes</td>
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Total $\text{Amount} \quad \text{[$]}$

### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of assistance</th>
<th>(d) Type of assistance</th>
<th>(e) Purpose of assistance</th>
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

SEE PART V FOR CONTINUATIONS
### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of organization's revenues?</th>
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### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF GRANT $ 164,211.

(D) TYPE OF ASSISTANCE: SUBGRANT

(E) PURPOSE OF ASSISTANCE: BUILD OUT OF FEATURES FOR OPENLMIS IN TANZANIA AND ZAMBIA
FORM 990, PART I, LINE 6, VOLUNTEERS:

THIRTEEN BOARD MEMBERS SERVED AS VOLUNTEERS DURING THE COURSE OF THE YEAR.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IMPORTANT FOR AREAS WITH LOW COVERAGE RATES OR LARGE URBAN-RURAL DISPARITIES. SUPPLY CHAIN DESIGN: VILLAGEREACH TAKES AN EVIDENCE-BASED APPROACH TO SUPPLY CHAIN DESIGN, USING TOOLS AND PROCESSES THAT PROVIDE THE DATA DECISION-MAKERS NEED TO MAKE INFORMED DECISIONS ABOUT THEIR SUPPLY CHAIN DESIGN. SUPPLY CHAIN IMPLEMENTATION: VILLAGEREACH WORKS WITH MINISTRIES OF HEALTH TO IMPLEMENT NEW SUPPLY CHAIN DESIGNS AT THE COMMUNITY, DISTRICT, REGIONAL, AND NATIONAL LEVELS. TO ENSURE GOVERNMENT OFFICIALS ARE PREPARED TO MANAGE SUPPLY CHAIN IMPROVEMENTS OVER TIME, VILLAGEREACH SUPPORTS DEVELOPMENT OF ORGANIZATIONAL AND HUMAN RESOURCE CAPACITY, POLICIES, AND PROCESSES. THIS WORK INCLUDES CREATING A CULTURE OF DATA USE, AND MATCHING FUNDING AND FINANCIAL FLOWS TO THE OPTIMIZED DESIGN.

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

THE PHARMACY ASSISTANT TRAINING PROGRAM - THE PHARMACY ASSISTANT TRAINING PROGRAM IN MALAWI ADDRESSES THE PROBLEM OF UNTRAINED OR OVERBURDENED STAFF WHO MAY DISPENSE MEDICATIONS IN AN UNSAFE MANNER. VILLAGEREACH TRAINS AND DEPLOYS A NEW CADRE OF HEALTH WORKER TO IMPROVE DATA MANAGEMENT, DECREASE LOGISTICS BURDEN ON CLINICAL STAFF AND IMPROVE QUALITY OF CARE IN RURAL HEALTH FACILITIES. VILLAGEREACH IS WORKING WITH THE MINISTRY OF HEALTH TO SUPPORT NATIONAL EXPANSION AND...
PLACEMENT OF PHARMACY ASSISTANTS TO ALL OF MALAWI’S 650 HEALTH CENTERS.

EXPENSES $ 340,691. INCLUDING GRANTS OF $ 0. REVENUE $ 389,668.


EXPENSES $ 10,157. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

OTHER PROGRAMS RELATED TO EFFICIENCY AND EFFECTIVENESS OF HEALTH CARE DELIVERY IN LOW AND MIDDLE-INCOME COUNTRIES.

EXPENSES $ 1,405,198. INCL GRANTS OF $ 172,499. REVENUE $ 1,353,807.

CHIPATALA CHA PA FONI (HEALTH CENTER BY PHONE): TOGETHER WITH PARTNERS,
VILLAGEREACH DEVELOPED AND OPERATES CHIPATALA CHA PA FONI (CCPF) OR HEALTH CENTER BY PHONE, A MOBILE-BASED HEALTH HOTLINE IN MALAWI. CCPF PROVIDES ACCESS TO TRAINED HEALTH WORKERS WHO PROVIDE HEALTH INFORMATION, ADVICE AND REFERRALS OVER THE PHONE, THROUGH CCPF, PREGNANT WOMEN AND MOTHERS ALSO RECEIVE TEXT AND VOICE MESSAGES ON REPRODUCTIVE, MATERNAL AND NEWBORN HEALTH TOPICS BASED ON THEIR CHILD’S AGE. THROUGH PARTNERSHIP WITH THE MALAWI GOVERNMENT AND PRIVATE SECTOR
PARTNERS, CCFF CONTINUES TO EXPAND IN SCOPE AND SCALE, BRIDGING A
CRITICAL GAP IN HEALTH CARE ACCESS FOR REMOTE COMMUNITIES.

EXPENSES $1,193,109. INCLUDING GRANTS OF $61,035. REVENUE $988,146.

FORM 990, PART V, LINE 2A:

VILLAGEREACH HAD A TOTAL OF 43 EMPLOYEES IN MALAWI, 29 IN MOZAMBIQUE,
10 IN THE REPUBLIC OF CONGO, 3 IN TANZANIA, 4 IN SOUTH AFRICA, 1 IN
NIGERIA, 2 IN LIBERIA, AND 2 IN COTE D'IVOIRE IN FISCAL YEAR 2019 (IN
ADDITION TO THE UNITED STATES BASED EMPLOYEES NOTED ON THIS LINE).

FORM 990, PART VI, SECTION A, LINE 2:

MICHAEL FREE AND WILLIAM POOLE HAD A BUSINESS RELATIONSHIP.

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

THE EXECUTIVE COMMITTEE AND NOMINATING COMMITTEE DO NOT KEEP MINUTES BUT DO
REPORT TO THE FULL BOARD ON THEIR ACTIONS AND RECOMMENDATIONS. THE FINANCE
COMMITTEE DOES HAVE AUTHORITY TO ACT ON BEHALF OF THE BOARD BUT KEEPS
MONTHLY MINUTES.

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

THE FORM 990 IS COMPLETED BY CLARK NUBER, OUR INDEPENDENT ACCOUNTANTS. IT
IS THEN REVIEWED AND APPROVED BY THE DIRECTOR, FINANCE & OPERATIONS, THE
FINAL FORM 990 IS PROVIDED TO THE BOARD PRIOR TO SUBMISSION AND SUBMITTED
TO CLARK NUBER FOR FINAL COMPILATION AND SUBMISSION TO THE IRS.

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

ALL KEY PERSONNEL AND MEMBERS OF THE GOVERNING BODY ARE SENT A CONFLICT OF
INTEREST POLICY EACH YEAR, WHICH THEY FILL OUT AND RETURN. THE TREASURER

REVIEW THE SIGNED STATEMENTS TO DETERMINE WHERE CONFLICT EXISTS. MOREOVER,

THE PRESIDENT AND TREASURER ACTIVELY MONITOR ALL TRANSACTIONS AND WILL

PRESENT ANY THAT MAY INVOLVE A CONFLICT OF INTEREST TO THE BOARD OF

DIRECTORS FOR NECESSARY ACTION OR FOLLOW UP. IF A CONFLICT SHOULD ARISE,

THE BOARD MEMBER RECUSES THEMSELVES OF ANY DISCUSSION OR VOTE ON THE

MATTER.

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

THE BOARD OF DIRECTORS ANNUALLY REVIEWS SALARY DATA OF SIMILAR

ORGANIZATIONS TO DETERMINE THE APPROPRIATE COMPENSATION LEVEL OF THE

PRESIDENT. OTHER OFFICER POSITIONS OF VICE PRESIDENT, TREASURER, AND

SECRETARY ARE LIKewise SURVEYED ANNUALLY. COMPARABILITY DATA IS REVIEWED

BY THE BOARD OF DIRECTORS WITHOUT COMPENSATED PERSONS PRESENT. THE LAST

COMPENSATION REVIEW FOR OFFICERS OCCURRED IN OCTOBER 2018.

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

VILLAGEREEACH POSTS ITS ARTICLES OF INCORPORATION, BYLAWS, AND DETERMINATION

LETTER ON ITS WEBSITE, ALONG WITH THE THREE MOST RECENT FORM 990 RETURNS

AND AUDITED FINANCIAL STATEMENTS. THESE DOCUMENTS ARE ALSO AVAILABLE UPON

REQUEST ALONG WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY TRANSLATION ADJUSTMENT -51,239.

IMPAIRMENT OF RECEIVABLE -285,714.

TOTAL TO FORM 990, PART XI, LINE 9 -336,953.

FORM 990, PART XII, LINE 2B AND PART IV LINE 12A

832212 10-10-18
ACTIVITY REPORTED ON THIS FORM 990 AND ITS AUDITED FINANCIAL STATEMENTS

INCLUDES ALL ACTIVITY FOR ENTITIES REPORTED ON SCHEDULE R, PART II.
### Part I  Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable)</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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### Part II  Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
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<tr>
<td>VILLAGEREACH RDC ASBL</td>
<td>IMPROVE HEALTH BY</td>
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<td>VILLAGEREACH X</td>
<td>Yes</td>
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<td>AVENUE TOMBALBAYE N51</td>
<td>INCREASING ACCESS TO</td>
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<td>No</td>
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<tr>
<td>COMMUNE DE LA GOMBE, KINSHASA, CONGO</td>
<td>QUALITY HEALTHCARE</td>
<td>CONGO (KINSHASA)</td>
<td>N/A</td>
<td></td>
<td>VILLAGEREACH X</td>
<td>Yes</td>
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<tr>
<td>VILLAGEREACH MALAWI</td>
<td>IMPROVE HEALTH BY</td>
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<td>No</td>
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<td>AREA 14/185, PO BOX 31348</td>
<td>INCREASING ACCESS TO</td>
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<td>No</td>
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<td>CITY CENTRE, LILONGWE, MALAWI 3</td>
<td>QUALITY HEALTHCARE</td>
<td>MALAWI</td>
<td>N/A</td>
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<td>VILLAGEREACH X</td>
<td>Yes</td>
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For Paperwork Reduction Act Notice, see the instructions for Form 990.

SEE PART VII FOR CONTINUATIONS
### Part III  Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Direct controlling entity</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Share of total income</th>
<th>(f) Share of end-of-year assets</th>
<th>(g) Disproportionate allocations?</th>
<th>(h) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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### Part IV  Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
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</table>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

<table>
<thead>
<tr>
<th>(a)</th>
<th>Name of related organization</th>
<th>(b)</th>
<th>Transaction type (a-s)</th>
<th>(c)</th>
<th>Amount involved</th>
<th>(d)</th>
<th>Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>VILLAGEREACH RDC ASBL</td>
<td>P</td>
<td>927,277</td>
<td>BOOK</td>
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<td>(2)</td>
<td>VILLAGEREACH MALAWI</td>
<td>P</td>
<td>1,744,587</td>
<td>BOOK</td>
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</table>

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514) Yes No</th>
<th>(e) Are all partners sec. 501(c)(3) orgs? Yes No</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets Yes No</th>
<th>(h) Disproportionate allocations Yes No</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Yes No</th>
<th>(j) General or managing partner? Yes No</th>
<th>(k) Percentage ownership</th>
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PART II, IDENTIFICATION OF Related Tax-Exempt Organizations:

NAME AND ADDRESS OF RELATED ORGANIZATION:

VILLAGEREACH RDC ASBL

AVENUE TOMBALBAYE N51

COMMUNE DE LA GOMBE, KINSHASA, CONGO (KINSHASA)

PART II

VILLAGEREACH CONSIDERS THE TWO NON-GOVERNMENTAL ORGANIZATIONS (NGOS) LISTED IN PART II OF SCHEDULE R AS DISREGARDED ENTITIES. AS SUCH, ALL THE ACTIVITIES ARE INCLUDED IN THE FORM 990 AND AUDITED FINANCIAL STATEMENTS UNDER THE UMBRELLA OF VILLAGEREACH.