

# Reach St.Pete's Pop-Up Pantry Capacity Proposal

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*ARPA Nonprofit Capital Project Fund - Small Purchases*

## ***Reach Services***

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Mrs. Alexia Sue Morrison  
6157 31st Ave N  
Saint Petersburg, FL 33710

alexia@reachstpete.org  
O: 727-599-9638

## ***Mrs. Alexia Sue Morrison***

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6157 31st Ave N  
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# Application Form

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## *Organization Information*

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If you would like to complete this application in Word first and copy your answers over later, use the following link: [Download Application](#)

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

Please pay attention to character limits while working on your draft. These limits include spaces.

### Organization Name\*

Reach Services INC (DBA: Reach St.Pete)

### Proposal Name\*

Please choose a short name to identify this project within the grant portal:

Reach St.Pete's Pop-Up Pantry Capacity Proposal

### EIN\*

824672063

### Incorporation Year\*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

2016

### Organizational Mission Statement\*

What is your organization's mission statement? This should be no longer than one or two sentences.

To prevent and alleviate homelessness, low-income, and at-risk situations in Pinellas County to bridge the gap between people and the resources they need to obtain a better life.

### Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on [SAM.gov](#) and apply for one here (it is

free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

*[Unanswered]*

### Annual Operating Budget Size\*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

\$471,211.25

### Amount Requested\*

The maximum grant amount is \$199,999.

\$62,865.00

### Parent Non-Profit/Subsidiaries\*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

#### **Example**

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

## *Request Specifics*

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### Organization Programmatic Background\*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

Reach St. Pete is a nonprofit that has been operating in Pinellas County since 2016, serving those who are experiencing homelessness, low-income, and at-risk situations who may be in need of housing, food, hygiene items, clothing, emergency assistance, and other wrap-around services. Our mission is to prevent and alleviate these circumstances by bridging the gap between people and the resources they need to obtain a better life. The history behind our organization comes from The Executive Director's personal experience with homelessness as a teenager. After struggling to navigate through the system of resources and feeling like there was never a resource available to her that felt dignifying, she started Reach St.Pete to do just that.

Provide access to innovative, dignifying resources bridging the gap between people and the resources they need via a more intentional, dignifying, and equitable system.

## Community Need\*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

The USDA study on Characteristics and Influential Factors of Food Deserts states "Concentrated poverty and minority populations emerge from our study as the critical factors in determining low access. As impoverished and minority populations are already more likely to have poor access to health care and fitness facilities, limited access to healthy food may compound the effects of this deprivation. These environments, plagued with low income, low education levels, and high unemployment, may well be unattractive markets for supermarkets and grocery stores." We see this playing out in South Pinellas County especially which has the highest amount of food deserts in our county. This makes our mobile grocery store (dubbed Pop-Up Pantry) crucial now more than ever.

Currently 134,650 people don't have enough to eat in Pinellas County. Nearly 25% of Pinellas County Community Health Needs Assessment survey respondents had no place to go for food when money was tight, according to the Florida Department of Health. Additionally more than 30% of Pinellas County residents are living more than one mile from the nearest grocery store in an urban areas, according to a USDA assessment. The need is even greater in what's known as "food deserts" in Pinellas. The USDA defines food deserts as "a census tract with a substantial share of residents who live in a low income area that have low access to a grocery store or healthy affordable retail outlet." Our Pop-Up Pantry services bridge the gap between the physical, financial, and educational barriers to food and nutrition.

Additionally in November 2021, residents of Tampa Bay saw fuel prices up 67.5% over the prior year. Used car prices were up 30%. Food was up 4.3% and shelter was up 8%. The Bureau of Labor Statistics tracks inflation in 23 major markets on an every-other-month schedule. Tampa Bay's 9.6 percent January 2022 inflation rate was the highest of the 12 markets studied.

## Negative Economic Impact on Organization\*

**The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.**

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

**You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.**

**Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.**

Our organization has experienced, and is still experiencing negative economic impact from the pandemic on multiple levels. Overall we have seen weakened revenue streams and heightened demand for services and support. The first way we have been impacted is via increase in demand for our services that have not been compensated through new revenue. Before the pandemic we saw on average of 500 families per month. When the pandemic hit in 2019-2020 we were serving 1,000+ families per month. With this initial drastic increase in clients we had to hire additional staff to meet these needs, while also finding ways to create new revenue for the non-budgeted expenses. We had to utilize our reserves in order to meet these emergency needs and ensure we could keep staff through the pandemic.

Secondly we saw an influx in requests for food specifically when households started to experience the effects of inflationary pressures. During the height of COVID 19 we started food delivery service which ended in late 2021 due to funding. After that consistent increase of requests for groceries we launched our Pop-Up Pantry (Mobile Grocery Store) in early 2022 to help bring free groceries into high need areas to assist with the cost of gas, transportation, accessibility, and food affordability. This was made possible due to PSTA donating a decommissioned city bus to our organization to transform that bus into a mobile grocery store. Although we were excited to have a new innovative way to meet needs, this project was created due to the increase in needs caused by the pandemic. The amount of clients we serve during each operation has increased from 150 families to 350 families totaling 2,319 people with over 23,000 pounds of food in only six months. With the ongoing inflationary pressures to run this operation, our most recent pressing issue is no longer receiving milk and eggs from our food sponsors due to them being affected by food shortages. We are finding that in the present, and looking forward in the foreseeable future, inflation will continue to negatively impact how we continue to serve our community in dignifying and efficient manners. With ongoing, unexpected shifts in our economy since the pandemic started we've had multiple occasions where we had to dig into our reserves in order to meet the needs for non-budgeted expenses, which has since affected our ability to make capital purchases. We continue to have the most incredible, dedicated, servant-hearted staff, volunteers, board members, partners, and supporters that allow us to continue to pivot and innovate to continue to meet the needs in our community and this grant would dramatically shift the narrative for us.

## Proposal Description\*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question?

We are seeking \$62,865 towards commercial grade items to help us increase our storage capacity in order to match the increase in demands. The commercial refrigeration, freezers and shelving are a newer need for us to expand our storage capacity due to the high volumes of food now needed for our operations due to inflationary pressures as a result of the pandemic. We've watched our normal operations have a 133% increase in clients we serve within six short months. With this fast-paced increase in clients we are in crucial need to expand our storage capacity to serve more groceries. The lifespan of these commercial items will last us 10+ years with a 5 year warranty on the compressor parts to the fridges/freezers, and our volunteer who is a licensed small engine mechanic who offers his services to us pro-bono.

Our request for a transit van will last us 15 years+ with low mileage and one owner. This will help us address the negative economic harm of food insecurity as a result of the pandemic. To help us expand our Pop-Up Pantry operations we need to decrease the amount of times the bus (Pop-Up Pantry) has to return back to our warehouse for a restock of food. Since the launch of the project we planned for one return to the building for a restock of food. In six months we have had to increase that to two stops which interferes with how many people and sites we can serve in a day. This van will help us reach an additional 50-100 families per operation by stocking the van, and having the van come out to the bus for restock as needed. It will create a smoother operation, and quicker restock so families can get all the items they need.

Lastly a commercial grade portable AC unit for our newest warehouse expansion where we will store food for operations. We've recently had to upgrade our warehouse space to be able to store and accommodate more items due to the increase in demand we are seeing on a consistent basis, as a result of inflationary pressures from the pandemic. Being able to create more consistent and cool airflow in the warehouse is essential to our operations not only for food safety, but for staff, and volunteers who work in the warehouse to prepare, organize, and sort through the thousands of pounds of food needed to ensure successful operations. This unit will last us 10 years + with a warranty, its commercial grade, and our volunteer who is a licensed small engine mechanic who donates his services to us.

## Guiding Principles - Client Impact\*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

### **Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?**

Yes, these purchases will directly impact those who have experienced disproportionate negative impacts from COVID 19 pandemic. All our services aim to provide service to those experiencing homelessness, low-income, and at-risk communities in Pinellas County and over 72% of those we serve are Black, Latino, Asian or a member of the LGBTQIA+ community. Because we serve those suffering from disproportionate negative impacts from the pandemic we have been meticulous and intentional to build relationships with these communities, to listen to their stories and voices in order to effectively amplify their voices, and ensure we meet their needs to create a more equitable Pinellas County. After reviewing our online applications and

surveys over 64% checked off that their current situation was affected by COVID 19, these online applications and surveys range from 2019-2022.

### Number Served\*

How many people will directly benefit from this capital purchase annually?

6000

### Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

**Unduplicated:** A client is counted once, regardless of the number of times they access services

**Example:** ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Duplicated

### Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:

[https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.

### Headquarters Location\*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

721 Dr MLK Jr St S St.Petersburg, Fl, 33705

### QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?



Yes

## Purchase Location\*

Where will the majority of the activities related to the purchase(s) take place?

### Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

100% of the activities related to the purchase will take place within Pinellas County. A majority of our clients are served in high need areas including zip codes 33705, 33712, 33760. However, we service the entirety of Pinellas County. The van that will service the Pop-Up Pantry will have the potential to stop at Enoch Davis Center, Campbell Park Recreation Center, Pinellas Hope, SPC-Midtown, Northside Baptist Church, and Reach St.Pete Headquarters.

## QCT Determination - Purchase\*

Does this organization's proposed purchase benefit residents of QCTs?

Further determination required

## Community Connection

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This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

## Community Representation and Connection\*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

Our organization has operated since 2016 in the heart of South St.Petersburg serving those who are experiencing homelessness, low-income, or at-risk situations with food, clothing, hygiene items, bill assistance, and community engagement events. Some of our most marginalized communities can be found in South Pinellas due to lack of equity, education, and access to resources they need to obtain a better life. Our organization is intentional with board and staff representation to ensure we not only understand the culture behind those we serve, but we speak the language, listen to amplify their voices, and build relationships. In addition our Executive Director experienced homelessness and grew up in marginalized community and leads from that viewpoint to ensure we serve with dignity, justice, and advocacy.

Our board consists of 6 members, 33% African American, 16% Asian, 16% Hispanic, 33% Caucasian. 33% of our board identifies as Male, and 66% of our board identifies as Female. Our staff leadership consists of 33% African American, 33% Asian, 33% Caucasian. Additionally 20% are members of the LBGTQIA+ community. Additionally 60% of our staff identifies as a Female, and 40% identify as a Male.

The population we serve also known as our clients are broken down below:

59.6% African American  
34% Caucasian  
4.2 Hispanic  
2.2% Asian

61.7% Female  
38.3% Male

48% 55+ years old  
52% Under 55 years old

6% Identify as a part of the LBGTQIA+ community  
94% Do not identify as a part of the LBGTQIA+ community AND/OR refused to answer this question

### Leadership Demographics - Board Membership\*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC

### Leadership Demographics - Executive Level Leadership Team\*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

BIPOC  
LGBTQ+

## Leadership Demographics - CEO/Executive Director\*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."

BIPOC

LGBTQ+

## Proposal Costs

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### Purchase Estimates/Bids\*

#### You must combine all bids/estimates into one file.

Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.

- If your purchase is **BELOW** \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

Reach St.Pete Estimates.pdf

### Sole Source\*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

N/A

## Related Parties\*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

### Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If **yes**, identify the vendor and describe the relationship.

If **no**, write "No related parties below."

No related parties below.

## Budget Summary\*

Please use **THIS TEMPLATE** to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Budget-Template-Small-Capital-Purchases.pdf

We initially needed 4 more commercial fridges and have received donations to purchase two of the four so the grant match has been secured from Local Church who donated \$5,350. The warehouse expansion match has been secured from Pinellas Community Church who donated \$10,000. The industrial bins have been secured from The Debartolo Family Foundation who donated \$3,450.

The remaining items on the budget that are currently unmatched are crucial items necessary to expand physical storage capacity to safely store varied meats, milk, eggs, dry goods, produce, bakery items, hygiene products, and more.

## Other Funding Sources\*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

**Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.**

Applied \$20,000 from Saunders Foundation

Applied \$10,000 from Ploughshares Foundation

Applied \$10,000 from Books and Joan Family Foundation

Secured \$5,350 from Local Church

Secured \$10,000 from Pinellas Community Church  
 Secured \$3,450 from Debartolo Family Foundation

### Changes in Operating Costs\*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

These purchases decrease ongoing operation costs due to the amount of food we get donated on a consistent basis that we will be able to keep by having the appropriate amount of storage. With this request we would be able to house more donations of frozen goods, refrigerated goods, dry goods, produce, and hygiene items. Each week we donate forward upwards of 1,000+ pounds of food to other nonprofits due to our current storage capacities that don't allow for us to store as much as we need. When this happens we have to go out and purchase additional products later in the week instead of being able to keep all our donations allowing for us to expend less in additional product purchases in the future. The one purchase that increases ongoing operational costs would be the transit van due to gas, maintenance, and having our commercial driver add hours to their current shifts. We will compensate for the difference with the additional grant applications we have applied for listed above.

## Organization Documentation

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Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

### Organization Budget\*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

2021-2022 Board Approved Budget.pdf

### Board of Directors List\*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board List with Involvement.pdf

## IRS Form 990\*

Please upload a PDF copy of your most recently submitted IRS Form 990.

**If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type.** You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

REACH SERVICES TR-CC 2020 990.pdf

## Most Recent Financial Statements\*

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

Reach\_Services\_\_Inc\_-\_Income\_Statement\_Profit\_and\_Loss\_(2).pdf

We do not have a recent audit due to our operating budget size. Our board has deemed it appropriate once we surpass the \$500,000 annual budget marker (Current budget: \$471,211.25) that it will become necessary to have an audit due to the investment of a proper audit. Attached is our most recent Profit & Loss sheet for this current fiscal year that ends October 31st, 2022. We also have Balance Statements and Cash Flow Statements available if necessary.

## *Insurance Requirements*

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### Evidence of Insurance Coverage\*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

**If your organization does not have evidence of insurance coverage, please provide an explanation as to why.**

Certificate of Liability Insurance 721.pdf

### Insurance Requirement\*

**If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:**

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.

PCF will not ask for a certificate naming us as additional insured until the contracting stage.

Yes, I understand and will comply with this requirement if awarded a contract.

## *Post-Grant Requirements*

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### **Reporting Requirements Acknowledgment\***

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## *Additional Information*

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### **Budget Summary**

**NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED**

Please use **THIS TEMPLATE** to indicate costs and any cash match your organization may have for the proposed purchases.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

### **Additional Upload**

If you have something to share, you can upload it here in PDF format.

Q2 Report 2022.pdf

### Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

Attached is our most recent quarter report showing you a glimpse into all our operations and impact as an organization. However the focus of this proposal really helps the Pop-Up Pantry(Mobile Grocery Store) operations specifically with the increase of demand for food and inflationary pressures as a result of the pandemic.

### Brief Project Descriptor

Please briefly describe this organization's request.



## File Attachment Summary

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### *Applicant File Uploads*

- Reach St.Pete Estimates.pdf
- Budget-Template-Small-Capital-Purchases.pdf
- 2021-2022 Board Approved Budget.pdf
- Board List with Involvement.pdf
- REACH SERVICES TR-CC 2020 990.pdf
- Reach\_Services\_\_Inc\_-\_Income\_Statement\_Profit\_and\_Loss\_(2).pdf
- Certificate of Liability Insurance 721.pdf
- Q2 Report 2022.pdf

# Bids/Estimates: Reach St.Pete Proposal

## Commercial Fridges: Glass/Merchandiser \$2,699 x 2 = \$5,338



**Free Shipping**

Only **\$2,669.00**

or payments as low as \$237.14/month [Prequalify >](#) [CREDIT KEY](#)

Ships free with [plus](#)

**What We Offer**

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Coverage starting at \$130.65 [?](#) [Add Protection](#)
- Installation Service**  
Fast and easy installation by a certified service partner [?](#) [Add Installation](#)

1 [Add to Cart](#)

[Customize & Add to Cart](#)

Earn up to \$80.07 back (8,007 points) with a Webstaurant Rewards Visa® Credit Card

[Wish List](#) [Rapid Reorder](#)

SG series 53 in. W 45 cu. ft. Two Swing Glass Door Reach In Merchandiser Commercial Refrigerator in White

★★★★★ [Questions & Answers](#)



**\$3757<sup>27</sup>**

How to Get It Delivering to: 33710 | [Change](#)

<p><b>Ship to Store</b> Pickup Sep 19 - Sep 22 <b>FREE</b></p>	<p><b>Ship to Home</b> Get it by Fri, Sep 23 Standard Delivery</p>	<p><b>Scheduled Delivery</b> Not available for this item</p>
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We'll send up to \$9 to Bradenton for free pickup [Change Store](#)

This item does not qualify for Major Appliance Delivery and Haul Away or Installation Services.

**Protect This Item** [Learn more](#)

Select a Home Depot Protection Plan by Allstate for:

5 Year / \$425.00

No thanks

- 1 + [Add to Cart](#)

**Commercial Freezer Glass/Merchandiser \$2,999 x 2 = \$5,998**

**Avantco GDC-49F-HC 53 1/8" Black Swing Glass Door Merchandiser Freezer with LED Lighting**

[Leave a review](#) Item #: 178GDC49FHCB



Free Shipping

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1 [Add to Cart](#)

[Customize & Add to Cart](#)

**Earn up to \$89.97 back** (8,997 points) with a Webster Rewards Visa® Credit Card

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Other Available Colors:



Coldline

**Coldline D53-W 53" Double Glass Swing Door Merchandiser Freezer - White**

**\$3,595.00**

From \$333/month with [Credit Key](#) [Prequalify Now!](#)

**\$99 Shipping**

Estimated to Ship in 1-4 Business Days

1

[Add to Cart](#)

[Add to wishlist](#) [Ask a Question](#)

Brilliant interior LED lighting

8 epoxy coated shelves [We're Open. Chat with ...](#)

**Commercial Transit Van: \$45,000**

**2022 Ford Transit Connect Cargo XL LWB FWD with Rear Cargo Doors - \$41,879**

Tampa, FL · 1 mi away · Home delivery available

end to phone  
Email

**2022 CARGO VAN, FORD GOLD CERTIFIED**



**LIFETIME WARRANTY** **ELDER Ford OF TAMPA** **100% OF THE**

360°



Next →

**FAIR DEAL**

Below Market Dealer Rating  
\$196 **★★★★★**  
[Read 85 reviews](#)

We are online [Chat](#)

Contact dealer (432) 529-4065

Hello, my name is Alexia Perry and I'm interested in this 2022 Ford Transit Connect. I'm in the 33612 area. You can reach me by email at alexiasueperry@gmail.com

[+Add Phone Number \(Recommended\)](#)

Thank you!

**2022 Ford E-Transit - \$52,281**

Tampa, FL · 4 mi away · Home delivery available



**LIFETIME WARRANTY** **ELDER Ford OF TAMPA** **100% OF THE**

360°



Next →

We are online

Contact dealer

Hello, my name is Alexia Perry and I'm interested in this 2022 Ford E-Transit. I'm in the 33612 area. You can reach me by email at alexiasueperry@gmail.com

[+Add Phone Number \(Recommended\)](#)

Thank you!

Email me new listings for my

[Send message](#)

**Commercial Portable AC: \$3,769.44**



**5 Ton Air-cooled Industrial Chiller 5HP 230V 3 Phase 47000 BTU**

SOLD BY [Hualute](#)

TPIN: VK95LATUB

**SALE** **FREE SHIPPING**

Price: **\$3,769.44** ~~\$4,709.44~~

[why is our price so low?](#)

**IN STOCK.** Fulfilled By Toolots.

WARRANTY: 90-Days Warranty

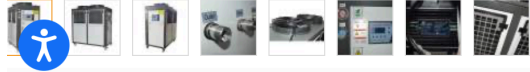
**DEALER**  
**\$3,230.54**

1. Cooling Capacity: 11900 Kcal/h
2. Refrigerant: R-407C
3. Water Pump Power: 0.75KW ( 1HP )
4. Compressor Power: 5HP

[See More Product Details](#)

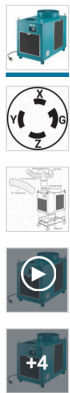
[California Proposition 65 Warning](#)

photos



**QUESTIONS? Let's Chat.**

Type your message here



Roll over image to zoom.

[Product Image Feedback](#)

**MOVINCOOL**

**Portable Air Conditioner: 39,000 BtuH Cooling Capacity, 2,000 to 2,500 sq ft, 3 Phase**

Item # **5JLJ7**

Mfr. Model # **CLASSIC 40**

UNSPSC # **40101701**

Catalog Page # **2997**

Country of Origin Mexico. Country of Origin is subject to change.

These heavy-duty portable air conditioners provide cool, dehumidified air for cooling people, processes, and equipment. They're commonly used to cool assembly lines and cri [View More](#)

Compare this product

Web Price <sup>i</sup>

**\$7,800.97** / each

This item requires special shipping, additional charges may apply.

Qty

1

**Add to Cart**

Ship

Pickup

Expected to arrive **Mon. Sep 12.**

Ship to **33701** | [Change](#)

Shipping Weight **379 lbs**

[Ship Availability Terms](#)

[Add to List](#)

**Technical Specs**

Item	Portable Air Conditioner	Smart Connectivity	No Connectivity
Duty Rating	Heavy Duty	Sound Level	72 dBA
Average Coverage Area	2,000 to 2,500 sq ft	Number of Speeds	1

**Customers Also Viewed**

[Chat with an Agent](#)

## Commercial Shelving: \$269.99 x 10 = \$2,699.90

### Ironton 4-Tier Industrial Shelving Rack — 77in.W x 24in.D x 72in.H, Model# 2611T002

Item# 62497 ★★★★★ (631) [Write a Review](#) [Ask a Question](#)



Reg. \$299.99

**Sale \$269.99** *Order today to get this price*

Save \$30.00

1

**+ Add to Cart**



**Ship It**

**Ships today if ordered before 3pm!**

**In Stock**

[See Shipping Options](#)

[See Unloading Instructions](#)



**Store Pickup in Under 2hrs (In-Store or Curbside)**

[Check Other Stores](#)

[See Pickup Details](#)

Hover over image to zoom



Video

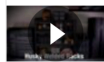
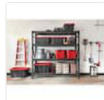
[More images you'd like to see?](#)

- All steel construction for industrial-strength storage
- 4-tier rack stands 72in.H and features four 77in.W x 24in.D shelves
- Each shelf has 2000-lb. load capacity
- Each shelf has 3 cross braces

Husky

4-Tier Heavy Duty Industrial Welded Steel Garage Storage Shelving Unit in Black (77 in. W x 78 in. H x 24 in. D)

★★★★★ (11247) [Questions & Answers \(704\)](#)



**\$349<sup>00</sup>**

- Heavy-duty garage shelving rack supports 2500 lbs. per shelf
- Shelves are 24 in. deep & adjustable for versatile storage needs
- Welded garage shelves are covered by Husky's lifetime warranty
- [See More Details](#)

**Bradenton Store**

✓ 42 in stock Aisle 26, Bay EC1 [Text to Me](#)

Color/Finish: **Black**



Width x Height x Depth: **77 in W x 78 in H x 24 in D**

65 in W x 54 in H x 24 in D

**77 in W x 78 in H x 24 in D**

90 in W x 90 in H x 24 in D

Feedback

**How to Get It**

Delivering to: 33710 | [Change](#)



**Store Pickup**  
Pickup Today



**Ship to Home**  
Not available for this item



**Scheduled Delivery**  
As soon as Tomorrow

## ARPA Nonprofit Capital Project Fund – Small Purchases Budget

**Organization Name: Reach Services INC (DBA: Reach St.Pete)**

**Proposal Name: Pop-Up Pantry Capacity**

A	B	C	D	E	F	G	H
Line Item	Item (Description)	Price Per Item	Quantity of Item	Purchase Total	ARPA Grant Funds Requested	Applicant Match	Funding Total
1	Commercial Fridges	\$ 2,699.00	4	\$ 10,796	\$ 5,398	\$ 5,398.00	\$ 10,796
2	Commercial Freezers	\$ 2,999.00	2	\$ 5,998	\$ 5,998	\$ -	\$ 5,998
3	Transit Van	\$45,000.00	1	\$ 45,000	\$ 45,000	\$ -	\$ 45,000
4	Commercial Portable AC	\$ 3,769.44	1	\$ 3,769	\$ 3,769	\$ -	\$ 3,769
5	Commercial Shelving Units	\$ 269.99	10	\$ 2,700	\$ 2,700	\$ -	\$ 2,700
6	Warehouse Expansion	\$10,000.00	1	\$ 10,000	\$ -	\$ 10,000	\$ 10,000
7	Industrial Bins	\$ 15.00	230	\$ 3,450	\$ -	\$ 3,450	\$ 3,450
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
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		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		<b>TOTAL</b>	<b>249</b>	<b>\$ 81,713</b>	<b>\$ 62,865</b>	<b>\$ 18,848</b>	<b>\$ 81,713</b>
<p><b>THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL</b></p> <p><b>Columns E, H, and the "TOTAL" row are locked and cannot be edited</b></p>							
<b>Key</b>							
<b>Item (Description)</b>		<i>Brief name/description of the purchase requested</i>					
<b>Price per item</b>		<i>The individual price of one unit of the proposed purchase</i>					

	<b>Quantity of Item</b>	<i>The number of units of the proposed purchase you are requested</i>		
	<b>Purchase Total</b>	<i>Total purchase cost of the proposed line item (quantity multiplied by price)</i>		
	<b>ARPA Grant Funds Requested</b>	<i>The amount of ARPA funding requested for this line item</i>		
	<b>Applicant Match</b>	<i>The amount (if any) that you, the applicant, are contributing towards the purchase of the line item</i>		
	<b>Funding Total</b>	<i>Total funding for proposed line item (ARPA grant request plus applicant match)</i>		



**Proposed Budget 2021-2022**

1	<b>Accounting</b>	\$	3,200.00
2	<b>Advertising &amp; Marketing</b>	\$	3,500.00
3	<b>Taxes</b>	\$	3,000.00
4	<b>Assistance for Participants - Clothing</b>	\$	3,000.00
5	<b>Assistance for Participants - Educational &amp; Creative Res.</b>	\$	5,500.00
6	<b>Assistance for Participants - Food</b>	\$	5,000.00
7	<b>Assistance for Participants - Housing &amp; Utilities</b>	\$	30,000.00
8	<b>Assistance for Participants - Emergency Help</b>	\$	10,000.00
9	<b>Assistance for Participants - Hygiene Items</b>	\$	7,200.00
10	<b>Assistance for Participants - Miscellaneous</b>	\$	2,400.00
11	<b>Assistance for Participants - Transportation</b>	\$	1,800.00
12	<b>Bank Service Charges</b>		N/A
13	<b>Building Repairs &amp; Maintenance</b>	\$	21,300.00
14	<b>Bus - Construction, Equipment, Wrap</b>	\$	35,000.00
15	<b>Bus - Gas</b>	\$	5,400.00
16	<b>Business License &amp; Fees</b>	\$	250.00
17	<b>Conferences, Conventions, &amp; Meetings</b>	\$	500.00
18	<b>Dues &amp; Subscription Service Fees</b>	\$	2,000.00
19	<b>Employer Payroll Taxes</b>	\$	15,200.00
20	<b>Event Expenses</b>	\$	3,500.00
21	<b>Fundraising Expenses</b>	\$	2,500.00
22	<b>Gas &amp; Electric</b>	\$	4,200.00
23	<b>Internet &amp; cable</b>	\$	1,800.00
24	<b>Janitorial Services</b>	\$	3,500.00
25	<b>Landscaping &amp; Lawn Services</b>	\$	1,400.00
26	<b>Legal Fees</b>	\$	61.25
27	<b>Liability Insurance</b>	\$	8,600.00
28	<b>Office Supplies</b>	\$	3,500.00
29	<b>Parking &amp; Tolls</b>	\$	200.00
30	<b>Payroll Processing Fees</b>	\$	1,200.00
31	<b>PTO</b>		TBD
32	<b>Postage &amp; Delivery</b>	\$	600.00
33	<b>Rent, Common Area, and Association Fees</b>	\$	41,000.00
34	<b>Rubbish Removal</b>	\$	500.00
35	<b>Small Tools &amp; Equipment</b>	\$	2,000.00
36	<b>Staff Wages, Salaries, Benefits</b>	\$	178,000.00
37	<b>Subcontract Labor</b>	\$	21,000.00
38	<b>Supplies</b>	\$	8,500.00
39	<b>Team Meeting Expenses</b>	\$	1,200.00
40	<b>Telephone</b>	\$	1,200.00
41	<b>Travel</b>		N/A
42	<b>Volunteer Appreciation</b>	\$	2,500.00
43	<b>Volunteer Expenses</b>	\$	1,000.00
44	<b>Warehouse Supplies</b>	\$	2,500.00
45	<b>Water</b>	\$	3,000.00
46	<b>Website Expense</b>	\$	500.00
47	<b>Building Supplies</b>	\$	3,000.00
48	<b>Cushion</b>	\$	20,000.00
	<b>TOTAL:</b>	\$	471,211.25

**Applicant Board of Directors List**

Organization Name: REACH SERVICES INC (DBA: REACH ST.PETE)

How many times does your board meet per calendar year? QUARTERLY, WITH 3-4 SPECIAL MEETINGS IN BETWEEN EACH QUARTER

Name	Board Position	Company Affiliation	Lives/Works in Pinellas County? (Y/N)	12-Month Meeting Attendance Rate*
Alexia Morrison	President	Reach St.Pete	Y	100%
Meiko Seymour	Chariman	Pinellas Community Church	Y	100%
Miguel Miranda	Vice Chairman	University of South Florida	Y	100%
Danielle Moore	Dir. of Development	Sunday Bacon Foundation	Y	100%
Julia Schillings	Treasurer	13th Judicial Court	Y	100%
Tonya Buford	Secretary	Chamber of Commerce Pinellas Park	Y	100%


**\*If the board member has served less than 12 months on the board, please calculate the attendance for how many meetings they have been required to attend. For example, a board member that has served for six months and attended six monthly board meetings would have an attendance rate of 100%**



July 6, 2022

REACH SERVICES, INC.  
6157 31ST AVENUE N.  
ST. PETERSBURG, FL 33710

REACH SERVICES, INC.:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by September 15, 2022.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Carr, Riggs & Ingram, LLC

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

October 31, 2021

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**Prepared For:**

REACH SERVICES, INC.  
6157 31ST AVENUE N.  
ST. PETERSBURG, FL 33710

---

**Prepared By:**

Carr, Riggs & Ingram, LLC  
600 Cleveland Street, Suite 1000  
Clearwater, FL 33755

---

**Amount Due or Refund:**

Not applicable

---

**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

Not applicable

---

**Return Must be Mailed On or Before:**

Not applicable

---

**Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office using our secure file transfer website – <https://cricpa.sharefile.com/share/filedrop> . We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by September 15, 2022

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning NOV 1, 2020, and ending OCT 31, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**REACH SERVICES, INC.**

**82-4672063**

Name and title of officer or person subject to tax

**ALEXIA MORRISON  
EXECUTIVE DIRECTOR**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>264,689.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize CARR, RIGGS & INGRAM, LLC to enter my PIN 76970  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

## Part III Certification and Authentication

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

61989636331

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CARR, RIGGS & INGRAM, LLC Date ▶ 07/06/22

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **NOV 1, 2020** and ending **OCT 31, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>REACH SERVICES, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>6157 31ST AVENUE N.</b> City or town, state or province, country, and ZIP or foreign postal code <b>ST. PETERSBURG, FL 33710</b>	<b>D</b> Employer identification number <b>82-4672063</b>  <b>E</b> Telephone number <b>727-275-8655</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>269,558.</b>
<b>J</b> Website: ▶ <b>WWW.REACHSTPETE.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2018</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>REACH SERVICES, INC. WORKS TO PREVENT, ALLEVIATE, AND ELIMINATE HOMELESSNESS BY BRIDGING THE GAP</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>6</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>452</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 124,970.
<b>9</b>		Program service revenue (Part VIII, line 2g)	0.	0.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-218.	1,446.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,752.	264,689.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	71,396.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>700.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	86,117.	39,416.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	86,117.	163,314.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	38,635.	101,375.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 41,588.	<b>End of Year</b> 143,526.
	<b>21</b>	Total liabilities (Part X, line 26)	0.	565.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	41,588.	142,961.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>ALEXIA MORRISON, EXECUTIVE DIRECTOR</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAN SHUEY</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00593908</b>
	Firm's name ▶ <b>CARR, RIGGS &amp; INGRAM, LLC</b>	Firm's EIN ▶ <b>72-1396621</b>			
	Firm's address ▶ <b>600 CLEVELAND STREET, SUITE 1000 CLEARWATER, FL 33755</b>		Phone no. <b>727.446.0504</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: REACH SERVICES, INC. WORKS TO PREVENT, ALLEVIATE, AND ELIMINATE HOMELESSNESS BY BRIDGING THE GAP BETWEEN PEOPLE AND RESOURCES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 30,373. including grants of \$ 8,817. ) (Revenue \$ )

MOTEL OUTREACH A BI-WEEKLY EVENT THAT SERVES THOSE EXPERIENCING HOMELESSNESS VIA LIVING OUT OF MOTELS. WE PROVIDE FREE DINNER, SNACKS, CLOTHING, HYGIENE ITEMS, FINANCIAL ASSISTANCE, AND ENGAGING ACTIVITIES/CRAFTS FOR STUDENTS EXPERIENCING HOMELESSNESS, LOW-INCOME, AND AT-RISK SITUATIONS.

4b (Code: ) (Expenses \$ 27,334. including grants of \$ 4,837. ) (Revenue \$ )

FOR THE SOUTHSIDE AN OUTREACH PROGRAM THAT SERVES THOSE EXPERIENCING HOMELESSNESS, LOW-INCOME, AND AT-RISK SITUATIONS WITH FREE CLOTHING, HYGIENE ITEMS, HOUSEHOLD ITEMS, AND FOOD.

4c (Code: ) (Expenses \$ 55,752. including grants of \$ 35,895. ) (Revenue \$ )

FILL THE NEED: AN APPLICATION AVAILABLE VIA ONLINE OR TELEPHONE TO PROVIDE RENTAL ASSISTANCE, UTILITIES ASSISTANCE, AND MISCELLANEOUS FINANCIAL ASSISTANCE. ALL MONIES EXPENDED HERE GO DIRECTLY TO THE SERVICE PROVIDERS, LANDLORDS, COMPLEXES, ETC. AND NONE IS AWARDED DIRECTLY TO CLIENTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,128. including grants of \$ 2,953. ) (Revenue \$ )

4e Total program service expenses 116,587.



**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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 b Other officers or key employees of the organization; 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 ALEXIA MORRISON - 727-275-8655 6157 31ST AVENUE N., ST PETERSBURG, FL 33710

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

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

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

**1a** 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEXIA MORRISON PRESIDENT/EXECUTIVE DIRECTOR	3.00	X		X				0.	0.	0.
(2) AUDREY HENSON CHAIRWOMAN (THROUGH 3/2021)	3.00	X		X				0.	0.	0.
(3) MEIKO SEYMOUR VICE CHAIRMAN UNTIL 3/2021, CHAIRMAN	3.00	X		X				0.	0.	0.
(4) MIGUEL MIRANDA VICE CHAIRMAN (AFTER 3/2021)	3.00	X		X				0.	0.	0.
(5) GEOFF COMRIE TREASURER (THROUGH 3/2021)	3.00	X		X				0.	0.	0.
(6) JULIA SCHILLINGS TREASURER (AFTER 3/2021)	3.00	X		X				0.	0.	0.
(7) TONYA BUFORD SECRETARY	3.00	X		X				0.	0.	0.
(8) DANIELLE MOORE BOARD MEMBER	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							0.	0.	0.	

**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 **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**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 **0**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>			
	<b>b</b>	Membership dues	<b>1b</b>			
	<b>c</b>	Fundraising events	<b>1c</b>			
	<b>d</b>	Related organizations	<b>1d</b>			
	<b>e</b>	Government grants (contributions)	<b>1e</b>			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	263,243.		
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$		
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		263,243.		
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>			
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b>	All other program service revenue				
	<b>g</b>	<b>Total.</b> Add lines 2a-2f				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)				
	<b>4</b>	Income from investment of tax-exempt bond proceeds				
	<b>5</b>	Royalties				
	<b>6 a</b>	Gross rents	(i) Real			
			(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>			
	<b>c</b>	Rental income or (loss)	<b>6c</b>			
	<b>d</b>	Net rental income or (loss)				
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>			
	<b>c</b>	Gain or (loss)	<b>7c</b>			
<b>d</b>	Net gain or (loss)					
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a	6,315.		
			8b	4,869.		
<b>c</b>	Net income or (loss) from fundraising events			1,446.	1,446.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19		9a			
			9b			
<b>c</b>	Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances		10a			
			10b			
<b>c</b>	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>			
	<b>b</b>					
	<b>c</b>					
	<b>d</b>	All other revenue				
	<b>e</b>	<b>Total.</b> Add lines 11a-11d				
<b>12</b>	<b>Total revenue.</b> See instructions			264,689.	0.	0.
						1,446.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	52,502.	52,502.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	37,500.	22,500.	15,000.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	28,822.	28,822.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....				
10 Payroll taxes .....	5,074.	3,926.	1,148.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	61.		61.	
c Accounting .....	5,520.		5,520.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion .....	2,472.	412.	2,035.	25.
13 Office expenses .....	5,638.	625.	4,985.	28.
14 Information technology .....	1,156.	295.	861.	
15 Royalties .....				
16 Occupancy .....	265.		265.	
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	848.	110.	716.	22.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....				
23 Insurance .....	4,816.		4,816.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUBCONTRACT LABOR</b>	5,614.	1,614.	4,000.	
b <b>SUPPLIES</b>	5,078.	2,607.	2,471.	
c <b>VOLUNTEER EXPENSES</b>	3,565.	729.	2,389.	447.
d <b>EVENT EXPENSES</b>	2,494.	2,281.	35.	178.
e All other expenses	1,889.	164.	1,725.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	163,314.	116,587.	46,027.	700.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	41,588.	<b>1</b>	123,939.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		0.	<b>15</b> 19,587.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		41,588.	<b>16</b> 143,526.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		0.	<b>25</b> 565.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		0.	<b>26</b> 565.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....		41,588.	<b>27</b> 142,961.
	<b>28</b> Net assets with donor restrictions .....			<b>28</b>
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....			<b>29</b>
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>30</b>
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>31</b>
	<b>32</b> Total net assets or fund balances .....		41,588.	<b>32</b> 142,961.
	<b>33</b> Total liabilities and net assets/fund balances .....		41,588.	<b>33</b> 143,526.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	264,689.
2	Total expenses (must equal Part IX, column (A), line 25)	2	163,314.
3	Revenue less expenses. Subtract line 2 from line 1	3	101,375.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,588.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	142,961.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2020)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **REACH SERVICES, INC.** Employer identification number **82-4672063**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An 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: \_\_\_\_\_
- 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....		5,631.	8,314.	124,970.	263,243.	402,158.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....		5,631.	8,314.	124,970.	263,243.	402,158.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						402,158.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....		5,631.	8,314.	124,970.	263,243.	402,158.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						402,158.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	10,859.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input checked="" type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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.)

Horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**REACH SERVICES, INC.**

Employer identification number

**82-4672063**

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).

Name of organization <b>REACH SERVICES, INC.</b>	Employer identification number <b>82-4672063</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY FOUNDATION OF TAMPA BAY 4300 W CYPRESS ST. #700 TAMPA, FL 33607	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PINELLAS COMMUNITY CHURCH 5501 31ST ST S ST. PETERSBURG, FL 33712	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SUNDAY BACON FOUNDATION 7921 ELBOW LANE NORTH ST. PETERSBURG, FL 33710	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	INSTALLED BUIDLING PRODUCTS FOUNDATION 495 SOUTH HIGH ST. SUITE 50 COLUMBUS, OH 43215	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	100 WOMEN WHO CARE 816 3RD AVE S. TIERRA VERDE, FL 33715	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BICHETTE FAMILY CHARITABLE FUND 119 1ST ST W ST. PETERSBURG, FL 33715	\$ 18,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>REACH SERVICES, INC.</b>	Employer identification number  <b>82-4672063</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>REACH SERVICES, INC.</b>	Employer identification number <b>82-4672063</b>
---	---

**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.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** REACH SERVICES, INC. **Employer identification number** 82-4672063

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**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 make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
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 Term 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:
- |  | Yes    | No |
|--|--------|----|
| (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     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.



**Part VII Investments - Other Securities.**

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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.

(a) Description	(b) Book value
(1) DUE FROM BB&T BANK FRAUD	7.
(2) CONSTRUCTION IN PROGRESS	19,580.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	19,587.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAX LIABILITY	565.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	565.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **REACH SERVICES, INC.** Employer identification number **82-4672063**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

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

Schedule I (Form 990) 2020

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MOTEL OUTREACH	852	0.	8,817.	FMV	FOOD, CLOTHING, HOUSEHOLDE ITEMS ETC.
FOR THE SOUTHSIDE	2100	0.	4,837.	FMV	FOOD, CLOTHING, HOUSEHOLDE ITEMS ETC.
CHRISTMAS TOYS	290	0.	2,899.	FMV	TOYS
FILL THE NEED	2603	29,339.	6,554.	FMV	RENTAL ASSISTANCE, UTILITIES ASSISTANCE, MISCELLANEOUS FINANCIAL ASSISTANCE

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

AT ALL OUT REACH PROGRAMS, THERE IS A CHECK-IN SYSTEM FOR CLIENTS AND A  
POINT PERSON STAFF WHO MONITORS VIA HEADCOUNT HOW MANY PEOPLE RECEIVE  
SERVICES. AFTER EACH OUTREACH PROGRAM IT IS REVIEWED AND ENTERED IN TO THE  
SYSTEM TO TRACK.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

REACH SERVICES, INC.

Employer identification number

82-4672063

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

BETWEEN PEOPLE AND RESOURCES.

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

BOARD OF DIRECTORS DOES NOT REVIEW THE 990.

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

BEFORE VOTING TAKES PLACE, THE CHAIRMAN ENSURES THERE IS NO CONFLICT OF  
INTEREST WITHIN THE TOPIC, SUBJECT, AND THOSE INVOLVED. IF THERE IS, THEN  
THOSE WITH A CONFLICT OF INTEREST ARE ASKED TO REFRAIN FROM VOTING.

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

FINANCIAL STATEMENTS POSTED TO WEBSITE EACH QUARTER. DOCUMENTS AVAILABLE  
UPON REQUEST.

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

ROUNDING

-2.

# Income Statement (Profit and Loss)

Reach Services, Inc.

For the 10 months ended August 31, 2022

Accrual Basis

NOV 2021-AUG  
2022

---

## Income

Donation Income	67,554.20
Grant Income	260,919.67
Other Income	239.72
Refunds	377.46
<b>Total Income</b>	<b>329,091.05</b>

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## Gross Profit

**329,091.05**

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## Operating Expenses

Accounting	4,080.00
Advertising & Marketing	2,246.80
Assistance for Participants - Clothing	1,497.84
Assistance for Participants - Educational & Creative Resources	1,818.83
Assistance for Participants - Emergency Help	3,900.00
Assistance for Participants - Food	18,888.06
Assistance for Participants - Housing & Utilities	52,178.04
Assistance for Participants - Hygiene Items	11,961.41
Assistance for Participants - Miscellaneous	5,409.74
Assistance for Participants - Transportation	1,310.31
Bank Service Charges	25.71
Building Repairs & Maintenance	3,179.28
Building Supplies	3,523.86
Bus - Gas	1,968.27
Bus- Construction, Equipment, Wrap	4,191.17
Bus Repairs & Maintenance	4,074.37
Business License & Fees	100.00
Conferences, Conventions, Meetings	361.47
Dues & Subscription Service Fees	2,722.57
Employer Payroll Taxes	15,545.71
Event Expenses	1,109.05
Fundraising Expenses	669.14
Gas & Electric	1,008.82
Internet & Cable	902.53
Janitorial Services	1,185.05
Landscaping & Lawn Services	485.00
Legal Fees	61.25

NOV 2021-AUG  
2022

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Liability Insurance	7,309.28
Miscellaneous	833.58
Office Expense	874.56
Payroll Processing Fees	200.00
Postage & Delivery	196.49
Printing & Copying	166.00
Rent, Common Area and Association Fees	12,411.45
Repairs & Maintenance	50.00
Rubbish Removal	610.00
Small Tools & Equipment	3,479.09
Staff Salaries	82,562.14
Subcontract Labor	15,656.24
Supplies	9,214.27
Team Meeting Expenses	270.69
Telephone	148.08
Travel	38.30
Volunteer Appreciation	1,853.35
Volunteer Expenses	2,328.13
Warehouse Supplies	2,513.12
Water	1,035.33
Website Expense	710.93
<b>Total Operating Expenses</b>	<b>286,865.31</b>
<b>Operating Income</b>	<b>42,225.74</b>
<b>Net Income</b>	<b>42,225.74</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/06/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Charlcie Kingston	
Insurance Risk Advisory Group		<b>PHONE (A/C. No. Ext):</b> (727) 314-1211	<b>FAX (A/C. No.):</b> (727) 584-6748
1335 Martin Luther King Jr Ave, Suite B		<b>E-MAIL ADDRESS:</b> charlcie.kingston@insurancerisk-ag.com	
Dunedin FL 34698		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> UNITED STATES LIAB INS CO	<b>NAIC #</b> 25895
<b>INSURED</b>		<b>INSURER B:</b> Technology Insurance Co Inc 39071	
Reach Services, Inc.		<b>INSURER C:</b>	
721 Dr MartinLuther King St S		<b>INSURER D:</b>	
St Petersburg FL 33705		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 160

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y		NPP1594847A	03/12/2021	03/12/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<b>EXCESS LIAB</b>						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A		TWC4066057	01/10/2022	01/10/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is Additional Insured as Their Interests May appear.

**CERTIFICATE HOLDER****CANCELLATION**

Churchfield I LLC 615 9th St N St Petersburg FL 33701	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Charlcie Kingston</i>

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# 2nd Quarter Report

February, March, April

Prepared By:  
Alexia Morrison

# Summary 01

The second quarter report is a document produced by the CEO containing a set of financial information, statistics, advancements, and a summary of overall impact from February 1st, 2022 - April 30th, 2022.

These past 3 months our organization has been leaning into our newest launched initiatives; The Pop-Up Pantry & Pilot Literacy Program. Both programs are brand new to our outreach services and started in quarter one. In quarter two we set our sights on creating those outreach services with strong foundations to ensure sustainability for their future. In quarter two we've seen 1,791 people providing over 2,130 hygiene items, 11,400 lbs of food, and over 56 additional need request applications ranging from bill assistance, rent assistance, work boots, diapers, groceries, and more.

We can't celebrate all the work without celebrating the people who made it happen which includes 365 registered volunteers who gave of their time and talents, and resources. As well as our donors, grantees, partners, online donors, and community partners who gave \$ 122,971.17.

If there is one thing we've learned this quarter it's that the needs are growing now more than ever before. We don't just serve those experiencing homelessness, we serve those in tough financial situations, low-income situations, those living in paycheck to paycheck situations. Its your average everyday families who need help now and we aim to do everything we can to ensure they feel no shame in asking for help and feel their needs can be met by those in their own community.

This report has key updates, crucial statistics, organizational news and updates. I create this report to not only bring awareness and advocacy, but to give transparency and an opportunity to learn more. I can't adequately express my gratitude for all of you who make Reach St.Pete what it is today.

With Love,  
Alexia Morrison, Executive Director

**"WE CANNOT CHANGE WHAT  
WE ARE NOT AWARE OF, AND  
ONCE WE ARE AWARE, WE  
CANNOT HELP BUT CHANGE."**

**-SHERYL SANDBERG**

# Financial Statement 02

## Income Statement (Profit and Loss)

Reach Services, Inc.

For the 3 months ended April 30, 2022

Accrual Basis

	\$0,000
<b>Revenues</b>	
Donation Income	\$1,000.00
Grant Income	101,000.00
Refunds	800.00
<b>Total Revenues</b>	<b>\$102,800.00</b>
<b>Gross Profit</b>	
	<b>\$102,800.00</b>
<b>Operating Expenses</b>	
Advertising & Marketing	800.00
Assessment for Participants- Clothing	200.00
Assessment for Participants- Educational & Credit Resources	700.00
Assessment for Participants- Food	6,875.00
Assessment for Participants- Housing & Utilities	20,400.00
Assessment for Participants- Hygiene Items	6,800.00
Assessment for Participants- Miscellaneous	1,200.00
Assessment for Participants- Transportation	800.00
Building Repair & Maintenance	1,700.00
Building Supplies	1,000.00
Gas - Van	147.00
Gas Supplies	12,800.00
Grant & Subscription Service Fees	800.00
Employee Payroll Taxes	4,200.00
Fuel Expenses	100.00
Furniture Expenses	800.00
Interest - Loan	50.00
Insurance - General	100.00
Liability Insurance	1,000.00
Miscellaneous	200.00
Office Supplies	200.00
Payroll Processing Fees	50.00
Postage & Delivery	100.00
Rent, Telephone and Associated Fees	1,000.00
Utilities - Rental	600.00
Small Tools & Equipment	1,200.00
Staff Salaries	26,400.00
Subcontract Labor	1,000.00
Supplies	1,175.00
Taxi - Meeting Expenses	100.00
Telephone	50.00
Tolls	50.00
Uniforms - Appreciation	600.00
Uniforms - Expenses	100.00
Warehouse Supplies	1,175.00
Website Expenses	100.00
Warehouse Lease Expenses	1,200.00
<b>Total Operating Expenses</b>	<b>70,800.00</b>
<b>Operating Income</b>	<b>32,000.00</b>
<b>Net Income</b>	<b>32,000.00</b>

**2,130**

Hygiene items

**1,791**

Families &  
Individuals helped

**\$25,000+**

Distributed towards  
homelessness prevention

**11,400**

Pounds of food  
distributed



# POP-UP PANTRY 04

The Pop-Up Pantry is a grocery store on wheels committed to providing direct access to fresh food in food deserts and low-income areas across Pinellas County. What makes it unique is the large capacity it provides, being a decommissioned city bus. Additionally driving directly to the needs, providing free groceries in a "choice model" allowing guests to shop what they need. While we use the term "shop," all items on the bus are free and there are no eligibility requirements, making access as easy possible.

This project was done with the intention of making the experience the same as shopping at your local grocery store. Displaying things in a visually appealing way while providing staple items like milk, eggs, fresh produce, dry goods, and hygiene products. This outreach service has 3 main focus areas.

- **Direct Access:** Providing fresh food to communities underserved by traditional grocery store options by driving directly to the high need areas.
- **Food Affordability:** Providing high quality grocery items for FREE to alleviate those experiencing any type of financial burdens.
- **Community Awareness:** Partnering with other community organizations in order to get clients more resources and wrap around services that may be available to them.

We officially cut the ribbon on February 24th, 2022 and the bus had its first day of service to the public. We couldn't have done it without our corporate sponsors Molina Healthcare, Publix, and PSTA. Additionally our non-corporate sponsors Feed St.Pete, St.Pete Free Clinic, Brick Street Farms, Pinellas Community Foundation, The Ellis Family, Allegany Franciscan Ministries, St.Petersburg Parks & Recreation, Healthy St.Pete, Northside Baptist Church, Pinellas Hope, St.Petersburg College, Childs Park, and Enoch Davis Center. We owe additional thank you's to our Board of Directors, Pop-Up Pantry Committee members, Director of Community Relations; Latorra Bowles, Scott Morrison, Bryan Sampson, Nicholas Wheeler, and Leadership PSTA Class of 2021.



# PILOT LITERACY 05

Our Pilot Literacy Program launched February 14th, 2022 in order to help us meet the literacy needs in South Pinellas County. Our Southside schools are nicknamed "failure factories" due to students falling behind on reading levels, which in turn affects future educational efforts a student makes.

In quarter one we had students experiencing homelessness express to us they needed help with their daily reading assignments from school. They didn't have the books, tools, or support to do it. From there we made a social media post expressing the need and were met with volunteer tutors, volunteers to provide transportation, and volunteered materials, time, and resources from Literacy Specialist at a local school. Together they shaped the volunteer training, resources for students, and basic assessments. Finally the space to host these students was important because it had to be close enough to their own neighborhoods and have a kid-friendly space. Our partner, Pinellas Community Church has so graciously hosted the location meeting all the needs and more for these students!

Every Tuesday we now offer free one on one tutoring and homework help for students experiencing low-income or homeless situations in Pinellas County. Additionally limited transportation is provided, snack packs, drinks, and school supplies to ensure overall success of each student.

Since fruition of the program we are happy to report the students enrolled have showed up consistently, made progress from their initial literacy assessment, and look forward to coming every Tuesday thanks to our Community Outreach Associate; Nicholas Wheeler and our committed volunteer tutors who show up intentionally to make a safe space for each child.



# POP-UP AT BAYWAY INN 06

For about 1.5 years we've been showing up at Bayway Inn, a local Southside motel that temporarily houses families with children. You may not know that those living in a motel are considered "homeless" in our cities statistics. It includes those who couch-surf, live out of a car, live out of motel, live on the streets, or live in a shelter. All are forms of homelessness due to the temporary nature. Those living here have access to very little. Rooms have 1-2 bedrooms but sometimes up to 7 kids, not all rooms have refrigerators and/or microwaves. There is no stove top access to make home-cooked meals. This is not the fault of the motel itself, as it was made to be a place to stop in on your way to a destination.

Those who have evictions, no savings, no family, etc. resort to living in a motel, which contrary to belief can be very expensive and in most cases the same cost as rent. At this outreach we provide access to basic necessities such as food, clothing, hygiene items, dinner, and engagement activities for the kids that involve educational and creative components. The most important thing that continues to come out of this outreach is the community relationships that have been built. When we come out on Sunday the kids come running up to all the volunteers because trust has been built. There has been consistency, intentionality, and genuine relationship here which allows for vulnerability and impact. Our biggest need here is more hygiene items, household hygiene items, and food.



# DROP-IN CENTER 07

Updates are slow, steady, and underway at our Drop-In Center! For now it continues to operate as storage for our ongoing operations. As we learn the space, our neighbors, and the area our goal is to be intentional with every detail of this space. Additionally to ensure our staff is trained and equipped to attend to anyone who may walk through the doors. With that being said we will continue our slow, intentional, and steady move in with plans to open the doors to the public in 2023. In the meantime Kristy House & her 5th grade class painted a donated little book library to live at our building as a gift to our neighborhood (pictured bottom right).

Stay tuned for future fundraising events, and volunteer events to help us prepare the space! We owe special thank you's to Michael House, Kristy House, Andrew Homolash, Andy Jones, Radiant Church, and Scott Morrison for the work done so far to the building. We can't wait to share more vision and plans in the future!





# Grants & Partners 08

Below are a list of the foundations, family funds, and financial partners who've helped shape quarter two. Due to privacy reasons this does not include our monthly and one time donors. However our online donors have given \$4,850.51. Additionally those who've hosted Facebook Fundraisers in honor of their birthdays raised a total of \$1,502 which are also not featured below in order to maintain privacy. Collectively this quarter we were able to raise \$122,971.17. There is no effort too small in helping us meet the needs of those in Pinellas County, so thank you for your continued generosity!



The Dixie Family



The Egasti Family

The Gorga Family



This quarter the Pinellas County community really invested their time and talents to give back and it was just in time for all the events we had! A special thank you to Keller Williams Realtors, St.Petersburg Fire & Rescue Team, Radiant Church, Pinellas Community Church, Healthy St.Pete, St.Petersburg College, Shorecrest Preparatory School, Raymond James Financial Team, Sunstate Yoga Team, and The Babe Crafted Team, for coming to volunteer with us this quarter!



# INFLATION 10

"Prices across the region rose an average of 9.6 percent last month compared to January 2021, according to data released Thursday by the U.S. Bureau of Labor Statistics — the highest hike of any major market in the study.

That rate is even higher than the 8 percent annual inflation Tampa Bay saw in November, when it also topped all other cities. The Bureau of Labor Statistics tracks inflation in 23 major markets on an every-other-month schedule. Tampa Bay's 9.6 percent, January inflation rate was the highest of the 12 markets studied in January, far outpacing Riverside-San Bernardino-Ontario, Calif. (8.6 percent), San Diego (8.2 percent) and Denver (7.9 percent). It was just behind two markets studied in December, Atlanta (9.8 percent) and Phoenix (9.7 percent). In November, fuel was up 67.5 percent, used cars were up 30 percent, food was up 4.3 percent and shelter was up 8 percent."

<https://www.tampabay.com/news/business/2022/02/10/tampa-bays-96-percent-inflation-still-tops-other-cities-these-5-charts-show-why/>

**So what does this mean for us as an organization?** This means larger volumes of people are coming to us to have their needs met. It also means more need requests for help are coming from average income families and individuals. Those who have never had to ask for help from a nonprofit are now asking for help and getting assistance. Those who were in a tough place financially before inflation are that much further behind financially. This means organizations need more collaboration to meet needs, more funding to have the capacity to meet those needs, and more innovation to meet unique needs.

**How can you help?** All efforts matter during times like these. Whether you can give with your time to volunteer, or give with your resources financially to help us meet tangible needs, all collectively help us meet the needs of those in our community. You can visit us online at [www.reachstpete.org](http://www.reachstpete.org) to learn more.

# THANK YOU 11

Thank you for taking the time to review quarter two with us. I am filled with gratitude as I look back on all those we were able to help thanks to the generosity, consistency, advocacy, and heart of our volunteers, staff, donors, supporters, and clients.

If you have any questions please feel free to contact me directly at [alexia@reachstpete.org](mailto:alexia@reachstpete.org) or explore our website at [www.reachstpete.org](http://www.reachstpete.org)



Gratefully,  
Alexia Morrison

Executive Director  
Reach St.Pete