Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Interna	al Revenue	Service	► The organization may	have to use a copy of this	s return to satis	fy state reporting re	equire	ments.	Inspection
A F	or the 2	00 <u>7 cale</u>	ndar year, or tax year beginnin	10/01,	2007, and e	nding	09	/30/2008	
B Ch	eck if applicab	le: Please	C Name of organization				D E	mployer identifica	tion number
	Address change	use IRS label or	VILLAGEREACH				91	-2083484	
	Name chan	ge print or	Number and street (or P.O. box	if mail is not delivered to s	treet address)	Room/suite	E Te	elephone number	
	Initial return	type.	601 NORTH 34TH STREET		,			06) 925-52	
	Termination	Specific Instruc-	City or town, state or country, an			•	F Ac	counting ethod: Cash	
	Amended	tions.	SEATTLE, WA 98103	42 11 · 1				Other (specify)	
	return Application	• S	ection 501(c)(3) organizations and	4947(a)(1) nonexempt cl	naritable	H and I are not app	licable		
	pending		usts must attach a completed Sch			H(a) Is this a grou			Yes X No
G V	Naheita:	TATTATTAT	.VILLAGEREACH.ORG			H(b) If "Yes," ente			N/A
			eck only one) ► X 501(c) (3) ◀	(insert no.) 4947(a)(1)	or 527	H(c) Are all affiliate			Yes No
	_							. See instructions.)	
	Check here	_	if the organization is not a 509(a)		_	H(d) Is this a separat		·	Ves V Ne
	-	-	not more than \$25,000. A return is no	ot required, but if the organ	ization chooses			y a group ruling?	Yes X No
	o file a ret	urn, be sure	e to file a complete return.			I Group Exemp			
			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1	41 626	M Check		if the organization i	-
_		•	ines 6b, 8b, 9b, and 10b to line 12		41,636.		. В (ГО	orm 990, 990-EZ, o	1 990-PF).
Par			Expenses, and Changes in Net		es (See trie iri	istructions.)			
			ons, gifts, grants, and similar amoun	1	. 1				
			ons to donor advised funds		1 a		-		
			olic support (not included on line 1a)		1 b	737,776.	-		
	1		ublic support (not included on line 1a				-		
			ent contributions (grants) (not includ		1 d		4.		
			nes 1a through 1d) (cash \$)	1 e		737,776.
		_	service revenue including governme	2					
	1		nip dues and assessments	3					
	1		n savings and temporary cash invest	4		6 , 335.			
	5								17,303.
		6 a Gross rents					-		
	b	Less: rent	al expenses		6b		-		
_	С	Net rental	income or (loss). Subtract line 6b from	om line 6a			6c		
Revenue	7	Other inve	estment income (describe)	7		
e ve	8 a	Gross am	ount from sales of assets other	(A) Securities	(B)	Other			
ř		than inver	ntory	375,207.	Ва		4		
	b	Less: cos	t or other basis and sales expenses .	375,000.	3 b				
	С	Gain or (lo	oss) (attach schedule)	207.	Вс				
	d	Net gain o	or (loss). Combine line 8c, columns (A	and (B)			8d		207.
	9	Special ev	vents and activities (attach schedule)	. If any amount is from gai	ming, check he	re 🕨 🔛			
	а	Gross rev	enue (not including \$	of	1				
		contribution	ons reported on line 1b)		Эа				
	b	Less: dire	ct expenses other than fundraising ex	penses <u></u>	9b				
	С	Net incom	ie or (loss) from special events. Sub	tract line 9b from line 9a			9с		
	10 a	Gross sal	es of inventory, less returns and allow	ances 1	0a				
	b	Less: cos	t of goods sold	1	0 b				
	С	Gross pro	fit or (loss) from sales of inventory	attach schedule). Subtract	line 10b from li	ne 10a	10c		
	11	Other rev	enue (from Part VII, line 103)				11		5,015.
	12	Total rev	venue. Add lines 1e, 2, 3, 4, 5, 6c,	7, 8d, 9c, 10c, and 11			12		766,636.
	13	Program s	services (from line 44, column (B))				13		740,572.
Expenses	14	Managem	ent and general (from line 44, colum	n (C))			14		172,597.
oeu	15	Fundraisi	ng (from line 44, column (D))				15		75,666.
Ĕ			to affiliates (attach schedule)				16		
			penses. Add lines 16 and 44, colun				17		988,835.
ts	18	Excess or	(deficit) for the year. Subtract line 1	7 from line 12			18		-222,199.
SSE			s or fund balances at beginning of ye					1	,364,596.
Net Assets			nges in net assets or fund balances						
_ <u>z</u> _			s or fund balances at end of year. Co					1	,142,397.

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Pa	rt II			tions must complete colunts and section 4947(a)(1)			
	Do n	Functional Expenses organi	Zations	1	(B) Program	(C) Management	
		6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22a	Grants	s paid from donor advised funds (attach schedule)					
	(cash S	\$noncash \$) s amount includes foreign grants,					
226	check	chere	22a				
220		r grants and allocations (attach schedule)					
	(cash s	amount includes foreign grants,	22b				
23	check	cific assistance to individuals	220				
20	-	ch schedule)	23				
24		efits paid to or for members					
-		ch schedule)	24				
25a		pensation of current officers,					
		ctors, key employees, etc. listed in					
	Part		25a	98,220.	82,505.	5 , 893.	9,822.
k	Com	pensation of former officers,		,	,	,	,
	direc	ctors, key employees, etc. listed in					
	Part	V-B	25b				
C		pensation and other distributions, not includ-					
		pove, to disqualified persons (as defined section 4958(f)(1)) and persons described					
	in sec	etion 4958(c)(3)(B)	25c				
26		ries and wages of employees not					
		ided on lines 25a, b, and c	26	305,890.	234,140.	29,548.	42,202.
27		sion plan contributions not					
		ided on lines 25a, b, and c	27				
28		ployee benefits not included on					
00		25a - 27	28	14,718.		,	2,102.
29	Payr	oll taxes	29	31,693.	24,254.	3,156.	4,283.
		essional fundraising fees	30 31	22 010	12 610	10 561	720
		ounting fees	32	32,918. 7,060.	12,619. 2,660.	19,561. 4,400.	738. NONE
		plies	33	15,413.	13,112.	2,301.	NONE
		phone	34	11,112.	9,073.	2,039.	NONE
		age and shipping	35	429.	408.	21.	NONE
		upancy	36	13,544.	13,544.	NONE	NONE
		pment rental and maintenance	37	15,921.	15,921.	NONE	NONE
38	Print	ting and publications	38	1,575.	676.	334.	565.
39		el	39	188,641.	178 , 697.	360.	9,584.
40	Conf	erences, conventions, and meetings	40	5 , 854.	2,473.	500.	2,881.
41	Inter	est	41				
42	Depr	eciation, depletion, etc. (attach schedule)	42	10,418.	7,963.	2,455.	NONE
		r expenses not covered above (itemize):					
_		IT_1	43a	235,429.	132,352.	99,588.	3,489.
b			43b				
C			43c				
0			43d				
			43e				
			43f				
		functional expenses. Add lines 22a	43g				
44	throu	igh 43g. (Organizations completing					
	colun	nns (B)-(D), carry these totals to lines 5).	44	988,835.	740 , 572.	172,597.	75 , 666.
نەل		sts. Check ▶ if you are follow			140,312.	1/2,39/.	/3,000.
		bint costs from a combined educational	•		icitation reported in (B) Pro	ogram services?	► Yes X No
		nter (i) the aggregate amount of these jo				ated to Program services	
		nount allocated to Management and ger				llocated to Fundraising \$	

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

ganizations must describe their exempt purpose achievents served, publications issued, etc. Discuss achiever	vements in a clear and concise manner. State the number ments that are not measurable. (Section 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
STABLISH THE INFRASTRUCTURE REQUIR	RED FOR THE DELIVERY	
		740,572.
Grants and allocations \$) If this amount includes foreign grants, check here ▶	
Grants and allocations \$) If this amount includes foreign grants, check here ▶	
Grants and allocations \$ Other program services (attach schedule) Grants and allocations \$) If this amount includes foreign grants, check here ▶) If this amount includes foreign grants, check here ▶	740,572.
rin	rganizations must describe their exempt purpose achie ients served, publications issued, etc. Discuss achiever nizations and 4947(a)(1) nonexempt charitable trusts must relate trusts must relate the relate trusts must relate trusts must relate trusts. A SECTION 501 (C) (3) CONSTABLISH THE INFRASTRUCTURE REQUIF VACCINES TO REMOTE VILLAGERS IN Grants and allocations \$ Grants and allocations \$	Grants and allocations \$) If this amount includes foreign grants, check here ▶ Grants and allocations \$) If this amount includes foreign grants, check here ▶ Grants and allocations \$) If this amount includes foreign grants, check here ▶ Other program services (attach schedule)

Form **990** (2007)

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	art iv	Balance Sneets (See the instructions.)			
-	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	42,732.	45	655 , 859
		Savings and temporary cash investments	912,110.	46	126,091
	4-	A			
		Accounts receivable 47a			
	b	Less: allowance for doubtful accounts		47c	
	40-	Diadraa raasiyahla			
		Pledges receivable 48a		400	
		Less: allowance for doubtful accounts 48b	400 245	48c 49	250 000
		Grants receivable Receivables from current and former officers, directors, trustees, and	400,245.	49	250,000
	Sua	key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section		Jour	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach		1000	
ets		schedule)			
Assets	b	Less: allowance for doubtful accounts 51b		51c	
⋖		Inventories for sale or use		52	
		Prepaid expenses and deferred charges	11,706.	. 53	8,983
	54a	Investments - publicly-traded securities ▶ Cost FMV	·	54a	
		Investments - other securities (attach schedule) \rightarrow Cost		54b	
	55a	Investments - land, buildings, and			
		equipment: basis 55a			
	1	Less: accumulated depreciation (attach			
		schedule)55b		55c	
		Investments - other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)	13,422.	57c	126,706
	58	Other assets, including program-related investments			
		(describe ► STMT 3) Total assets (must equal line 74). Add lines 45 through 58	NONE		3,592
_	59		1,380,215.		1,171,231
	60 61	Accounts payable and accrued expenses	15 , 619.	60	28,834
	62	Grants payable		62	
s	63	Loans from officers, directors, trustees, and key employees (attach		02	
		schedule)		63	
Liabilitie	64a	Tax-exempt bond liabilities (attach schedule)		64a	
Ë		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶		65	
		,			
	66	Total liabilities. Add lines 60 through 65	15,619.	66	28,834
	Orga	nizations that follow SFAS 117, check here ▶ 🗓 and complete lines			
		67 through 69 and lines 73 and 74.			
ces	67	Unrestricted	865 , 645.		731,795
<u>la</u>	68	Temporarily restricted	498,951.	1 1	410,602
Ba	1	Permanently restricted		69	
or Fund Balances	Orga	nizations that do not follow SFAS 117, check here			
Ę		complete lines 70 through 74.			
S 0	70	Capital stock, trust principal, or current funds		70	
Net Assets	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
As	72 73	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. Add lines 67 through 69 or lines		72	
<u>ह</u>	13	70 through 72. (Column (A) must equal line 19 and column (B) must			
Z		equal line 21)	1 36/ 506	73	1 1/10 207
	74	Total liabilities and not accept/fund balances. Add lines 66 and 73	1,364,596.	74	1,142,397

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Pa	art IV-A	Reconciliation of Revenue per Audited Fin instructions.)	nancial Statemer	nts With F	Revenu	e per Retur	n (Se	ee the
<u> </u>	Total rev	renue, gains, and other support per audited financia	al statements				а	854,845.
b		s included on line a but not on Part I, line 12:						,
1		alized gains on investments		b1				
2		services and use of facilities				88,209.		
3	Recover	ies of prior year grants		b3				
4		pecify):						
				b4				
	Add lines	s b1 through b4					b	88,209.
С	Subtract	line b from line a					С	766,636.
d		included on Part I, line 12, but not on line a:		1				
1		ent expenses not included on Part I, line 6b					-	
2	Other (sp	oecify):						
_		s d1 and d2						7.66.606
e	rt IV-B	venue (Part I, line 12). Add lines c and d Reconciliation of Expenses per Audited Fi	nancial Stateme	nte With	Evnons	oc por Poti	e L	766,636.
								1 077 044
а		penses and losses per audited financial statements					а	1,077,044.
b		s included on line a but not on Part I, line 17:		l		00.000		
1		services and use of facilities				88,209.	-	
2		ar adjustments reported on Part I, line 20					-	
3		eported on Part I, line 20					-	
4		oecify):						
								00 000
		s b1 through b4					b	88,209. 988,835.
С		line b from line a					С	900,033.
d		included on Part I, line 17, but not on line a:		d1				
1		ent expenses not included on Part I, line 6b					-	
2	Other (s	Decify):						
	Add line						d	
е	Total ex	s d1 and d2					e	988,835.
Pa		Current Officers, Directors, Trustees, and h						
		or key employee at any time during the year even	• • •					
		(A) Name and address	(B)	(C) Compe		(D) Contributions to		
		(A) Name and address	Title and average hours per week devoted to position			benefit plans & d compensation		and other allowances
SE	E STATE	EMENT 4		95	5,000.	3,	220	. NONE
			_					
			_					
			-					
								1

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	90 (2007)		91-208348	4			raye t	
Par	t V-A Current Officers, Directors, Trustees, and Ke	ey Employees (con	itinued)			Yes	No	
75a	Enter the total number of officers, directors, and trustees meetings							
b	Are any officers, directors, trustees, or key employees liemployees listed in Schedule A, Part I, or highest contractors listed in Schedule A, Part II-A or II-B, relationships? If "Yes," attach a statement that identifies the	compensated prof related to each of	essional and o ther through fa	ther independent mily or business	75b		X	
С	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for							
	the definition of "related organization."							
	Does the organization have a written conflict of interest po							
Par	tV-B Former Officers, Directors, Trustees, and K (If any former officer, director, trustee, or key emp the year, list that person below and enter the amount instructions.)	loyee received comp	pensation or other	er benefits (describe	ed bel	ow) di	uring	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expension Expens	other	
		-0-	-0-	-0-	-0-			
Dar	t VI Other Information (See the instructions.)	1				Yes	No	
rai								
76 77	Did the organization make a change in its activities or detailed statement of each change				76 77		X	
	If "Yes," attach a conformed copy of the changes.	·					21	
	Did the organization have unrelated business gross incomplishing return?				78a 78b	N/	<u>Х</u> А	
79	Was there a liquidation, dissolution, termination, or sub a statement	ostantial contraction			79		X	
80a	Is the organization related (other than by association w	vith a statewide or	nationwide org	anization) through				
	common membership, governing bodies, trustees, o organization?				80a		Χ	
b	If "Yes," enter the name of the organization ▶			ot or nonexempt				
	Enter direct and indirect political expenditures. (See line 8	1 instructions.)	81a	NONE				
b	Did the organization file Form 1120-POL for this year?				81b	N/	<u> </u>	

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Part VI Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or	or facilities at no charge			
or at substantially less than fair rental value?		82a	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount				
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		.		
83a Did the organization comply with the public inspection requirements for returns and exemption application		83a	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a	N/	Α
b If "Yes," did the organization include with every solicitation an express statement to		0.41	37 /	_
gifts were not tax deductible?		84b	N/	
I Did the count of the control of th		85a	N/	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h bel	ou unloss the organization	85b	N/	A
received a waiver for proxy tax owed for the prior year.	ow unless the organization			
	85c N/A			
c Dues, assessments, and similar amounts from members	· .	-		
d Section 162(e) lobbying and political expenditures e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85d N/A 85e N/A	-		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	-		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	NT /	7\
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add		039	N/	A
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the		85h	N/	7\
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a N/A	0011	IN/	Α
b Gross receipts, included on line 12, for public use of club facilities	86b N/A	1		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a N/A	1		
b Gross income from other sources. (Do not net amounts due or paid to other	N/ A	1		
sources against amounts due or received from them.)	87b N/A			
88a At any time during the year, did the organization own a 50% or greater interest in		1		
partnership, or an entity disregarded as separate from the organization under Regulations sections				
301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		Χ
b At any time during the year, did the organization, directly or indirectly, own a co	ontrolled entity within the			
meaning of section 512(b)(13)? If "Yes," complete Part XI		88b		Χ
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
section 4911 ► NONE; section 4912 ► NONE; section 4955 ▶	NONE			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958				
during the year or did it become aware of an excess benefit transaction from a p	rior year? If "Yes," attach			
a statement explaining each transaction		89b		Χ
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under				
sections 4912, 4955, and 4958				
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	NONE			
e All organizations. At any time during the tax year, was the organization a party to				
transaction?		89e		Χ
f All organizations. Did the organization acquire a direct or indirect interest in any app	olicable insurance contract?	89f		Х
g For supporting organizations and sponsoring organizations maintaining donor a	dvised funds. Did the			
supporting organization, or a fund maintained by a sponsoring organization, have	excess business holdings			
at any time during the year?		89g		Х
90 a List the states with which a copy of this return is filed ▶ WASHINGTON				
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		90b	7	
91 a The books are in care of ► CRAIG NAKAGAWA	Telephone no. ▶ <u>206.92</u>	5.52	10	
Located at ▶ 601 NORTH 343TH ST SEATTLE, WA	ZIP+4 ▶ 98103			

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country \blacktriangleright MOZAMBIQUE

Yes No

Χ

91b

and Financial Accounts.

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Part VI Other Information (continue							s No
c At any time during the calendar year,				side of the United State	s?	91c X	
If "Yes," enter the name of the foreign						_	
92 Section 4947(a)(1) nonexempt charite						>	-
and enter the amount of tax-exempt in				ear ▶ 92		N/A	<u> </u>
Part VII Analysis of Income-Produc		•					
Note: Enter gross amounts unless otherwise	Unre	lated business in	come Exclude	ed by section 512, 513, or 5		(E) elated or	
ndicated.	(A)	(B) Amoun	(C)	(D) ode Amount		pt function	n
93 Program service revenue:	Business code	Alliour	t Exclusion c	oue Amount	i	ncome	
a							
b							
c							
d							
е							
f Medicare/Medicaid payments							
g Fees and contracts from government agencies							
94 Membership dues and assessments							
95 Interest on savings and temporary cash investments			14		335.		
96 Dividends and interest from securities			1 4	17,3	303.		
97 Net rental income or (loss) from real estate:							
a debt-financed property							
b not debt-financed property							
98 Net rental income or (loss) from personal property							
99 Other investment income			18		207.		
100 Gain or (loss) from sales of assets other than inventory101 Net income or (loss) from special events .			10		.07.		
102 Gross profit or (loss) from sales of inventory							
103 Other revenue: a STMT 6				5.0)15.		
b				5,0	,13.		
c							
d							
е							
104 Subtotal (add columns (B), (D), and (E))				28,8	360.		
105 Total (add line 104, columns (B), (D), and (B)						28,	860.
Note: Line 105 plus line 1e, Part I, should equal to							
Part VIII Relationship of Activities	to the Acc	omplishment	of Exempt Pur	poses (See the inst	ructions.)		
Line No. Explain how each activity for wh	ich income	is reported in co	olumn (E) of Part V	II contributed importan	itly to the accom	plishment	of the
organization's exempt purposes (or	ther than by	providing funds f	or such purposes).	·	•		
Part IX Information Regarding Tax	able Subs	idiaries and [Disregarded En	tities (See the instru	uctions.)		
(A) Name, address, and EIN of corporation,		(B) Percentage of	(C) Nature of activi	(D)	F	(E) End-of-year	
partnership, or disregarded entity		ownership interest	ivalure or activi	ties Total incom	ie -	assets	
		%					
		%					
		%					
D (V Information D III T	f *	<u>%</u>		E4 O = m4== = -4= - /O = /	ha incluse the		
Part X Information Regarding Trai				•			٦,.
(a) Did the organization, during the year, received						res x	_
(b) Did the organization, during the year				a personal benefit of	contract? \	res 🔀	∠ No
Note: If "Yes" to (b), file Form 8870 and Fe	orm 4720 (S	see instructions	<i>).</i>				

Form 990 (2007) 91-2083484 Page **9**

	B				Yes	No
		ation make any transfers to a te the schedule below for each		section 512(b)(13) of		X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tran	ısfer	
a						
b						
c						
	Totals					
		tion receive any transfers from f "Yes," complete the schedule	•		Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tran	sfer	
a						
b						
c						
	Totals					
c	Did the organization have	a binding written contract in eties described in question 107	=	ering the interest,	Yes	No A
c	Did the organization have rents, royalties, and annui	=	above? urn, including accompanying schedule	s and statements, and to the best o	N/	A owledo
os Please Sign	Did the organization have rents, royalties, and annui	ties described in question 107 and declare that I have examined this ref	above? urn, including accompanying schedule	s and statements, and to the best o information of which preparer has	N/	A owled
c	Did the organization have rents, royalties, and annui Under penalties of perjury, and belief, it is true, corre	ties described in question 107 in declare that I have examined this refect, and complete. Declaration of preparation of preparation of preparation of preparation of preparation of preparation in the preparation of preparation of preparation in the preparation of preparation in the preparation of preparation in the p	above? urn, including accompanying schedule rer (other than officer) is based on all Date	s and statements, and to the best o information of which preparer has	N / f my kno any kno	A pwledg wledg
08 Please Sign Here	Did the organization have rents, royalties, and annui Under penalties of perjury, and belief, it is true, corre Signature of officer Type or print name an Preparer's signature	ties described in question 107 in declare that I have examined this refect, and complete. Declaration of preparation of preparation of preparation of preparation of preparation of preparation in the preparation of preparation of preparation in the preparation of preparation in the preparation of preparation in the p	above? urn, including accompanying schedule rer (other than officer) is based on all	s and statements, and to the best o information of which preparer has	N / f my kno any kno ee Gen. I	A pwledg wledg
c	Did the organization have rents, royalties, and annui Under penalties of perjury, and belief, it is true, corre Signature of officer Type or print name an	ties described in question 107 in declare that I have examined this refect, and complete. Declaration of preparation of preparation of preparation of preparation of preparation of preparation in the preparation of preparation of preparation in the preparation of preparation in the preparation of preparation in the p	above? urn, including accompanying schedule rer (other than officer) is based on all Date Date Check if self-	s and statements, and to the best o information of which preparer has	N/f my known any known any known be Gen. I	A powledg wledg

SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

VILLAGEREACH 91-2083484 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours employee benefit plans & account and other (c) Compensation than \$50,000 per week devoted to position deferred compensation allowances SEE STATEMENT 7 Total number of other employees paid over \$50,000 NONE Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services ______ NONE Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE

NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Total number of other contractors receiving over

\$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2007

Statements About Activities (See page 2 of the instructions.)	Yes	No
During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ NONE (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
Sale, exchange, or leasing of property?		X
Lending of money or other extension of credit?		X
Furnishing of goods, services, or facilities?		Х
Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?FORM .9.90,BART. V	Х	
Transfer of any part of its income or assets?		X
Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
Did the organization have a section 403(b) annuity plan for its employees?		X
Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		X
Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete		
lines 4f and 4g	N/	X A
Did the organization make a distribution to a donor, donor advisor, or related person?	N/	Α
Enter the total number or donor advised funds owned at the end of the tax year		NONE
Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		<u>NONE</u>
Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised		
funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts		NONE
		NONE
	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \(\sim \) S	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobying activities ▶ \$ NONE (Must equal amounts on line 38, Part VI-A or line i of Part VI-B.). Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B. AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substanial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) Sale, exchange, or leasing of property? Lending of money or other extension of credit? Payment of compensation (or payment or relimbursement of expenses if more than \$1,000)? . FORM .930, . BARZ, V

Part IV	Reason for Non-Private Fo	undation Statu	I s (See pages 4 thro	ough 8 of the	e instructions	.)		
I certify th	at the organization is not a private foundat	ion because it is: (Plea	ase check only ONE appl	licable box.)				
5	A church, convention of churches, or ass	sociation of churches.	Section 170(b)(1)(A)(i).					
6	A school. Section 170(b)(1)(A)(ii). (Also co	omplete Part V.)						
7	A hospital or a cooperative hospital service	ce organization. Secti	on 170(b)(1)(A)(iii).					
8	A federal, state, or local government or g	overnmental unit. Sec	ction 170(b)(1)(A)(v).					
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶							
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit. Section 170(b)(1)(A)(iversity owned or operated by a governmental unit.							
11a <u>X</u>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)							
11b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the	e Support Schedule in F	Part IV-A.)				
12	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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)							
13	An organization that is not controlled requirements of section 509(a)(3). Check to		·		managers) and	d otherwise meets the		
	Type I Type II	Type III - Fur	nctionally Integrated	Type III -	Other			
	Provide the following information	about the supported	organizations. (See pag	je 8 of the instru	ıctions.)			
Na	(a) me(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organizati the su organi	d) upported ion listed in oporting zation's documents?	(e) Amount of support		
				Yes	No			
Total					▶			
14	An organization organized and operated to	test for public safet	ry. Section 509(a)(4). (See	e page 8 of the i	nstructions.)			

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

140	ie. Tou may use the worksheet in the mistruction	ns for converting in	om me accidar to the	ne cash method of	accounting.	
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)	948,036.	1,119,181.	1,609,438.	1,124,334.	4,800,989.
16	Membership fees received					
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose					
18	Gross income from interest, dividends,					
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, income					
	from similar sources, and unrelated business taxable income (less section 511 taxes) from					
	businesses acquired by the organization after					
	June 30, 1975	17,146.	29 , 730.	15,761.	1,774.	64,411.
19	Net income from unrelated business activities	,	,	,	,	,
	not included in line 18					
20	Tax revenues levied for the organization's benefit					
	and either paid to it or expended on its					
	behalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit					
	without charge. Do not include the value of					
	services or facilities generally furnished to the					
	public without charge					
22	Other income. Attach a schedule. Do not	STMT 8				
	include gain or (loss) from sale of capital assets			4.		4.
23	Total of lines 15 through 22	965.182.	1.148.911.	1,625,203.	1.126.108.	4,865,404.
	Line 23 minus line 17			1,625,203.		4,865,404.
	Enter 1% of line 23		11,489.	16,252.	11,261.	
	Organizations described on lines 10 or 11: a		•			97,308.
	Prepare a list for your records to show the r					,
	governmental unit or publicly supported organi		•			
	amount shown in line 26a. Do not file this li	•	-	-		1,384,819.
c	Total support for section 509(a)(1) test: Enter line 24					4,865,404.
	Add: Amounts from column (e) for lines: 18					, ,
			3b 1,384,	819	▶ 26d	1,449,234.
е	Public support (line 26c minus line 26d total)					3,416,170.
	Public support percentage (line 26e (numerator) c					
27	Organizations described on line 12: a For person," prepare a list for your records to sho Do not file this list with your return. Enter the sum NOT APPLICABLE (2006)(2005)	ow the name of, a of such amounts for	and total amounts each year:	received in each	year from, each "d	isqualified person."
b	For any amount included in line 17 that was re					
	show the name of, and amount received for each (Include in the list organizations described in line the difference between the amount received an amounts) for each year: (2006) (2005)	n year, that was mo s 5 through 11b, a d the larger amou	ore than the larger s well as individual nt described in (1)	of (1) the amount s.) Do not file this or (2), enter the	on line 25 for the y list with your retur sum of these diffe	vear or (2) \$5,000. n. After computing rences (the excess
			_			
С	Add: Amounts from column (e) for lines: 15	16			. 1 1	
	17 20	2			▶ 27c	
d	Add: Line 27a total	and line 27b total.			▶ 27d	
е	Public support (line 27c total minus line 27d total).				▶ 27e	
f	Total support for section 509(a)(2) test: Enter amou		• •			
g	Public support percentage (line 27e (numerator) o					%
	Investment income percentage (line 18, column (%
28	Unusual Grants: For an organization describe prepare a list for your records to show, for description of the nature of the grant. Do not file this	each year, the na	me of the contrib	utor, the date and	d amount of the g	

	91-2003404			uge •
Pai	Private School Questionnaire (See page 9 of the instructions.) NOT APPLICATION (To be completed ONLY by schools that checked the box on line 6 in Part IV)	CABLI	<u>.</u>	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32b		
_	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	320		
·	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
-				
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Pa			ecting Public Charitien eligible organization				
Che		ganization belongs to an a					rol" provisions apply.
0110	on Pa In the on	Limits on Lobbyir		b In you che	(a) Affiliated of totals	roup	(b) To be completed for all electing
	(The te	erm "expenditures" mea	ans amounts paid or incu	urred.)	lotaio		organizations
36	Total lobbying expe	enditures to influence pu	ublic opinion (grassroots	s lobbying) 30	3		
37	Total lobbying expe	enditures to influence a	legislative body (direct	lobbying) 3	7		
38			and 37)		3		
39	Other exempt purp	ose expenditures		39	9		
40			nes 38 and 39))		
41	Lobbying nontaxab		nount from the following				
	If the amount on li		lobbying nontaxable a				
			of the amount on line 40				
			,000 plus 15% of the excess				
			,000 plus 10% of the excess				
			,000 plus 5% of the excess o				
42			00,000 of line 41)		,		
43			ne 42 is more than line				
44			ne 41 is more than line				
•					•		
	Caution: If there is	an amount on either lir	ne 43 or line 44, you mus	st file Form 4720.			
			ar Averaging Period		1(h)		
	(Some organi		ction 501(h) election do		` '	columns b	elow.
		See the instruc	tions for lines 45 throug	gh 50 on page 13 of	the instructions	.)	
			Lobbying Expend	itures During 4-Ye	ar Averaging	Period	
	Calendar year (or fisc	al (a)	(b)	(c)	(d)		(e)
	year beginning in)	2007	2006	2005	2004	ļ	Total
	Lobbying nontaxable						
<u>45</u>	amount						
	Lobbying ceiling amo						
<u>46</u>	(150% of line 45(e))						
47	Total lobbying expenditu	roe					
47	Grassroots nontaxable						
18	amount						
70		• •					
4.0		nt l					
49	Grassroots ceiling amour (150% of line 48(e))						
<u>49</u>	(150% of line 48(e))						
49 50	(150% of line 48(e)) • Grassroots lobbying						
50	(150% of line 48(e)) Grassroots lobbying expenditures	g Activity by Nonelec	cting Public Charities			PLICAB:	
50	(150% of line 48(e)) Grassroots lobbying expenditures	g Activity by Nonelec	cting Public Charities zations that did not co				
50 Pa	Grassroots lobbying expenditures	g Activity by Nonelection only by organization attempt to influ	zations that did not co	emplete Part VI-A) al legislation, including a	(See page 13	of the ins	tructions.)
50 Pa	Grassroots lobbying expenditures Int VI-B Lobbyin (For repring the year, did the ormpt to influence public	g Activity by Nonelectorting only by organization attempt to influence opinion on a legislative management.	zations that did not co lence national, state or loc natter or referendum, throug	emplete Part VI-A) cal legislation, including a gh the use of:	(See page 13 any		
Dur atte	Grassroots lobbying expenditures IT VI-B Lobbyin (For reping the year, did the ormpt to influence public Volunteers	g Activity by Nonelectorting only by organization attempt to influence opinion on a legislative management.	zations that did not co lence national, state or loc natter or referendum, throug	omplete Part VI-A) al legislation, including a gh the use of:	(See page 13 any	of the ins	tructions.)
Dur atte	Grassroots lobbying expenditures Int VI-B Lobbying (For repring the year, did the ormpt to influence public Volunteers Paid staff or management (For management)	g Activity by Nonelectorting only by organization attempt to influe opinion on a legislative magement (Include compe	zations that did not co lence national, state or loc natter or referendum, throug ensation in expenses rep	emplete Part VI-A) al legislation, including a gh the use of: corted on lines c throu	(See page 13 or your page 13 or your page 14 or your page 14 or your page 15 o	of the ins	tructions.)
Dur atte	Grassroots lobbying expenditures Int VI-B Lobbying (For repring the year, did the ormpt to influence public Volunteers Paid staff or management of the property of the year of the year of the public volunteers.	g Activity by Nonelectorting only by organization attempt to influe opinion on a legislative magement (Include compents	zations that did not co lence national, state or loc natter or referendum, throug ensation in expenses rep	omplete Part VI-A) al legislation, including a gh the use of: oorted on lines c throu	(See page 13 or your gh h.)	of the ins	tructions.)
Dur atte a b c d	Grassroots lobbying expenditures IT VI-B Lobbyin (For reping the year, did the ormpt to influence public Volunteers Paid staff or management Media advertiseme Mailings to membe	g Activity by Nonelectorting only by organization attempt to influe opinion on a legislative magement (Include compents per legislators, or the pure of the pure o	zations that did not co lence national, state or loc natter or referendum, throug insation in expenses rep	omplete Part VI-A) cal legislation, including a gh the use of: corted on lines c throu	(See page 13 or yr	of the ins	tructions.)
Dur atte	Grassroots lobbying expenditures IT VI-B Lobbyin (For reping the year, did the ormpt to influence public Volunteers Paid staff or manamed Media advertiseme Mailings to member Publications, or pul	g Activity by Nonelectorting only by organization attempt to influe opinion on a legislative magnetic dependent (Include compents).	zations that did not co lence national, state or loc natter or referendum, throug ensation in expenses rep liblic tements	emplete Part VI-A) al legislation, including a gh the use of: corted on lines c throu	(See page 13 or page 1	of the ins	tructions.)
Dur atte a b c d e f	Grassroots lobbying expenditures IT VI-B Lobbyin (For reping the year, did the ormpt to influence public Volunteers Paid staff or management Media advertiseme Mailings to member Publications, or pul Grants to other org	g Activity by Nonelectorting only by organization attempt to influe opinion on a legislative magnetic function of the property of the problem	zations that did not co lence national, state or loc natter or referendum, throug ensation in expenses rep liblic tements purposes	emplete Part VI-A) al legislation, including a gh the use of: corted on lines c throu	(See page 13 of page 1	of the ins	tructions.)
Dur atte a b c d e f g	Grassroots lobbying expenditures Int VI-B Lobbying (For repring the year, did the orm of the influence public volunteers) Paid staff or management advertisement Mailings to member Publications, or pull Grants to other orgonized to be a supple of the influence publications or pull of the influenc	g Activity by Nonelectorting only by organization attempt to influe opinion on a legislative magnetic formulation of the published or broadcast state anizations for lobbying legislators, their staffs,	zations that did not co tence national, state or loc natter or referendum, throug ensation in expenses rep ublic tements purposes government officials, o	emplete Part VI-A) al legislation, including a gh the use of: corted on lines c throu	(See page 13 or page 1	of the ins	tructions.)
Dur atte a b c d e f	Grassroots lobbying expenditures Int VI-B Lobbying (For repring the year, did the orm of the influence public volunteers) Paid staff or manage Media advertiseme Mailings to membe Publications, or pul Grants to other orgonized contact with Rallies, demonstra	g Activity by Nonelectorting only by organization attempt to influe opinion on a legislative magnetic form of the property of	zations that did not co lence national, state or loc natter or referendum, throug ensation in expenses rep liblic tements purposes	emplete Part VI-A) al legislation, including a gh the use of: corted on lines c throu or a legislative body s, or any other means	(See page 13 of page 1	of the ins	tructions.)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.) eporting organization directly or indirectly engage in any of the following with any other organization describe

			owing with any other organization desci		ı sect	ion
	· · · · · · · · · · · · · · · · · · ·	on 501(c)(3) organizations) or in sectional attention and anoncharitable exempt organizations.	n 527, relating to political organizations?	? 	Yes	No
				51a(i)	162	X
				a(ii)		X
	transactions:			J.()		
		vith a noncharitable exempt organizatior	1	b(i)		Х
(ii) F	Purchases of assets from a no	ncharitable exempt organization		b(ii)		X
(iii) F	Rental of facilities, equipment,	or other assets		b(iii)		X
(iv) F	Reimbursement arrangements			b(iv)		Х
(v) L	oans or loan guarantees			b(v)		Х
(vi) F	Performance of services or me	mbership or fundraising solicitations		b(vi)		Χ
		ing lists, other assets, or paid employee		С		Χ
goods,	other assets, or services given		olumn (b) should always show the fair moorganization received less than fair ma assets, or services received:			
(a) Line no	(b) . Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	aring arra	ngemer	nts
N/A						
desci	ribed in section 501(c) of the C s," complete the following scho		n section 527?	Yes	X	No
	(a) Name of organization	(b) Type of organization	(c) Description of relationshi	р		
N/A						
· ·						

Schedule B

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

Department of the Treasury Internal Revenue Service Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Employer identification number

VILLAGEREACH		91-2083484			
Organization type (check of	one):				
Filers of:	Section:				
Form 990 or 990-EZ	$$ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treate	ed as a private foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as	s a private foundation			
	501(c)(3) taxable private foundation				
organization can check box	is covered by the General Rule or a Special Rule . (Note : Only es for both the General Rule and a Special Rule - see instruction				
General Rule -					
	s filing Form 990, 990-EZ, or 990-PF that received, during the my one contributor. (Complete Parts I and II.)	e year, \$5,000 or more (in money or			
Special Rules -					
under sections 50	O(c)(3) organization filing Form 990, or Form 990-EZ, that met $O(a)(1)/170(b)(1)(A)(vi)$, and received from any one contribute or 2% of the amount on line 1 of these forms. (Complete Part	tor, during the year, a contribution of the			
during the year, a	(c)(7), (8), or (10) organization filing Form 990, or Form 990- aggregate contributions or bequests of more than \$1,000 for u , or educational purposes, or the prevention of cruelty to child	use exclusively for religious, charitable,			
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)					
990-EZ, or 990-PF), but the	at are not covered by the General Rule and/or the Special Rules by must check the box in the heading of their Form 990, Form by do not meet the filing requirements of Schedule B (Form 990,	990-EZ, or on line 2 of their Form			

of Part I

Name of organization

VILLAGEREACH

Employer identification number 91-2083484

of

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	SKOLL FOUNDATION 250 UNIVERSITY AVENUE, SUITE 200 PALO ALTO, CA 94301	\$ 250,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	SPUNK FOUNDATION 780 THIRD AVENUE, FLOOR 24 NEW YORK, NY 10017-2024	\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	MULAGO FOUNDATION 60 BROAD STREET SUITE 3600 NEW YORK, NY 10004-2338	\$ 150,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	DAVID ERTEL 4425 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	\$200,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
INSURANCE	17,078.	885.	16,193.	NONE
TAXES & LICENSES	4,424.	4,339.	75.	10.
PROFESSIONAL FEES	91,900.	35,228.	54,610.	2,062.
DUES & SUBSCRIPTIONS	1,700.	344.	569.	787.
CONTRACT LABOR	93,826.	78 , 583.	15,243.	NONE
COMPUTER EXPENSES	11,152.	1,990.	8,971.	191.
BANK SERVICE CHARGES	5,437.	3 , 525.	1,882.	30.
STAFF TRAINING & EDUCATION	175.	175.	NONE	NONE
MISCELLANEOUS EXPENSES	176.	176.	NONE	NONE
MEALS & ENTERTAINMENT	8,160.	5 , 706.	2,045.	409.
FOREIGN EXCHANGE LOSS	1,401.	1,401.	NONE	NONE
TOTALS	235,429.	132,352.	99,588.	3,489.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE _____

TO FACILITATE THE DISTRIBUTION OF VACCINES AND OTHER ESSENTIAL PRODUCTS TO REMOTE VILLAGES IN THIRD WORLD NATIONS TO ENSURE THAT THE WORLD'S POOREST CHILDREN WILL BE PROTECTED AGAINST PREVENTABLE DISEASES AND ILLNESSES AND MAY ENJOY AN IMPROVED QUALITY OF LIFE.

FORM 990, PART IV - OTHER ASSETS

	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
EMPLOYEE ADVANCES	NONE	3.592

NONE 3,592.

NONE 3,592. TOTALS

VILLAGEREACH 91-2083484

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CRAIG NAKAGAWA 601 NORTH 34TH STREET SEATTLE, WA 98103	CHIEF FINANCIAL OFFICER 40.00	95,000.	3,220.	NONE
ALLEN WILCOX 601 NORTH 34TH STREET SEATTLE, WA 98103	PRESIDENT 40.00	NONE	NONE	NONE
PAUL SUZMAN 601 NORTH 34TH STREET SEATTLE, WA 98103	TREASURER 1.00	NONE	NONE	NONE
ALEXANDRA BROOKSHIRE 601 NORTH 34TH STREET SEATTLE, WA 98103	SECRETARY 1.00	NONE	NONE	NONE
NELSON MANDELA 601 NORTH 34TH STREET SEATTLE, WA 98103	HONORARY CHAIRMAN 1.00	NONE	NONE	NONE
GRACA MACHEL 601 NORTH 34TH STREET SEATTLE, WA 98103	HONORARY CHAIRMAN 1.00	NONE	NONE	NONE
PAUL KLEINDORFER, PHD 601 NORTH 34TH STREET SEATTLE, WA 98103	DIRECTOR 1.00	NONE	NONE	NONE
SETH BERKLEY, MD 601 NORTH 34TH STREET SEATTLE, WA 98103	DIRECTOR 1.00	NONE	NONE	NONE

VILLAGEREACH 91-2083484

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES _____

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MICHAEL FREE 601 NORTH 34TH STREET SEATTLE, WA 98103	DIRECTOR 1.00	NONE	NONE	NONE
BLAISE JUDJA SATO 601 NORTH 34TH STREET SEATTLE, WA 98103	DIRECTOR 1.00	NONE	NONE	NONE
	GRAND TOTALS	95,000.	3,220.	NONE

FORM 990, PART VII - OTHER REVENUE _____

	BUSINESS		EXCLUSION		RELATED OR EXEMPT
DESCRIPTION	CODE	AMOUNT	CODE	AMOUNT	FUNCTION INCOME
PROGRAM EVALUATION INCOME			01	5,000.	
MISCELLANEOUS			01	15.	
			_		
TOTALS				5,015.	
	=		=	========	========

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
LEAH BARRETT 601 NORTH 34TH STREET SEATTLE, WA 98103	PROGRAM OFFICER 40.00	59,000.	4,714.	NONE
	TOTAL COMPENSATION	59,000.	4,714.	NONE
		========	========	========

SCHEDULE	A,	PART	IV-A	_	OTHER	INCOME

DESCRIPTION	2006	2005	2004	2003	TOTAL
MISCELLANEOUS INCOME			4.		4.
TOTALS			4.		4.
	=========	========	========	=========	=========

SCHEDULE D (Form 1041)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate

OMB No. 1545-0092

Employer identification number Name of estate or trust VILLAGEREACH 91-2083484 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (a) Description of property (b) Date (f) Gain or (loss) (e) Cost or other basis (c) Date sold (d) Sales price (see page 40 of the for the entire year (Example: 100 shares 7% acquired (mo., day, yr.) Subtract (e) from (d) preferred of "Z" Co.) (mo., day, yr.) instructions) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, 5 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II (a) Description of property (b) Date (f) Gain or (loss) (e) Cost or other basis (c) Date sold (Example: 100 shares 7% acquired (d) Sales price (see page 40 of the for the entire year (mo., day, yr.) instructions) Subtract (e) from (d) preferred of "Z" Co.) (mo., day, yr.) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b 207. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Capital gain distributions 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a,

207.

	t III Summary of Parts I and II		(1) Rer	neficiaries'	(2) Esta	ate's	Page
T al	Caution: Read the instructions before completing this part	rt.		page 41)	or trus		(3) Total
13	Net short-term gain or (loss)	13					
14	Net long-term gain or (loss):						
	Total for year	14a					207.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b					
	28% rate gain	14c					
	Total net gain or (loss). Combine lines 13 and 14a	15					207.
to Pa	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form tV, and do not complete Part IV. If line 15, column (3), is a net loss, complete F						
Par	t IV Capital Loss Limitation						
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F			, .			
а	The loss on line 15, column (3) or b \$3,000					16 (
Note Canv	The loss on line 15, column (3) or b \$3,000. If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pag over Worksheet on page 42 of the instructions to figure your capital loss carryov	e 1, lir er.	ne 22 (or F	-orm 990-T, II	ne 34), is a l	oss, comp	lete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates						
	1041 filers. Complete this part only if both lines 14a and 15 in colu	ımn (2	2) are gai	ns. or an an	nount is ent	ered in P	Part I or Part II and
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor			-,			
Caut	ion: Skip this part and complete the worksheet on page 43 of the instr	uction	s if:				
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or						
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.						
	990-T trusts. Complete this part only if both lines 14a and 15 ar						
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this par	t and	complete	e the works	heet on pag	ge 43 of	the instructions if
eitne	r line 14b, col. (2) or line 14c, col. (2) is more than zero.						
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	17				
18	Enter the smaller of line 14a or 15 in column (2)						
	but not less than zero						
19	Enter the estate's or trust's qualified dividends						
	from Form 1041, line 2b(2) (or enter the qualified						
	dividends included in income in Part I of Form 990-T) 19						
20	Add lines 18 and 19						
21	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g; otherwise, enter -0 \(\rightarrow\)						
22	Subtract line 21 from line 20. If zero or less, enter -0-		22				
23	Subtract line 22 from line 17. If zero or less, enter -0		23				
	Cubitati into 22 from into 17. ii 2010 of 1000, chief o 11.11.11.1						
24	Enter the smaller of the amount on line 17 or \$2,150		24				
25	Is the amount on line 23 equal to or more than the amount on line 24	1?	· ·				
	Yes. Skip lines 25 through 27; go to line 28 and check the "No"						
	No. Enter the amount from line 23		25				
26	Subtract line 25 from line 24						
27	Multiply line 26 by 5% (.05)					27	
28	Are the amounts on lines 22 and 26 the same?						
	Yes. Skip lines 28 thru 31; go to line 32. No. Enter the smaller of line 17 or line	ne 22	28				
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)		29				
30	Subtract line 29 from line 28		30				
31	Multiply line 30 by 15% (.15)			1		31	
32	Figure the tax on the amount on line 23. Use the 2007 Tax R				7 of the		
72	instructions			. •	I	32	
					· • • • •	32	
33	Add lines 27, 31, and 32					33	
34	Figure the tax on the amount on line 17. Use the 2007 Tax R					33	
J#	rigure the tax on the annount on line 17. USE the 2007 Tax R	מוכ ס	CHEUUIE	on page 2	, or tile		

34

35

Schedule D-1 (Form 1041) 2007 Page **2**

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

VILLAGEREACH

91–2083484

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year								
(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 40 of the instructions)	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)			
6a MERRILL LYNCH, AUCTION								
RATE SECURITIES	VARIOUS	04/01/2008	375,207.	375,000.	207.			
6b. Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b								
ob. Total. Combine the amounts in column	ı (ı). ⊑nter nere and	ı on Schedule D, IIN	e op		207.			

EIN: 91-2083484 FYE: 99/30/2008

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

Description	Cost	Current Depreciation	Accumulated Depreciation	Net Book Value
Land Land Improvements Buildings Leasehold Improvements Equipment Furniture & Fixtures	NONE NONE NONE 141,057. 1,941.	NONE NONE NONE NONE 10,192. 226.	NONE NONE NONE NONE 16,066. 226.	NONE NONE NONE NONE 124,991. 1,715.
Property, Plant & Equipment	142,998.	10,418.	16,292.	126,706.
Construction in Progress	NONE	NONE	NONE	NONE
Total Fixed Assets, line 57	142,998.		16,292.	126,706.
Total Depreciation Expense, line 42		10,418.		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.