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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For the	he 2009 ca	<u>alendar</u>	year, or tax year beginning 7/01 , 2009, and ending 6/30			, 2010
В	Check	ıf applicable	Dice			-	dentification number
	Addres	s change	Please use IRS label or	REACH INSTITUTE FOR SCHOOL LEADERSHIP	27-1274290		
	Name (change	E Telephone number				
	Initial r	eturn	print or type.	OAKLAND, CA 94601	510)-5	01-5075
	Termin	ation	See Specific	 	<u> </u>		01 3073
	Amend	led return	Instruc- tions		rou	p E	xemption
\perp	Applica	ation pending	L		lum	<u>ber</u>	
		Section 5	501(c)(3 iust atta	(f) organizations and 4947(a)(1) nonexempt charitable trusts GACCOUNTING methods a completed Schedule A (Form 990 or 990-EZ). Other (specify)		L	Cash X Accrual
				H Check ► I	f the	e org	ganization is not
ı	Webs	site: 🟲 🛚 🕅	WW.R	EACHINST . ORG required to attack	h S		dule B (Form 990,
J	Tax-ex	xempt status	s (check o	nly one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 990-	가)		
K	Chec	k ► l lf	the org	anization is not a section 509(a)(3) supporting organization and its gross receipts are no	rma	ally	not more than
	\$25,0	00 A Form	n 990-EZ	or Form 990 return is not required, but if the organization chooses to file a return, be sure to f	ıle a	cor	nplete return
L	Add I	ines 5b. 6	b and	7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990			
		ad of Forn	n 990-E	Z		<u> \$ </u>	306,836.
Pa	ırt İ	Rev	enue,	Expenses, and Changes in Net Assets or Fund Balances (See the Inst	ruc	<u>tıor</u>	ns for Part I.)
	1	Contribut	ions, gi	fts, grants, and similar amounts received		1	179,487.
MN7	2	Program	service	revenue including government fees and contracts		2	127,335.
N	I	-		s and assessments	Г	3	
ດ	4	Investme	•		Г	4	14.
~		Gross arr	nount fro	om sale of assets other than inventory 5a		\neg	
	l			er basis and sales expenses 5b	1		
A R E V F	I			ale of assets other than inventory (Subtract In 5b from In 5a)	1	5 c	
ΣĘ				ctivities (complete applicable parts of Schedule G). If any amount is from gaming, check here			
O.Ė.	ı	-		not including \$ of contributions		- 1	
Πũ	a		•	* · 	ĺ		
₹		reported		·	-	İ	
SCANNED	ם	Less_dire	ect-exte				
Ķ				from special events and activities (Subtract line 6b from line 6a)	\vdash	6c	
in .	4	1 1		iventory, less returns and allowances 7a	4		
	Ь	Lless cos	st otygog	pdg solell Ol	 		
	С	11-1		oss) from sales of inventory (Subtract line 7b from line 7a)	_	7c	
	8	Other reven			-	8	
	9	Total rev	entie 📝	dd lihes 1, 12, -3, -4, 5c, 6c, 7c, and 8	_	9	306,836.
	10	Grants-ai	nd simil	ar amounts paid (attach schedule)	1	0	
_	11	Benefits	paid to	or for members	1	1	
E X P	12	Salaries,	other c	ompensation, and employee benefits	1	2	155,711.
	13			s and other payments to independent contractors	1	3	6,460.
E N S E	14			, utilities, and maintenance	1	4	3,900.
			-	tions, postage, and shipping	1	5	370.
S	16			oribe ► SEE STATEMENT 1	1	6	15,587.
	17				1	_	182,028.
	18			it) for the year (Subtract line 17 from line 9)	-	8	124,808.
A			-		\vdash		
N S	19			nd balances at beginning of year (from line 27, column (A)) (must agree with end-of-yea on prior year's return)	r -	9	0.
N S E E T	20	•		n net assets or fund balances (attach explanation)	-	0	<u>.</u>
Ś	. ~~		-		2	-	124,808.
n	21			had balances at end of year Combine lines 18 through 20	_		
<u> </u>	art II	Bala	ance 5	heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 ins			
				(See the instructions for Part II) (A) Beginning of y			(B) End of year
22		-		nvestments	$\overline{}$	22	70,168.
23		nd and bu	•	CDE CMAMENENT 2	-	23	C4 0C0
24			-	be ► <u>SEE STATEMENT 2</u>)	\rightarrow	24	64,860.
25		tal assets			$\overline{}$	25	135,028.
26			-	······································	$\overline{}$	26	10,220.
_27			_	dianes (into 27 of column (e) intest agree with the	0.	27	124,808.
BA	A Fo	r Privacy	Act and	Paperwork Reduction Act Notice, see separate instructions.			Form 990-EZ (2009)

Form 990-EZ (2009) REACH INSTITUTE				-127	74290 Page 2
Part III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)	-	Expenses
What is the organization's primary exempt purpose? SE	E STATEMENT 4			(Reg 5010	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purp	oses In a clear and co	ncise manner,	orgai	nizations and section
describe the services provided, the number of program title.	f persons benefited, or other	relevant information for	each	4947	(a)(1) trusts, optional
				101 0	1
28 SEE STATEMENT 5					
(Grants \$) If the	nis amount includes foreign g	rants, check here	>	28 a	165,633.
29					
(Grants \$) If the	nis amount includes foreign gi	rants, check here		29 a	
30	me annount monades renerging				
Ju					
/C	nis amount includes foreign g		╌╌╌╌	30 a	
		rants, check here		30 a	
31 Other program services (attach schedul				21 -	
	nis amount includes foreign gi	rants, check here		31 a 32	165,633.
32 Total program service expenses (add li		unlaviana I I I I			·
Part IV: List of Officers, Directors					
(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions	t0 s and	(e) Expense account and other allowances
(a) Name and address	to position	liot paid, enter -0)	deferred compensat	tion	and other allowances
DENNIS CHACONAS	PRESIDENT	3,000.		0.	0.
3301 E. 12TH STREET	4.00			•	
OAKLAND, CA 94601	1				
	TDEACHDED	0.		0.	0.
CHRIS_NEALE	TREASURER			υ.	0.
3301 E. 12TH STREET	2.00				
OAKLAND, CA 94601					
MICHAEL CLARDY	SECRETARY	0.		0.	0.
3301 E. 12TH STREET	2.00				
OAKLAND, CA 94601	1	-			
JONNA JUSTIANO	ASSOC DIRECTOR	0.		0.	0.
3301 E. 12TH STREET	40.00	II.			
OAKLAND, CA 94601	1				
PAGE TOMPKINS	EXECUTIVE DIREC	45,000.		0.	0.
		1		0.	0.
3301 E. 12TH STREET	40.00				
OAKLAND, CA 94601					
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DAA		1	<u> </u>		Form 000 F7 (0000)
BAA	TEEA0812L (U1/3U/1U			Form 990-EZ (2009)

Form	990-EZ (2009) REACH INSTITUTE FOR SCHOOL LEADERSHIP 27-127429	0_	Р	age 3
Par	t V Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEME	ENT	6
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			,,
24	each activity Were any changes made to the expensions or governing decuments? If 'Ves' attach a conformed conv. of the changes	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice			
	reporting, and proxy tax requirements?	35 a		X
ŧ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	ļ	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
ŀ	Did the organization file Form 1120-POL for this year?	37 b		X
38 8	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		<u>X</u>
t	o If 'Yes,' complete Schedule L, Part II and enter the total			1
20	amount involved Section FOV(x)(7) experience Fator			
	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 N/A			:
	o Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ►			
i	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		x
(Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.			;
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		
41	List the states with which a copy of this return is filed CA	40e	L	
42 a	a The organization's books are in care of ► JONNA JUSTINIANO Located at ► 3301 E. 12TH STREET OAKLAND CA ZIP + 4 ► 94601	01-50	<u>075</u>	
1	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	42b	Yes	No X
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	·	Yes	N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	162	Х
		44		 ^-
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		_ x
BAA		rm 990	-EZ (2009)

Form 990-E	Z (2009)	<u>REAC</u> H	INSTITUTE	FOR	SCHOOL	LEADERSHIP	27-1274290	Pa
Part VI							nonexempt charitable trusts only. All	
	501(a)	1/31 Aras	nizatione and	4 500	tion 1017	(2)(1) nonever	mnt charitable tructe muct ancwer que	tions

•	46-49b and complete the table	ction 4947(a)(1) no s for lines 50 and 5	nexempt cnarita 1.	ible trusts must answer o	uestio	ns	
46 Did t	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule	ect political campaign ac C. Part I	tivities on behalf of	or in opposition to candidates	46	Yes	No X
•	the organization engage in lobbying activities	•	Schedule C. Part II		47		X
	e organization a school as described in s	·			48		X
49 a Did t	he organization make any transfers to ar	exempt non-charitable	related organization	n?	49 a		X
	es,' was the related organization a section	•	Ū		49 b		
50 Com	plete this table for the organization's five	highest compensated a	malayees (other th	an officers directors trustees	and key		
emp	loyees) who each received more than \$10	00,000 of compensation	from the organizati	on If there is none, enter 'Nor	e key		
(a) Name and address of each employee paid more than \$100 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		pense nt and owance	s
NONE						•	
			_				
		-					
f Total	I number of other employees paid over \$	100,000		- 			
i Total	Thumber of other employees paid over \$			<u> </u>			
51 Com	plete this table for the organization's five pensation from the organization. If there is	highest compensated in some, enter 'None'	ndependent contrac	tors who each received more th	nan \$10	0,000	of
-	(a) Name and address of analysis adapandent sout	rooter poid more than \$100,000		(h) T ((-) (
NONE	(a) Name and address of each independent cont	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	<u> </u>
NOME -							
						-	
			1				
							
d Total	I number of other independent contractor	s each receiving over \$1	00,000	•			
	1		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (nined this return, including accor (other than officer) is based on a	npanying schedules and s Il information of which pre	tatements, and to the best of my knowled parer has any knowledge	ge and be	lief, it is	,
				May 16 says			
Sign	Solution of officer	,		Date (T) 201	<u> </u>		
Here	Tonas Waterian	n Assmia	to Directo	, , ,			
	Type or print name and title	D MOSSILIA	te Directo)[
	Type of print name and time		Data	Prepare	er's Identif	vina Niii	mher
Paid	Preparer's signature	mandana	14 5 2	. Sell-	er's identifi istructions) 23210		
Pre-	Firm's name (or VAVRINEK, TRINE	DAY & CO., LL		employed PUU	23210		
parer's Use	Firm's name (or yours if self employed), > 5000 HOPYARD RO			EIN ► 95	-2648	289	
Only	addross and	94588-3351	`	Phone no ► (925)	734-0		
	RS discuss this return with the preparer sl		ctions		X Yes	_	No
BAA					orm 990		
						- \	/

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) 2009

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number REACH INSTITUTE FOR SCHOOL LEADERSHIP 27-1274290 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X 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) 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 9 June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (i) Name of Supported (ii) EIN (IV) Is the (v) Did you notify (VII) Amount of Support (III) Type of organization (vi) Is the (described on lines 1-9 above or IRC section (see instructions)) Organization organization in col the organization in col (i) of organization in col (i) listed in your governing document? (i) organized in the your support? Yes No Yes No Yes No Total

Schedule A (Form 990 or 990-EZ) 2009 REACH INSTITUTE FOR SCHOOL LEADERSHIP 27-1274290 Page 2 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.) Section A. Public Support Calendar year (or fiscal year (e) 2009 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 179,487 179,487. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf 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 0. the public without charge 0. 179,487 0 0. 0. 179.487. Total. Add lines 1-through 3 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 11,410. shown on line 11, column (f) Public support. Subtract line 5 168,077. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 0. 0 179,487. 0 0. 179,487 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 14 14. similar sources Net income from unrelated business activities, whether or not the business is regularly 0<u>.</u> carried on Other income Do not include gain or loss from the sale of čapital assets (Explain in Part IV) 0. Total support. Add lines 7 through 10 179,501. 12 0. Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) **►** X organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009

b 10%-facts-and-circumstances test — **2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009 REACH INSTITUTE FOR SCHOOL LEADERSHIP Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar vea	r (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, g	rants, contributions and ership fees received (Do lude 'unusual grants')	(2) 2000	(2) 2000	(0)	(4) 2000	(6) 2003	(1) 10 (2)
admiss or serv facilitie that is	receipts from lions, merchandise sold ices performed, or is furnished in a activity related to the zation's tax-exempt e						
	ceipts from activities that are irelated trade or business ction 513						
organiz	venues levied for the cation's benefit and paid to or expended on alf						
facılıtıe govern	lue of services or is furnished by a mental unit to the ration without charge						
7 a Amoun	Add lines 1 through 5 ts included on lines 1, ceived from disqualified s						
b Amoun and 3 I disqual exceed the am year	ts included on lines 2 received from other than lified persons that I the greater of 1% of ount on line 13 for the			•			
•	es 7a and 7b						
8 Public	support (Subtract line						
7c fron	n line 6)						
Section B	. Total Support						
Calendar ve	ar (or fiscal yr beginning in)	(a) 2005 ⁻	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	ts from line 6			, ,	X-7		
10a Gross dividen on sec royaltie	income from interest, ids, payments received urities loans, rents, is and income form sources						
income taxes) acquire	ted business taxable e (less section 511 from businesses ed after June 30, 1975 es 10a and 10b						
11 Net incor activities whether	ne from unrelated business not included inline 10b, or not the business is carried on						
gain or	ncome Do not include loss from the sale of assets (Explain in						
14 First fi organiz	upport. (add Ins 9, 10c, 11, and 12) ve years. If the Form 990 cation, check this box and	stop here		nd, third, fourth, a	or fifth tax year as	s a section 501(c)	(3)
Section C	. Computation of Pu	blic Support P	ercentage				
15 Public	support percentage for 20	009 (line 8, colum	n (f) divided by lin	ne 13, column (f))		15	%
16 Public	support percentage from	2008 Schedule A,	Part III, line 15			16	%
	. Computation of Inv			9			
	nent income percentage f				mn (f))	17	%
	nent income percentage f			•	***	18	%
	support tests - 2009. If the				is more than 33-1/3		
more t	han 33-1/3%, check this b support tests - 2008. If t	ox and stop here	. The organization	n qualifies as a pu	iblicly supported o	organization	▶ 📗
ıs not ı	more than 33-1/3%, check foundation. If the organi	this box and sto	p here. The organ	iization qualifies a	s a publicly suppo	orted organization	, and line 16
PAA	Tourisation if the organi	Editor did flot Cile	TEE ADAO21				90 or 990 EZ) 2009

Schedule A	(Form 990 or 9	990-EZ) 20	09 REACH	INSTITU	TE FOR	SCHOOL	LEADERSH	IP 27-1274290	Page 4
Part IV	Supplemen	tal Inforr	nation. Cor	nplete this	part to	provide t	he explanat	ions required by Part I nal information. See in	l, line 10;
	Part II, line	17a or 1	7b; and Pa	rt III, line 1	2. Provi	de any o	ther addition	nal information. See in	structions.
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FEDERAL STATEMENTS

PAGE 1

REACH INSTITUTE FOR SCHOOL LEADERSHIP

27-1274290

STATEMENT 1	
FORM 990-EZ, PART I, LINE 19	6
OTHER EXPENSES	

ADVERTISING AND PROMOTION CONFERENCES, CONVENTIONS, AND MEETINGS FEES FOOD INFORMATION TECHNOLOGY INSURANCE OFFICE EXPENSES	\$	330. 750. 1,842. 163. 777. 3,053. 2,051.
PROGRAM SUPPLIES TEXTS & TEACHING MATERIALS TRAVEL		625. 267.
IVAVEL	TOTAL \$	5,729. 15,587.

STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	-	BEGINNING	<u>ENDING</u>
ACCOUNTS RECEIVABLE	<u>s</u>	0.	\$ 64,860.
	TOTAL	0.	\$ 64,860.

STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	_BEGINN	<u>ING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES DEFERRED REVENUE	\$	0.	\$ 3,220. 7,000.
	TOTAL \$	0.	\$ 10,220.

STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE REACH INSTITUTE BUILDS AND SUPPORTS TEACHERS AND EDUCATIONAL LEADERS WHO ARE COMMITTED TO CREATING AND SUSTAINING EFFECTIVE, SMALL, AND INNOVATIVE SCHOOLS.

STATEMENT 5 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

INTERN CREDENTIAL PROGRAM: DESIGNED FOR NEW TEACHERS WITHOUT A CREDENTIAL, THE REACH INTERN CREDENTIAL PROGRAM ALLOWS WORKING TEACHERS TO EARN A SINGLE OR MULTIPLE SUBJECT PRELIMINARY TEACHING CREDENTIAL OVER THE COURSE OF 21 MONTHS. USING JOB-EMBEDDED COACHING, THE PROGRAM FOCUSES ON THE PERSONAL AND PROFESSIONAL DEVELOPMENT OF NEW TEACHERS, GROUNDED IN THEIR ACTUAL EXPERIENCES WITH STUDENTS IN THE CLASSROOM.

2009

FEDERAL STATEMENTS

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REACH INSTITUTE FOR SCHOOL LEADERSHIP

27-1274290

STATEMENT 5 (CONTINUED)
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROFESSIONAL TEACHER INDUCTION PROGRAM: THE REACH PROFESSIONAL TEACHER INDUCTION PROGRAM SUPPORTS NEW TEACHERS, FOLLOWING THE COMPLETION OF A PRELIMINARY CREDENTIAL, TO MOVE THEIR PRACTICE FROM COMPETENT TO EXCEPTIONAL. THROUGH A PARTNERSHIP WITH THE NEW TEACHER CENTER AT THE UNIVERSITY OF CALIFORNIA, SANTA CRUZ, THE PROGRAM LEADS TO A PROFESSIONAL CLEAR CREDENTIAL. LIKE THE INTERN PROGRAM, THE INDUCTION PROGRAM EMPHASIZES PERSONALIZED AND JOB-EMBEDDED COACHING.

LEADERSHIP PROGRAMS: IN 2009-2010, REACH LAUNCHED THE TEACHER LEADERSHIP ACADEMY. THE PROGRAM IS BASED ON THE REACH INSTITUTE'S INNOVATED JOB-EMBEDDED, PERSONALIZED, AND COLLABORATIVE PRACTICES AND INCLUDES THREE INTEGRATED PROFESSIONAL DEVELOPMENT OPPORTUNITIES: TEACHER LEADER PROFESSIONAL DEVELOPMENT, COACH TRAINING, INSTRUCTIONAL LEADERSHIP ADMINISTRATIVE SERVICES CREDENTIAL AND PILOT M.ED. PROGRAM.

STATEMENT 6 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO