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Form **990-EZ**

Department of the Treasury

Internal Revenue Service

(HTA)

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)

► 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 OMB No 1545-1150

2009

Open to Public Inspection

Some charge install return change in the charge in the ch	A			dar year,	or tax year beginning		, aı	na enaing			
Search Change wide for REACH ONE-TOUCH ONE MINISTRIES, INC 20-1037728 20-	₽				C Name of organization				D Employ	er ident	tification number
Torninal real print or Type. Do Not 798 Torninal real real print or Type. Do Not 798 Section 501(c)(3) organizations and 48475(t)(1) nonexempt charitable rusts must attach a completed Schedule A (Form 990 or 990-E2). Website: ▶ www.reachone-louchone org	닏	Addres	s change		REACH ONE-TOUCH	ONE MINISTRIES	S INC			20₋1	1037726
Image: Section 301(c)(2) organizations and 4917(a)(1) nonexempt charitable trusts must attach Schedule Schedule Afform 990 or 990-EZ . Focus Exemption Approximation pending Approximations and 4917(a)(1) nonexempt charitable trusts must attach Control (Control of Control of Contro	Щ	Name o	change					Poom/suito	E Teleph		
Ansended return Application pending Name		Initial re	eturn	-	Number and silect (or i O	box, il mail is not delivered to	Succe address/	Room/suite	с.ор.		
Instruct Service Se		Termina	ated		PO BOX 798					814-6	677-0825
Position pending lones SENECA PA 16346 Number		Amend	ed return	•	City, town, or country	Sta	ite Z	IP + 4	F Group	Exemp	otion
Section 591(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 590 or 590-EZ). Website:	П	Applica	ition pendina		SENECA	D/	١ 1	6346			•
a completed Schedule A (Form 990 or 990-EZ). Website:	=										l Cash C Assessed
Website:	_	Section					ists must attach				Cash Accrual
Tax-exempt status (check only one)								H Check ▶	If the	organi	zation is not
K Check The organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return	ı	Websit	e: 🕨 www.r	eachone	-touchone org					chedule	e B (Form 990,
A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines bb, ba and b, be insert be determine gross receipts, if \$500,000 or more, file from 900-EZ or Form 900 nestead of Form 900-EZ or Fortal liabilities	J	Tax-exe	mpt status (che	ck only one)	⊢ X 501(c) (3) ⊲	l (insert no) 4947((a)(1) or 527	990-EZ, d	or 990-PF)		
A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines bb, ba and b, be insert be determine gross receipts, if \$500,000 or more, file from 900-EZ or Form 900 nestead of Form 900-EZ or Fortal liabilities	ĸ	Check	▶ If the	organizatio	on is not a section 509(a)	(3) supporting organi	zation and its gross	receints are no	rmally not	more ti	han \$25,000
Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, girls, grants, and similar amounts received			990-EZ or Fo	rm 990 re	turn is not required, but if	the organization cho	oses to file a return.	be sure to file	a complete	return	nan \$25,000
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	_										110 031
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 3 3 3 3 3 3 3 3										<u> </u>	
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 5 D D 5 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ 0 of contributions reported on line 1). 5 Less direct expenses other than fundraising expenses 6 D D 7 A Gross sales of inventory, less returns and allowances. 7 C Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 8 Other revenue (describe ▶ 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, 2015 D 10 Grants and similar amounts paid (attach schedule). 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 1 9, 2010 D 13 Professional fees and other payments to lightependent contractors 14 Cocupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping OGDEN, UT 16 Other expenses. Add lines 1, 2 (subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 16,720 20 Other changes in net assets or fund balances at the given line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 21 Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings. 24 Other assets of fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings. 24 Other assets of fund balances at end of year Combine lines 18 through 20 25 Total liabilities (describe ▶ Prepaid Pledges 26 Other assets of fund balances (line 27 of column (B) must agree with line 21). 26 Total liabilities (describe ▶ Prepaid Pledges 27 Net assets of fund balances (line 27 of column (B) must agree with line 21). 27 Net assets of fund balances (line 27 of column (B) mus								(See the ins			
3	- 1			-	₹				· —	_	119,031
4 Investment income 5 6 0 0 0 0 0 0 0 0 0	-								<u> </u>		
5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 C O 6 Special events and activities (complete applicable parts of Schedule G) if any amount is from gaming, check here reported on line 1). 6 Special events and activities (complete applicable parts of Schedule G) if any amount is from gaming, check here reported on line 1). 6 Special events and activities (Subtract line 6b from line 6a). 6 Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 7 To Gross sales of inventory, less returns and allowances. 7 To less cost of goods sold. 7 To less social of (loss) from sales of inventory (Subtract line 7b from line 7a). 7 C O 8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, put-3 C IV	i								· —		
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	9	_					· · · · i · · · ·		· <u>_</u>	7	0
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10 Grants and similar amounts paid (attach schedible CEIVE). 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 1 9 7010 13 Professional fees and other payments to interpreted the contractors 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		9	Total rever	nue. Add	lines 1, 2, 3, 4, 5c, 6c	, 7c, and 8	<u></u>		. •	9	119,031
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 1 9 2010		10	Grants and	simılar a	mounts paid (attach s	chedine LULIV	EU .		. 1	0	
13 990 14 Occupancy, rent, utilities, and maintenarce 15 Printing, publications, postage, and shipping October October expenses (describe See Attached Statement) 16 122,238 17 Total expenses. Add lines 10 through 16 17 127,299 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 16,720 19 16,720 19 10,720 19 10,720 10,720		11	Benefits pa	id to or fo	or members				. 1	1	· · · · · · · · · · · · · · · · · · ·
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16	Š	13	Professiona	al fees ar	nd other payments to if	dependent contra			_		
16	ĕ	14	Occupancy	rent uti	ilities, and maintenanc	ēl	프			o	
16	ŭ	15	Printing, pu	blication	s, postage, and shippi		.I.T				
17 Total expenses. Add lines 10 through 16 17 127,299 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -8,268 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 16,720 19 16,720 19 16,720 19 10,720 10		16	Other expe	nses (de	scribe > See Attach	ed Statement	<u> </u>			_	122.238
18		17		•							
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 23,480 22 13,729 23 Land and buildings. 24 Other assets (describe ►) 25 Total assets. 26 Total liabilities (describe ► Prepaid Pledges) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). 28 Net assets or fund balances (line 27 of column (B) must agree with line 21).	8	18									
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24 Other assets (describe ►) 0 24 0 25 Total assets								-	20,700		10,729
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27 Net assets or fund balances (line 27 of column (B) must agree with line 21). 16,720 27 8,452							_	' 			
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								<u></u>	10,720	41	

Form **990-EZ** (2009)

Form **990-EZ** (2009)

	"TII Ctatement of Decemen Comico Ace	emplichmente (Coo	415-0	notructions for De	art III \		Frances
	statement of Program Service Acc	omplishments (See	tne	instructions for Pa	art III.)	(Beau	Expenses ired for section
	at is the organization's primary exempt purpose?		1				(3) and 501(c)(4)
	cribe what was achieved in carrying out the organiz						zations and section
	ner, describe the services provided, the number of	persons benefited, and	othe	er relevant informat	ion for		a)(1) trusts, optional
	n program title.		!!-	4		for oth	ers)
	Contributions received in excess of program costs						
	to the elderly and destitute		·				
					····		
	(Grants \$ 0) If this amoun					28a	127,299
29							
			·		·		
	(Grants \$ 0) If this amoun	nt includes foreign grant	ts, ch	eck here	•	29a	
30							
							:
					<u></u>		
	(Grants \$ 0) If this amoun	nt includes foreign gran	ts, ch	eck here	▶ []	30a	C
31	Other program services (attach schedule)						
		nt includes foreign gran				31a	C
32	Total program service expenses. (add lines 28a	through 31a)				32	127,299
	irt IV List of Officers, Directors, Trustees, a					·	
U 9.	List of Officers, Directors, Trustees, a	(b) Title and average	COOT	(c) Compensation	(d) Contribut		(e) Expense
	(a) Name and address	hours per week		(If not paid,	employee bene		account and
<u> </u>	and Lynn Kahlan	devoted to position		enter -0)	deferred comp	ensation	other allowances
	enda Lynn Kahler	Title CEO	00		,	0	_
	, Box 21 Harrisville WV 26362	Hr/WK	.00	0		0	
	ert B Beatty	Title Pres				_	_
	Lila Street Bartow FL 33830	Hr/WK	00	0		0	
	ne E Hasek	Title Treas					
	Wilsey Road Franklin PA 16323	Hr/WK	.00	0		0	
	nifer L Shulz	Title Secretary					
214	Mark Drive Seneca PA 16346	Hr/WK	.00	0		0	
Pau	l Kayima	Title Board Member					
1980	08 Cross Trail South Strongsville OH 44136	Hr/WK	.00	0		0	C
	David Hampson	Title Board Member					
	Seysler Road Franklin PA 16323	Hr/WK	00	0		0	C
	·	Title					
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Par		0-10377	20	Page U
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but		1	
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	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?	35a	<u> </u>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		1	1
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	<u>o</u>		
39	Section 501(c)(7) organizations Enter.			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities] !		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ►; section 4912 ►; section 4955 ►			
b	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	40b	<u> </u>	Х
C	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	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.	40e		Х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ Gary Saylor Telephone no. ▶	(814) 6	377-47	42
	Located at ► 119 Franklin Street City Seneca ST PA ZIP + 4 ► 163			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	7.70		
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ľ	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶	1-0		 ^
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1
	and Financial Accounts.			1
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? .	42c		X
J	If "Yes," enter the name of the foreign country:	720		
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			
	43 N/F	•		
		1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			· · · · ·
-	Form 990-EZ	44	[X
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
			90-EZ	

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Part '	// Section 501(c)(3) or	ganizations an	d section 4947(a)(1) nonexe	mpt charitable	trusts only. All s	ection	
	501(c)(3) organization	ns and section 4	4947(a)(1) nonex	empt charitat	ole trusts must a	nswer questions	46–49b	
	and complete the tab	les for lines 50	and 51.					
46	Did the organization engage i	n direct or indired	t political campaig	n activities on	behalf of or in opp	osition to	Y	es No
	candidates for public office? I	f "Yes," complete	Schedule C, Part	l		[46	X
47	Did the organization engage i	n lobbying activit	ies? If "Yes," comp	lete Schedule	C, Part II	[47	Х
48	ls the organization a school a	s described in se	ction 170(b)(1)(A)(ii)? If "Yes," co	mplete Schedule	E . [48	X
49 a	Did the organization make an	y transfers to an	exempt non-charita	able related org	ganızation?		49a	X
b	lf "Yes," was the related orgai	nization a section	527 organization?	•			49b	X
	Complete this table for the orgemployees) who each receive							У
	employees) who each receive	u more man pro	(b) Title and		(c) Compensation	(d) Contributions to		
	(a) Name and address of each emplethan \$100,000	oyee paid more	hours pe devoted to	r week	(c) Compensation	employee benefit plans & deferred compensation	accou	rpense int and owances
Name	None str		Title					
City	ST	ZIP	Hr/WK	00	0	0		0
Name	<u>Str</u>		Title					
City	ST	ZIP	Hr/WK	00	0	0		0
Name	Str		Title					
City	ST	ZIP	Hr/WK	00	0	0		0
Name	Str		Title	20		ا		
City	ST	ZIP	Hr/WK	.00	0	0		0
Name			Title	20				•
City f	ST Total number of other employ	ZIP	Hr/WK	.00	0	0		0
	(a) Name and address of ea	ach independent contra	actor paid more than \$10	0,000	(b) Typ	e of service	(c) Compe	nsation
Name	None	Str						
City		ST	ZIP					
Name		Str						
City		ST	ZIP					
Name		Str						
City		ST_	ZIP					
Name		Str	710					
City Name	· · · · · · · · · · · · · · · · · · ·	ST Str	ZIP		·· ····			
City	• • • • • • • • • • • • • • • • • • • •	ST	ZIP					
	Total number of other indeper			er \$100.000	•			
					•			
Sign	Under penalties of perjury, I de and belief, it is true correct, an	eclare that I have examined complete Declaration	nined this return, including on of preparer (other that	g accompanying so n officer) is based o	on all information of whi	ch preparer has any kno	knowledge wledge	
Here	Signature of officer	. /				Date グー 【3 ー Z	717	
	Type or print name and titl					J- 13-2	0/0	
	Type or print name and titl			Date	Check if	Preparer's identify	vina number o	Saa instructions'
Paid	Preparer's signature	11/1/11			self-		yang mumber (see mstructions)
Prepar	er's Ermis pame (or yours	ANDKI MEULTA	BACHED DO	5/12/	/2010 employed		45045	
Use O	nly if self-employed).	MARK L MEHLEN		UE DA 4035	4	EIN ► 25-16-		
			STREET, TITUSVI		+	Phone no ► (814)		$\overline{}$
May th	e IRS discuss this return with	the preparer sho	own above? See in	structions			X Yes	No -EZ (2009)
								(2003)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** REACH ONE-TOUCH ONE MINISTRIES, INC 20-1037726 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a 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 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 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 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a | Type I c Type III–Functionally integrated **b** | Type II Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of (ii) EIN (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes Yes 0 0 0 0 0 activities, whether or not the business is regularly carried on

Other income. Do not include gain or loss from the sale of capital assets

Total support. Add lines 7 through 10.

(Explain in Part IV.)

10

11

14

18

Schedule A (Form 990 or 990-EZ) 2009 REACH ONE-TOUCH ONE MINISTRIES, INC 20-1037726 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 104,464 119,031 223.495 2 Tax revenues levied for the organization's benefit and either paid to or expended on ıts behalf 0 0 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 Total. Add lines 1 through 3 0 0 0 104,464 119,031 223,495 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . Public support. Subtract line 5 from line 4. 223,495 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 . . . 7 0 0 0 104,464 119,031 223,495 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources 0 0 0 9 Net income from unrelated business

Sect	tion C. Computation of Public Support Percentage	
	organization, check this box and stop here	
	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)	
12	Gross receipts from related activities, etc (see instructions)	

Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).

Public support percentage from 2008 Schedule A, Part II, line 14
33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box
and stop here. The organization qualifies as a publicly supported organization
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
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.
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.

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

14

0

0

223,495

100 00%

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.)

Sec	tion A. Public Support	HE DOX OH HHE	3 OI Fait I.				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(a) 2005	(1) 2000	(0) 2007	(a) 2008	(e) 2009	(f) Lotal
·	membership fees received. (Do not						
	include any "unusual grants.")	0	0				0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose	o	0				0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						·
	benefit and either paid to or expended on				·		
	its behalf	0	0	_			0
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge	0	0				0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3						•
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received	[
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	İ					
	amount on line 13 for the year						0
	Add lines 7a and 7b	0	0	0	. 0	0	0
8	Public support (Subtract line 7c from	ļ					
Saa	line 6)	<u> </u>					0
	tion B. Total Support	(-) 000F	(1-) 0000	(-) 0007	4.0.000		<u> </u>
Call	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,				•		
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						•
_	acquired after June 30, 1975	0	0		0		0
с 11	Add lines 10a and 10b	٧	U	0	0	0	0
• •	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or		-				<u>~</u> .
	loss from the sale of capital assets						
	(Explain in Part IV)	0	0				0
13	Total support. (Add lines 9, 10c, 11,				•		
	and 12.)	0	0	0	0	O	0
14	First five years. If the Form 990 is for the org		t, second, third	d, fourth, or fifth	n tax year as a	section 501(c)	(3)
	organization, check this box and stop here.			· · · · · ·		•	. ▶ 🛄
	tion C. Computation of Public Support						
15	Public support percentage for 2009 (line 8, co					15	0.00%
16	Public support percentage from 2008 Schedu	ıle A, Part III, lıı	ne 15			16	0.00%
	tion D. Computation of Investment Inco						
17	Investment income percentage for 2009 (line	10c, column (f)) divided by lin	e 13, column (f)) .	17	0.00%
18	Investment income percentage from 2008 Sc					18	0 00%
19a	33 1/3% support tests-2009. If the organiza						nd line 17 ıs
	not more than 33 1/3%, check this box and st	t op here . The d	organization qu	ualifies as a pu	blicly supporte	d organization	▶ 🔲
Ь	33 1/3% support tests–2008. If the organization d						
••	line 18 is not more than 33 1/3%, check this box ar				• • •	-	▶∐
20	Private foundation. If the organization did no	ot check a box	on line 14, 19a	i, or 19b, checl	k this box and	see instructions	s., ▶ 📙

	990 or 990-EZ) 2009	REACH ONE-	<u>FOUCH ONE MIN</u>	ISTRIES, INC	_	20-1037726	Page 4
Part IV	Supplemental	Information. C	omplete this par	rt to provide the e	explanations required	by Part II, line 1	10;
	Part II, line 17a	or 17b; and Pa	rt III. line 12. Pro	ovide any other a	dditional information.	See instruction:	s.
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