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## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public

Department of the Treasury

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

	A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20																		
	D. Smolous Identification number																		
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∞ಶ			lumber of voting members of the governing body (Part VI, line 1a)												3				
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	b	Net unrel	ated bu	usines	s taxabl	e incom	ne from	Form 9	90-T, line	34	<del></del>	<del></del>			7b			<u>-0-</u>	
													Prior Y	ear		Cur	rent Yea		
9		Contribut															7	<u> 18753</u>	
ם		Program service revenue (Part VIII, line 2g)																	
Revenue												.				<del></del>			
_		Other rev										.							
_		Total reve														· · ·		<u> 18753</u>	
		Grants ar											<del></del>						
ø	14	Benefits paid to or for members (Part X squime A), line 4)																	
Expenses	15	Salaries, o	other co	mpen	sation e	mployer	<u>a bertetit</u>	s (Parti)	X COUMN							•		25822	
xpe			rofessional fundraising fees (Part IX, column (A), line 1 16																
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		Other exp									• •	$\cdot \vdash$						2931 8753	
	18	Total exp Revenue l	enses.	Add	lines 18-	-1 <del>7 (mu</del>	SI FOLL	TPart H	6, column	(A), lin	е 25).	$\cdot$			<del></del>				
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Pal	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: MOBILIZE PRAYER MOVEMENTS, EVANGELISM, DISCIPIESHIP AND CHURCH PLANTING.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses ► 78753

Pai	rt IV Checklist of Required Schedules			·
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>✓</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<b>√</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		
	Did the organization maintain an office, employees, or agents outside of the United States?	148		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

Pa	The Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization 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	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		

Pal	Statements Regarding Other INS Filings and Tax Compliance			,				
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of							
	U.S. Information Returns. Enter -0- if not applicable			ľ				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable							
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	ا ا						
р	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>/</b>	├─-				
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			,				
	this return?	3a 3b		<b>✓</b>				
Too, has a local to the source of the same years in the provide an explanation in concasts of								
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country: ▶							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 💄							
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
C	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding							
	Prohibited Tax Shelter Transaction?	5c		<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		<b>4</b>				
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<b>✓</b>				
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
С	required to file Form 8282?	7c		✓				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1				
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		✓				
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		1				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting							
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	- 1						
	organization, have excess business holdings at any time during the year?	8		✓				
9	Sponsoring organizations maintaining donor advised funds.			,				
а	Did the organization make any taxable distributions under section 4966?	9a	-	<b>√</b>				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1				
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12	1	-					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļ	- 1					
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders							
a	areas means with members of shareholders	}						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	ļ		İ				
122	amounts due or received from them.)	12a	ŀ					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	120						

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

Sec	tion A. Governing Body and Management					т
		الما		_	Yes	No No
_	Enter the number of voting members of the governing body	<u>1a</u>		_	1	-
ь	Enter the number of voting members that are independent	<u>1b</u>		.		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business				1,	
_	any other officer, director, trustee, or key employee?			.  _2		+
3	Did the organization delegate control over management duties customarily performed by or					
	supervision of officers, directors or trustees, or key employees to a management company or o	-		3	+	+
4	Did the organization make any significant changes to its organizational documents since the prior For			5	+	1
5	Did the organization become aware during the year of a material diversion of the organization		assets?	6	<del> </del>	1
6	Does the organization have members or stockholders?			_	+-	+*─
7a	, , , , , , , , , , , , , , , , , , , ,		e member	S   78	.	1
	of the governing body?			71		1
8	Did the organization contemporaneously document the meetings held or written actions ur				1	<del>                                     </del>
0	the year by the following:	ideria	Ken dann	y		
•	The governing body?			8	.   ✓	
	Each committee with authority to act on behalf of the governing body?			81		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can	nnot i	oe reache	. —	<del>'   '</del>	1
•	at the organization's mailing address? If "Yes," provide the names and addresses in Sched				. /	
Sec	tion B. Policies (This Section B requests information about policies not requ					<del>-  </del>
	enue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10	а	✓
	If "Yes," does the organization have written policies and procedures governing the activities of	of suc	n chapters	s.		
	affiliates, and branches to ensure their operations are consistent with those of the organization		-	10	Ы	
11	Has the organization provided a copy of this Form 990 to all members of its governing body			e		
	form?			. 11	✓	$\bot$
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 9	990.				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.			12	<u>a</u>	4
b	Are officers, directors or trustees, and key employees required to disclose annually interest	s that	could giv		Ι,	
	rise to conflicts?			. 12	b	<b>↓</b>
С	Does the organization regularly and consistently monitor and enforce compliance with the	policy	/? If "Yes,	"	1,	
	describe in Schedule O how this is done			12		
13	Does the organization have a written whistleblower policy?			13		<del> </del>
14	Does the organization have a written document retention and destruction policy?				1 4	+
15	Did the process for determining compensation of the following persons include a review			• 1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberati					-
<b>a</b>	The organization's CEO, Executive Director, or top management official			15	1	+-
b	Other officers or key employees of the organization			15	<u> </u>	+
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				1	-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ılar aı	rangemer		_	1
_	with a taxable entity during the year?			16		+-
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization and taken of the policy of the p	ation	to evaluat	e	1	
	its participation in joint venture arrangements under applicable federal tax law, and taken ste the organization's exempt status with respect to such arrangements?	aps ic	Saleguar	u   <sub>16</sub>		
Sec	tion C. Disclosure	• •	• • •	110	<u> </u>	<u> </u>
<u> </u>						
18	List the states with which a copy of this Form 990 is required to be filed ▶					
10	available for public inspection. Indicate how you make these available. Check all that apply		99U-1 (OU	r (C)(3)	orlly	,
	Own website  Another's website  Upon request	y.				
10	Describe in Schedule O whether (and if so, how), the organization makes its governing doc		ate confli	ا کم م	toroc	
19	policy, and financial statements available to the public.	curre	na, conili	UL UI 11	ilei es	L
20	State the name, physical address, and telephone number of the person who possesses the	a haa	ke and ra	corda	of the	
20	organization: ► CLAUDIA R. THOMASON P O BOX 1591 PRESCOTT, AZ 86302 92	8-420	-4850	CUIUS	or the	,
	- ga					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co	ompensate	any o	curre	ent	offi	cer, d	lirec	tor, or trustee.	·			
(A)	(B)	(C)						(D)	(E) (F)			
Name and Title	Average	Positi	ion (d	chec	k all	that ap		Reportable	Reportable	Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
DAVID S JOANNES	50				Ī			78753	o	0		
PRESIDENT	30	1		1	✓	1		76753		0		
LORNA M JOANNES VICE PRESIDENT	20			,				0	0	0		
CLAUDIA R THOMASON TREASURER/ BOARD MEMBER	10	1		<b>y</b>				0	0	0		
REV. DAVID P GROFF SECRETARY/BOARD MEMBER	5`	1		1				0	0	0		
REV. DAN THOMPSON ASST SECRETARY/BOARD MEMBER	10	1		<b>▼</b>				0	0	0		
	***											

(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average hours per week	Individual trustee  Or director	6 Institutional trustee	Officer	a Key employee	Highest compensated a employee	E Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo compo fro orga and	mated punt of ther ensation m the nization related sizations
										ļ	
											<del> </del>
											····
			<u> </u>								
	,										<u>, , , , , , , , , , , , , , , , , , , </u>
											<del></del>
1b Total							▶ .	78753	0	<u> </u>	0
2 Total number of individuals (including but reportable compensation from the organization)		to the	ose	liste	ed a	bove	) wh	o received mo	ore than \$100,0	100 in	
										Y	es No
3 Did the organization list any former office employee on line 1a? If "Yes," complete S							уее	o, or highest c	ompensated	3	1
4 For any individual listed on line 1a, is the state organization and related organizations											
<ul> <li>individual</li></ul>	or accrue	comp	pens	atio	on f	rom a	any	unrelated orga	anization for	4	1
Section B. Independent Contractors	res, comp	1010	JUII	<del>o</del> uu.	0	101 3	ucn	person	· · · ·	5	
Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	ontra	ctor	s that received	d more than \$1	00,000	of
(A) Name and business add	dress		_					(B) Description of se	ervices	(C) Compens	ation
N/A											
Total number of independent contractors (i more than \$100,000 in compensation from					to t	hose	liste	ed above) who	received		

Par	t VII	Statement of Reven	ue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इंट इंट	1a	Federated campaigns .	1a					
Contributions, gifts, grants and other similar amounts	l b	Membership dues			1		]	
s, s	c	Fundraising events	سفاء		1		ł	
gift	ď	Related organizations .	1d		1			1
ž, į	e	Government grants (contribution	ns) 1e					ł
r S	1				]			
혈	'	and similar amounts not included a		78753	ļ		İ	
d tr	ا م	Noncash contributions included in li			1			
<u>5 8</u>	h		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	78753			
9				Business Code				
Į.	2a							
8	Ь							
<u>3</u>	C							
٦	d							
Ē	e							
Program Service Revenue	f	All other program service re	evenue .					
<u> </u>	g	Total. Add lines 2a-2f .	<u> </u>	<u> ▶</u>				
	3	Investment income (includir	ng dividends	s, interest, and				
	į	other similar amounts) .	·	<b>&gt;</b>				
	4	Income from investment of tax	-exempt bon	d proceeds 🕨				
	5	Royalties	<u> </u>					
	ŀ		Real	(ii) Personal			ļ	
	6a	Gross Rents						
	b	•		<u> </u>				
				L				
	d	Net rental income or (loss)	<u> </u>	<del>r </del>			ļ	
	7a	Gross amount from Sales of F	Securities	(ii) Other				
		assets other than inventory			ļ			
	Ь	Less: cost or other basis			-			
		and sales expenses .					Į	
	1 -	Gain or (loss)		L			İ	
_	d	Net gain or (loss)		<u> ▶</u>				
enue	8a	Gross income from fur events (not including \$	ndraising					
Š		of contributions reported on						
Œ		See Part IV, line 18						
Other Reven	ь	Less: direct expenses .						
ర	С	Net income or (loss) from fu	ındraising e	vents ►				
	9a	Gross income from gaming	activities					-
	] "	See Part IV, line 19	а					
	b	Less: direct expenses	<b>b</b>					
	С	Net income or (loss) from g	aming activ	ities 🕨				
	10a	Gross sales of inventor	y, less					
		returns and allowances .						
		Less: cost of goods sold						
	С	Net income or (loss) from sal	es of invent	ory 🕨				
	L	Miscellaneous Revenue		Business Code				
	11a							
	b						<u> </u>	
	C							
		All other revenue		L				
		Total. Add lines 11a-11d				<del></del>		
	12	Total revenue. See instruct	ions	<u></u>	78753			L

Par	t IX Statement of Functional Expense				
	Section 501(c)(3) and 50				
	All other organizations must complete co				(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		:		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		<u></u>		
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	25822	25822		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	13765	13765		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				V-8-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
11	Fees for services (non-employees):				
а	Management				
	Legal	50	50		
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
† -	Investment management fees				
g 12	Other				
13	Office expenses	2310	2310		
14	Information technology				
15	Royalties				
16	Occupancy	2980	2980		
17	Travel	4954	4954		· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	MISSION OUTREACHES	28872	28872	•	<del></del>
b					
c					
d					
e					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f			· <del>- · · · · · · · · · · · · · · · · · ·</del>	
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation	78753	78753		

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	0
	2	Savings and temporary cash investments		2	-
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	· · · ·
	10a				
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	<del> </del>
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	<del></del>
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	0
	17	Accounts payable and accrued expenses		17	<del></del>
	18	Grants payable		18	<del></del>
	19	Deferred revenue		19	
10	20	Tax-exempt bond liabilities	<del></del>	20	<del></del>
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D	<u> </u>	21	
Ē	22	Payables to current and former officers, directors, trustees, key			
Ē		employees, highest compensated employees, and disqualified		00	
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		24	<del> </del>
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D	<del> </del>	25	
	26	Total liabilities. Add lines 17 through 25		26	0
ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			<u></u>
and	27	Unrestricted net assets		27	0
Ba	28	Temporarily restricted net assets		28	
덜	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
93	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances		33	
_	34	Total liabilities and net assets/fund balances		34	0

Page	12
Page	- 14

Form 990 (2009)

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

### 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.

OMB No 1545-0047
2009
Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 4947(a)(1) nonexempt charitable trust.

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

WITHIN REACH GLOBAL INC 3499455 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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 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). 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\% % 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% % 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. c Type III-Functionally integrated a D Type I **b** Type II d Type III-Other e 🔲 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Nο (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii (ii) A family member of a person described in (i) above? (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). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of (described on lines 1-9 in col. (1) listed in your organization the organization in organization in col. troggue above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) U S.? support? Yes No Yes No Yes No

**Total** 

	Support Schedule for Org (Complete only if you check					and 170(b)(1	)(A)(vi)
Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					78753	78753
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						· <del>-</del> · · · · · · · · · · · · · · · · · · ·
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		<u> </u>		<del> </del>	78753	78753
5 6	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.						
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	-t	·	· · · · · · · · · · · · · · · · · · ·	11	
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	· · · · · · · · · · · · · · · · · · ·	<del> </del>	, ,		78753	78753
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						·
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	<del></del>					···
11	Total support. Add lines 7 through 10 .		<u> </u>			ļ	78753
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	78753
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>		-		n 501(c)(3)
	tion C. Computation of Public Sup		<del> </del>			T	400
14	Public support percentage for 2009 (line (		•	i, column (f))		14	100 <u>%</u> 100 %
15	Public support percentage from 2008 Sch					[ 15 ]	
16a	and stop here. The organization qualifies as a publicly supported organization						
b	33½ % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½ % 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						
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, o organization qua	heck this box a difies as a public	and stop here, bly supported or	Explain in Part I	V how the

	Support Schedule for Orga (Complete only if you check				1)(2)			
	tion A. Public Support					<del></del>	<del></del>	
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include							
2	any "unusual grants.")							
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					·		
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support	(-) 0005	(h) 0006	(a) 2007	(4) 2000	(a) 0000	(f) Total	
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(i) Total	
9 10a	Amounts from line 6							
100	payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets					-		
	(Explain in Part IV.)					<del></del>		
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
Sec	tion C. Computation of Public Su							
15 16	Public support percentage for 2009 (lir Public support percentage from 2008 st					15 16	<u>%</u> %	
Sec	tion D. Computation of Investmen	nt Income Po	ercentage					
17	Investment income percentage for 200	9 (line 10c, co	lumn (f) divided	d by line 13, c	olumn (f)) .	17	%_	
18	Investment income percentage from 20	008 Schedule	A, Part III, line	17	l	18	<u>%</u>	
19a	17 is not more than 331/3 %, check this b	81/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33/3 %, and line 7 is not more than 33/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □					nization 🕨 🔲	
b	331/s % support tests - 2008. If the organ line 18 is not more than 331/s %, check this	nization did not s box and <b>stop</b>	check a box or here. The organ	ı line 14 or line nization qualifie	19a, and line 16 s as a publicly s	6 is more than supported orga	33⅓ %, and nization ►	
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see inst	ructions >	

Scheanie V (L	om 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information. ( Part II, line 17a or 17b; and P	Complete this Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
			-		
					••••
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