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Form 990-EZ

2009

OMB No 1545-1150

Short Form

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 Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2009 calendar	year, or tax year beginning	, 20	09, and en	ding		1
В	Check	if applicable	C	·		D	Employer	identification number
	Addres	ss change Please use IRS	Healing Touch World	dwide Foundation,	Inc.		84-14	60996
	Name	change label or print or	116211 Člav Doad #1			E	Telephone	
	Initial	return type.	Houston, TX 77084-	3240			(281)	813-8633
	Termir							
-	1	ded return Instruc- tions.					Group E Number	xemption
		• Section 501(c)(3	3) organizations and 4947(a)(1) ach a completed Schedule A (1	nonexempt charitable trus	sts	G Accounting me Other (specify)		Cash Accrual
		most atta	2011 d 0011p10100 001100010 71 (1					ganization is not
1.		site: ► N/A	only one) — X 501(c) (3)	 (Insert no.) 4947(a)(1) or 	527		ach Sche	dule B (Form 990,
<u>J</u>		exempt status (check o	only one) $ X $ 501(c) (3) ganization is not a section 509(aross receints are i	normally	not more than
	\$25,0	000. A Form 990-EZ	Z or Form 990 return is not requii	ed, but if the organization ch	ooses to file	e a return, be sure to		
L 	ınste	ad of Form 990-E		·			► \$	18,881.
Pa	art I	Revenue,	Expenses, and Changes	in Net Assets or Fun	d Balanc	ces (See the ins	tructio	ns for Part I.)
	1		ıfts, grants, and sımılar amoun				1	5, <u>750</u> .
	2	Program service	e revenue including governmen	t fees and contracts			2	
	3	Membership due	es and assessments				3	
<u> </u>	4	Investment incor	me				4	1,136.
70	5 a	Gross amount from	rom sale of assets other than II	nventory	5a		_	
	l t	Less cost or oth	her basis and sales expenses		5b			
® R ⊜ E V	0		sale of assets other than inventory (Sub			. —	5c	
	6		ectivities (complete applicable parts of S	Schedule G) If any amount is from	gaming, che	ck here		
JUL 1621	a	Gross revenue (r	not including \$	of contributions				
ے بے	ľ	reported on line	,		6a	7,012		
\Box		•	enses other than fundraising e	•	6b	5,854		
SCANNED			from special events and activities (Sul				6с	1,158.
	7a	Gross sales of in	nventory, less returns and allov	vances	7a		I	
\$		Less: cost of goo			7b			
Ŭ	0		loss) from sales of inventory (a)		7с	
<u></u>	8		ribe ► <u>See Statement</u>)	8	4,983.
	9		Add lines 1, 2, 3, 4, 5c, 6c, 7c,				▶ 9	13,027.
	10		la amounts Daid (attach sched	ule)	See St	tatement 2	10	5,000.
E	11	Benefits paid to	or for members O				11	
X P E	12	Sacatles, gther c	compensation, and employee b	enefits			12	
Ë	13		sland other bayments to indep	endent contractors			13	487.
Š	14	Occupancy, rent	t, utilities, and methenance				14	
S	15	Printing, publica	tions, postage, and shipping	_			15	1,403.
	16		duel Statement	3)	16	5,655.
	17		. Add lines 10 through 16				▶ 17	12,545.
4	18	•	cit) for the year (Subtract line 1	•			18	482.
N S	19	Net assets or fur	nd balances at beginning of ye	ar (from line 27, column (A	()) (must a	gree with end-or-ye	ar 19	78,855.
Ť	20		n net assets or fund balances	(attach explanation)			20	
5	21	-	nd balances at end of year Co	-			▶ 21	79,337.
P	art II		heets. If Total assets on line		000 or mo	re, file Form 990 in	stead of	
نت			(See the instructions for F		,	(A) Beginning of		(B) End of year
22	2 Ca	ish, savings, and i	•	• •		78,85		79,337.
2		nd and buildings.					23	
2		her assets (descri	be ►)			24	
2		tal assets		<u> </u>		78,85	5. 25	79,337.
26		tal liabilities (desc	cribe ►				0. 26	0.
2			balances (line 27 of column (B	must agree with line 21)		78,85	55. 27	79,337.
_			Paperwork Reduction Act No		ons.			Form 990-EZ (2009)

Form	990-E	Z (2009)	Healing Touch W	orldwide Foundatio	n, Inc.		-146	50996 Page 2
Par	t III	State	ment of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
What	s the org	anization's	primary exempt purpose? Se	e Statement 4			(Reg	uired for section
Desc	ribe wh	at was a	schieved in carrying out the	ne organization's exempt purp f persons benefited, or other i	oses In a clear and co	oncise manner,	orga	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
progr	ram title	e.	s provided, the number o	persons benefited, or other	relevant information for	eacii	for o	thers)
			ram that uses He	ealing Touch to red	luce stress and	fatique		
			spice nurses.					
	(Grant	s \$	5,000.) If th	nis amount includes foreign gi	rants, check here		28a	5,000.
29					<u> </u>			,
							1	
•							1	
	(Grant			nis amount includes foreign gi	rants check here		29a	
30	(0.0	.5 4		no dimediti mendebe terengir gi	arkey or look no. a			
-			- -				1	
							1	
	(Grant	s \$		nis amount includes foreign gi	rants, check here		30a	
31			services (attach schedul					
	(Grant			nis amount includes foreign g	rants, check here	▶ □	31 a	
32	Total	program	service expenses (add I			—	32	5,000.
Par	t IV	List o	of Officers, Directors	, Trustees, and Key Em	ployees. List each or	ne even if not con	npens	ated. (See the instrs.)
				(b) Title and average hours	(c) Compensation (If	(d) Contributions	s to	(e) Expense account
		(a) Name	e and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa		and other allowances
				to position		deterred compense	ation	
				-				
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<u> 5ee</u>	SLAI	tement	. 3		· · · · · · · · · · · · · · · · · · ·	-	<u> </u>	0.
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Form	990-EZ (2009) Healing Touch Worldwide Foundation, Inc. 84-146099	6	Р	age 3
Par	tV Other Information (Note the statement requirements in the instrs for Part V.) See Sta	teme	nt	6
			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		Х
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 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? of 'Yes,' has it filed a tax return on Form 990-T for this year?	35a 35b		X
	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 Outline organization file Form 1120-POL for this year?	37b		X
	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
t	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		-	
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9. 39a N/A			1
	Gross receipts, included on line 9, for public use of club facilities N/A			
40 a	section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0., section 4912 0.			
t	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		x
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 0.			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	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	40e		X
41	List the states with which a copy of this return is filed None			
42 a	The organization's books are in care of > The President Telephone no > (281) Located at > 16211 Clay Road, Suite 106 Box 215 Houston TX ZIP + 4 > 77084	856 -324	- <u>834</u>	1 <u>0</u>
t	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
Ć	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	42 c		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		• []	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	Yes	No 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
BAA		rm 990	-EZ	

orm 990-EZ (2009)	Healing	Touch	Worldwide	Foundation,	Inc.

84-1460996

Page 4

Part V Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. 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 Yes No 46 46 Х X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes.' complete Schedule E 48 X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X b If 'Yes,' was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (b) Title and average hours per week devoted to position (d) Contributions to employ benefit plans and deferred compensation (e) Expense account and other allowances (a) Name and address of each employee paid more than \$100,000 None f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correst, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Here Bonnie Kelley Morrow President Type or print name and title Preparer's Identifying Number (See instructions) Date Check if Preparer's signature **Paid** Brenda K Rafferty N/A Pre-RAFFERTY FINANCIAL CONSOLTING IMPLEMEN. Firm's name (or yours if self-employed), address, and parer's 385 INVERNESS PKWY STE N/A Use Only ENGLEWOOD, CO 80112-5853 (303)790-0664 Phone no ►X Yes May the IRS discuss this return with the preparer shown above? See instructions No Form 990-EZ (2009) BAA

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.

2009

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

Hea]	lir				Foundat								160996			
Part	I	Reasor	for Pu	ıblic Ch	arity Statu	ıs (All o	rganizations	must o	comple	te this	part.)	See II	nstruct	ions		
The or	gar	nization is	not a pr	rivate foun	idation becau	use it is	(For lines 1 thro	ough 11,	check o	nly one	box)					
1		A church,	convent	tion of chu	irches or ass	ociation	of churches des	scribed in	section	170(b)	(1)(A)(i)					
2		A school	describe	d in sectio	on 1 <mark>70(b)(</mark> 1)(A)(ii) . (A	ttach Schedule	E)								
3		A hospita	or coop	erative ho	spital servic	e organiz	ation described	i ın secti	on 170(l	χ1χΑχ	iii).					
4		A medica	l researc	h organiza	ation operate	ed in conj	unction with a I	hospital (describe	d in sec	tion 17	0(b)(1)(A	AXiii). Er	nter the hos	spital's	5
		name, cit														
5		An organ: 170(b)(1)	zation o A)(iv). (perated fo Complete	or the benefit Part II)	of a coll	ege or universit	y owned	or oper	ated by	a gover	nmenta	l unit de	scribed in s	section	n
6 7	П	An organ	zation th	nat normal		substan	ental unit descr tial part of its s					t or fron	n the gei	neral public	: desci	rıbed
8	П						(A)(vi). (Comple	ete Part I	1)							
		An organiz from activ investmei	ation that ties related tincom	at normally ed to its ex e and unre	receives (1) cempt function	more than ns — subjects taxab	n 33-1/3 % of its ect to certain exc le income (less	support f	rom cont and (2) n	o more t	than 33-	1/3 % of	its suppl	ort from gro	SS	ıfter
10	П	An organ	zation o	rganized a	and operated	exclusiv	ely to test for p	ublic safe	ety See	section	1 509(a)	(4).				
11		An organ more pub describes	zation o licly sup the type	rganized a ported or e of suppo	and operated ganizations o orting organi	l exclusiv described zation an	ely for the bene in section 509(d complete line	efit of, to (a)(1) or es 11e th	perform section rough 11	the fun 509(a)(2 Ih	ictions (2) See	of, or ca section	rry out tl 509(a)(3	ne purpose). Check t	s of or he box	ne or that
		а ПТур		t	Type II		_	II – Fund					d \square	Type III-		
е		By check	ng this t	oox, I certi nanagers a	ify that the or and other tha	rganization In one or	on is not contro more publicly s	lled directions	tly or in I organi	directly zations	by one describe	or more ed in sec	disqual ction 509	ified perso (a)(1) or s	ns oth ection	ner
f		If the orga		received	a written det	terminatio	on from the IRS	that is a	a Type I	Type II	or Typ	e III sup	porting	organızatıo	n,	
g		Since Au	gust 17,	2006, has	the organiza	ation acce	epted any gift o	or contrib	oution fro	om any	of the f	ollowing	persons	7		
															Yes	No
		belo	w, the g	overning l	body of the s	upported	either alone or organization?	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)		
			-		person desc									11 g (ii)	 _	
		(iii) a 35	% contr	olled entit	y of a persor	n describ	ed in (i) or (ii) a	above?						11g (iii)		
<u>h</u>		Provide ti	ne follow	ing inform	nation about	the suppo	orted organizati	ons								
	Ø	Name of Su Organizat	pported ion		(ii) EIN	(descr abov	oe of organization libed on lines 1-9 e or IRC section instructions)	organizat (i) listed gove	s the ion in col I in your rning ment?	the organ	(i) of	organizat	zed in the	(vil) Amour	it of Sup	port
		<u> </u>		1				Yes	No	Yes	No	Yes	No			
												,				
		-														
		•														
				1		<u> </u>									-	
Total				<u></u>		<u></u>			<u> </u>							

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

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 200						
Pai	Support Schedule for (Complete only if you check	•			(D)(I)(A)(IV) an	а 170(в)(1)(А)(VI)
Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	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).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			T			
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see in	structions)	. <u></u>		12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	a section 501(c)((3) ▶ □
	tion C. Computation of Pu						
	Public support percentage for 20 Public support percentage from	1	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)		14 15	% %
16	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pu	I not check the bo blicly supported o	ox on line 13, and organization	d the line 14 is 33	-1/3 % or more, ch	neck this box
ŧ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	i not check a box blicly supported o	on line 13, or 16a rganization.	a, and line 15 is 3	3-1/3% or more, c	heck this box
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	s' test, check this	box and stop he i	e. Explain in Part	15 is 10% IV how the

Schedule A (Form 990 or 990-EZ) 2009

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

BAA

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	keu the box on in	ie 9 01 Fait 1.)				
	dar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	45,117.	37,097.	23,700.	9,087.	5,750.	120,751.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	43,117.	31,001.	23,700.	3,007.	3,730.	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.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	45,117.	37,097.	23,700.	9,087.	5,750.	120,751.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the		0	0	0	0	
_	year	0.	0.	0. 0.	0.	<u>0.</u> 0.	0.
-	Add lines 7a and 7b			<u> </u>	U.	<u> </u>	0.
٥	Public support (Subtract line 7c from line 6)						120,751.
Sec	tion B. Total Support	<u> </u>			L		1 120,731.
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	45,117.	37,097.	23,700.	9,087.	5,750.	120,751.
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			935.			
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	341.	937.		1,092.	1,136.	4,441.
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	341.	937.	935.	1,092.	1,136.	4,441.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV	9, 655.	7,449.	4,068.	4,705.	7,012.	32,889.
13	Total support. (add Ins 9, 10c, 11, and 12)						158,081.
	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	stop here		d, third, fourth, c	or fifth tax year as	a section 501(c)(3)
15	Public support percentage for 20			e 13 column (ft)		15	76.4%
	· · · · · · · · · · · · · · · · · · ·		•	C 13, Column (1 <i>))</i>		16	80.6%
	tion D. Computation of Inv					•	
17	Investment income percentage f				mn (f))	17	2.8%
18	Investment income percentage f	rom 2008 Schedul	e A, Part III, line	17		18	1.9%
	33-1/3 support tests – 2009. If the omore than 33-1/3%, check this b	ox and stop here.	The organization	qualifies as a pu	iblicly supported o	rganızatıon	► <u>X</u>
	33-1/3 support tests – 2008. If the state of	this box and sto	here. The organi	zation qualifies a	s a publicly suppo	orted organizatio	n ▶ ∐
20	Drivate foundation If the organi	ado ton hid not cho	ck a how on line 1	4 10a or 10h c	hack this hav and	see instructions	▶

Schedule A	(Form 9	90 or 9	990-EZ)	2009	Нe	alin	g T	ouch	Wo	rldw	ide	Four	dat	ion,	Inc.	84-	14609	996	F	Page 4
Part IV	Suppl Part II	emen , line	tal Inf 17a o	ormat r 17b;	t ion. and	Comp	plete III,	e this Iine 1	part 2. P	to pi rovid	rovid e an	e the y othe	expl er ad	anatı dıtıon	ons re ial info	equired ormatic	by Pa n. Se	art II, II e Instri	ne 10; uctions	S.
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TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

2009	Sched	ule A, Part	: IV	- Supple	eme	ental Info	orm	ation	F	Page 5
		Healing Tou	ıch V	Vorldwide F	oun	dation, Inc.			84-	1460996
		·								· · ·
Part III, Line 12 - Oth	er Incom	е								
Nature and Source	e	2009		2008	_	2007		2006	2005	1
	Total	\$ 0	. \$	0.	\$	0.	\$	0.	\$	0.

2009	Federal Statements	Page ¹
	Healing Touch Worldwide Foundation, Inc.	84-146099
Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue		
Non-Cash Donation		Total \$ 4,983. 4,983.
Statement 2 Form 990-EZ, Part I, Line 10 Grants and Similar Amount	0 ts Paid	
Class of Activity: Donee's Name: Donee's Address: Relationship of Donee	Reduce stress & fatigue Hospice by the Sea 1531 W Palmetto Park Rd Boca Raton, FL 33486 : Non-Affiliated Chrt Org	
Cash Amount Given:		\$ 5,000
Statement 3 Form 990-EZ, Part I, Line 16 Other Expenses	6	
Advertising and Promo Bank Service Charges Conferences, Conventi HTT for General Office HTT for Office Labor	ons, and Meetings	\$ 1,969. 176. 196. 1,275. 1,964.
Training		75. Total \$ 5,655.
Statement 4 Form 990-EZ, Part III Organization's Primary Exe	empt Purpose	
Assist, encourage and Therapy and other ene	advance philosophy, objectives & techniquergy based Healing Therapies.	es of Healing Touch
Statement 5 Form 990-EZ, Part IV List of Officers, Directors,	Trustees, and Key Employees	
Name and Addr	Title and Average Hours Compen- tess Per Week Devoted sation	Contri- Expense Account/ Other
Bonnie Kelley Morrow 18126 Spellbrook Dr	President \$ 0.	\$ 0.\$

Healing Touch Worldwide Foundation, Inc.

84-1460996

Statement 5 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Sharon Scandrett-Hibdon 1791 G. Ave Ogden, IA 50212	Treasurer 0.50	\$ 0.	\$ 0.	\$ 0.
Ann Cathcart 7949 Autumn Ridge Lane Chanhassen, MN 55317	Director 0.50	0.	0.	0.
Karen Chin 1117 Airline Drive Marshall, TX 75672	Director 0.50	0.	0.	0.
Tina Devoe 81 Marsh Creek Rd Amelia Island, FL 32034	Director 0.50	0.	0.	0.
Donna Fink 22011 Crossbrook Katy, TX 77450	Director 0.50	0.	0.	0.
Rachel Rasmussen 420 McCabe Ave Wilmington, DE 19802	Director 0.50	0.	0.	0.
Connie Silva 2218 Kane Street Houston, TX 77007	Director 0.50	0.	0.	0.
Victoria Stewart 29 Persimmon Dr Oxford, PA 19363	Director 0.50	0.	0.	0.
Roberta Davis-Lewis 385 La Perie Place Costa Mesa, CA 92627	Director 0.50	0.	0.	0.
Carol Komitor PO Box 632171 Highlands Ranch, CO 80163	Director 0.50	0.	0.	0.
Lisa Mentgen-Gordon 20822 Cactus Loop San Antonio, TX 78258	Director 0.50	0.	0.	0.
Sharon Robbins 1232 Crest Rd Del Mar, CA 92014	Director 0.50	0.	0.	0.
	Total	\$ 0.	<u>\$ 0.</u>	<u>\$ 0.</u>

2009

Federal Statements

Page 3

Healing Touch Worldwide Foundation, Inc.

84-1460996

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