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## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning 2013, and ending 20 C Name of organization B Check if applicable D Employer identification number Address change Reach Dalit, Inc. 90-0791572 Name change Room/suite E Telephone number Number and street (or P O box, if mail is not delivered to street address) Initial return 84 South Orchard Street 203-265-7456 Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ ✓ Application pending Wallingford, CT 06492 G Accounting Method: ✓ Cash ☐ Accrual Other (specify) H Check ► If the organization is not I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) - 501(c)(3) 501(c) ( (Form 990, 990-EZ, or 990-PF). ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 ☐ Trust ☐ Association Other L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I. 1 Contributions, gifts, grants, and similar amounts received . . . . . 14,483.46 2 Program service revenue including government fees and contracts 2 3 3 4 Investment income 4 0.61 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . . 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . 5c Gaming and fundraising events SCANNED WAR 2 & 2014 Gross income from gaming (attach Schedule G if greater than Revenue 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of high tony, less returns and allowances . . . . . . . 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
Other evenue (described Scriedule O). C 7c 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 14,484.07 Grants and similar amounts paid (list in Schedule O) . . . . . . . . 10 10 11,879.03 Benefits paid to or for members........ 11 11 12 Salaries, other compensation, and employee benefits . . . . . . . . . 12 13 Professional fees and other payments to independent contractors . . . 13 14 Occupancy, rent, utilities, and maintenance 14 15 15 16 16 506.62 17 Total expenses. Add lines 10 through 16 17 12.385.65 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . 18 2,098.42 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 3,281.37 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 21 Net assets or fund balances at end of year\_Combine lines 18 through 20 5,379.79

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2013)



Pai	rt II	Balance Sheets (see the instructions	for Part II)	•			
		Check if the organization used Schedule	O to respond to a	ny question in this			<u> 🗀</u>
					(A) Beginning of year	-	(B) End of year
22		h, savings, and investments			3,281.37		2,098.42
23		d and buildings				23	
24		er assets (describe in Schedule O)				24	
25		al assets				25	
26		al liabilities (describe in Schedule O)				26 27	
27 Par		assets or fund balances (line 27 of columnications) Statement of Program Service Accommodates  Output  Description:			Oort III\	27	5,379.79
rai	يسج	Check if the organization used Schedule					Expenses
What	t is the	organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
Desc	ribe th	ne organization's program service accompled by expenses. In a clear and concise n	ishments for each o	f its three largest p	rogram services,	org: 494	anizations and section (7(a)(1) trusts, optional others.)
		nefited, and other relevant information for e			· 		
28	Charit	able contributions to C Action Indian Orphana	ge				
	(Cront	φ Φ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	t includes foreign gra	nto check have		00-	44
29	(Grant				-	288	11,879.03
	(Grant	s \$ ) If this amount	includes foreign gra	ints, check here .	▶ □	298	3
30							
	(Grant	rs \$ ) If this amount	includes foreign gra	ints check here	<b>.</b> □	   30a	
31		program services (describe in Schedule O)				000	-
	(Grant	• •	includes foreign gra			318	a
32	Total	program service expenses (add lines 28a	through 31a)		🕨	32	11,879.03
Par	t IV	List of Officers, Directors, Trustees, and Ke				nstru	ctions for Part IV)
		Check if the organization used Schedule	O to respond to a			<u> </u>	<u> </u>
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	-   -	Estimated amount of other compensation
Ute B	rinkma	n President					
			15	0		0	0
Paul	Young	Treasurer	.				
			1	<u>_</u>	<u></u>	<u> </u>	0
Yaira	Matyai	kubova Secretary	 5	٥	İ	0	0
						+	
			1				
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			-				
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			1				
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			-{			-	

Part '				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	_	
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		./
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<b>/</b>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a 0</b>			
	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		<b>√</b>
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	- 504		
а	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>√</b>
С	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		<b>√</b>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
b	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
J	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	103	<b>√</b>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b>✓</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	<b>▶</b> □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	res	NO ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<b>√</b>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
	explanation in Schedule O	44d		<b>✓</b>
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		_/

									Yes	No	
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on ber	nalf of or	in opposit	tion			
		ndidates for public office? If "Yes," o		, Part I	<u> </u>	<u> </u>		. 4	6	✓	
Part V		Section 501(c)(3) organizations		-11 47 40h	! 50	•					
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47–49b a	na 52,	and cor	npiete the	e tables	s for lin	nes	
		Check if the organization used Scl	hedule O to respond	to any augetion	in thic l	Dort VI					
		Check if the organization used Sci	riedule O to respond	to any question	111 11115 1	rait VI	<del></del>	<u> </u>	Voc	No	
47	Did tl	ne organization engage in lobbying	activities or have a	section 501(h) ele	ction in	effect d	iuring the	tax [	163	140	
	year? If "Yes," complete Schedule C, Part II										
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
50	Com	plete this table for the organization's	five highest compen	sated employees	(other t	han offic	ers, direct	ors, trus	stees ar	nd key	
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the or				e, enter	"None.	"	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mi	con	efit plans, a	o employee and deferred		ated amo		
			·			compen	sation			_	
None											
				-							
						-					
							ľ				
			A+00 000								
		number of other employees paid over		• • — — — — — — — — — — — — — — — — — —	0						
51 ———	\$100,	olete this table for the organization' 000 of compensation from the orga	nization. If there is no	ensated independe ene, enter "None."	ent con	tractors	wno each	receive	ed more	e than	
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service		(c)	Compens	ation	•	
								-			
								•			
		·····									
ď	Total	number of other independent contra	ictors each receiving	Over \$100,000		L	<del></del>	D			
		ne organization complete Schedule A		•	ons and	4947(a)	<del></del>				
		cempt charitable trusts must attach				· · · · ·	٠,	► 🗆 Y	es ☑ l	No	
Under pe	nalties	of perjury, I declare that I have examined this r	eturn, including accompany	ring schedules and stat	ements, a	and to the b	pest of my kn	owledge a	and belief	, it is	
true, corre	ect, an	d complete Declaration of preparer (other han	officer) is based on all info	rmation of which prepa	rer has ar	y knowled	ge			<del>,</del>	
C:		I foul for	w				<u>-3-6</u>	<u>,-2</u>	0/9		
Sign Here		Signature of Officer	()			Date			,		
nere		Paul Young Treasurer Type or print name and title	· V			_					
<del></del>		Print/Type preparer's name	Preparer's signature	<del></del>	Date			PTIN	<del></del>		
Paid		Time type preparer smalle	i, a ii e eig. wiere				Check L self-employ	ıf			
Prepa		Firm's name				Firm's	s EIN ▶				
Use C	rilly	Firm's address ▶				Phon					
May the	IRS	discuss this return with the preparer	shown above? See in	nstructions				► 7 Y	29	No	

#### 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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

taine o	i tile organization							Lilipioyei ii	scridicado	ii iiuiiibe		
	Dalit, Inc.	Dublic Obc	sib a Chahara /All annua		<b>-</b>		Ab.:	<del>-1</del> \0		91572		
Part			r <b>ity Status</b> (All orga ition because it is: (Fo						nstructio	ons.		
	•				-		_	-	3			
						section <sup>.</sup>	170(b)(1)	(A)(iii).				
_												
5 [	_ •	on operated for b)(1)(A)(iv). (Com	the benefit of a collegelete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit	descri	bed in
	An organization	on that normally	nment or government receives a substantia <b>(A)(vi).</b> (Complete Par	al part of					nit or fron	n the g	eneral	public
8 [	A community	trust described i	n section 170(b)(1)(A)	)(vi). (Cor	nplete Pa	art II.)						
9 [	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ant income and unrel fter June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	certain ex xable ind	xceptions come (les	s, and (2) ss sectio	no more	e than :	331/3%	of its
10 [	An organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	ee <b>sectio</b>	n 509(a)(	(4).			
11 [ e [	purposes of co 509(a)(3). Che a ☐ Type I ☑ By checking tother than fou	one or more publick the box that one box Type his box, I certify undation manage	nd operated exclusive organically supported organical describes the type of type of the type of the type of the type of type o	nizations supportin I–Functio is not co	described ng organiz nally integ ntrolled o	d in sect zation an grated lirectly or	ion 509(a d comple <b>d</b> indirecti	a)(1) or so ete lines 1 Type III-N y by one	ection 50 1e throug Non-funct or more	9(a)(2). gh 11h. tionally disqual	See se integra fied pe	ection ted ersons
	or section 509			<b>6</b> 1	u				u <del></del>		4.	
f	-		a written determination			inat it is	a Type	i, Type	II, or Typ	oe III si	ıpportı	ng
g	•		he organization accep		gift or co	ontributio	on from a	ny of the			• •	• Ш
			ndirectly controls, eitl	her alone	or toget	her with	persons	describe	d in (ii) ar	nd	Yes	No
			ody of the supported								+	1
	, ,		on described in (i) abo	_						11g		1
	• •	•	a person described in							11g(		1
h	, <i>,</i>	•	on about the support	., ,,						[1.5	···-/I	.i '
(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S?	(vii) Amo	unt of m support	onetary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
D)												
(E)												

Part	I Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	<u>'i)</u>	<u> </u>
	(Complete only if you checked the						alify unde	er
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)		
	on A. Public Support							
Caler	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d</b> ) 2012	(e) 2013	(f) Tota	al
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
_	include any "unusual grants.")				ļ			
2	Tax revenues levied for the organization's benefit and either paid							
	to or expended on its behalf				1			
3	The value of services or facilities					-		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by							
9	each person (other than a			1	i			
	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.			<u> </u>		1	<u> </u>	
	on B. Total Support	43000	7,0040		1	1	<del></del>	<del></del>
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Tota	<u>al</u>
7	Amounts from line 4				<u> </u>		<u> </u>	
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.)							
11	Total support. Add lines 7 through 10	4	\					
12	Gross receipts from related activities, etc	•	•			12	FO4/-\/O	
13	First five years. If the Form 990 is for the organization, check this box and stop he				-	ear as a sectio		) 
Secti	on C. Computation of Public Suppor			<u> </u>	• • • • •	<u> </u>		
14	Public support percentage for 2013 (line 6			11 column (fl)		14		%
15	Public support percentage from 2012 Sch		· ·			15		<del>%</del>
16a	331/3% support test-2013. If the organize						heck this	<del></del>
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			. ▶	
b	331/3% support test-2012. If the organ					15 is 33 <sup>1</sup> / <sub>3</sub> %	or more,	
	check this box and stop here. The organ	•					•	
17a	10%-facts-and-circumstances test—20	•			•			
	10% or more, and if the organization me							
	Part IV how the organization meets the "f	acts-and-circu	ımstances" tes	st. The organiz	ation qualifies	as a publicly s	upported	_
_	organization						. •	
b	10%-facts-and-circumstances test—20							
	15 is 10% or more, and if the organizate Explain in Part IV how the organization m							
	supported organization		s-and-circums		ne organizatio	ıı qualilles as a	publicly     ▶	П
18	Private foundation. If the organization di				. or 17b. chec	k this box and	see	
	instructions						. ▶	П

## 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 or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")				8,176	14,483.46	22,659.46
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						
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				0.176	14 402 40	22.050.40
_	Amounts included on lines 1, 2, and 3				8,176	14,483.46	22,659.46
	received from disqualified persons .						
ь	Amounts included on lines 2 and 3	}			1		
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from						
	line 6.)						22,659.46
	on B. Total Support	т	,	· ·	<del>,</del>	Г	
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6				8176	14,483.46	22,659.46
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
<b>.</b>	Unrelated business taxable income (less			<u> </u>		0.61	0.61
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b				1		
11	Net income from unrelated business						
• •	activities not included in line 10b, whether				l		
	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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	<u> </u>	<u> </u>		6.6.1	l	22,660.07
14	First five years. If the Form 990 is for the organization, check this box and stop he	_			-		
Socti	on C. Computation of Public Suppor			· · · · ·	<u> </u>	<del>· · · · ·</del>	▶ ✓
15	Public support percentage for 2013 (line			3 column (fl)		15	%
16	Public support percentage from 2012 Sc		•			16	<del></del>
	on D. Computation of Investment In			<u> </u>	<del></del>	1 .0	
17	Investment income percentage for 2013			y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2013	•		-		18	%
19a	331/3% support tests-2013. If the organ	ization did not	check the box	k on line 14, a	nd line 15 is m		, and line
	17 is not more than 331/3%, check this box		_			-	_
b	331/3% support tests—2012. If the organization						
	line 18 is not more than 331/3%, check this		_				_
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box a	and see instruc	tions 🕨 🔲

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Reach Dalit, Inc.	90-0791572
Business expense - Business Registration Fee \$250.00	
Operations Expense - Bank Fee \$174.25	
Operations Expense - Pay Pal Fees \$82.37	
Charitable Contribution - \$11,879.03	
•	
·····	