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Department of the Treasury

Internal Revenue Service

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)

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

OMB No 1545-0047

Open to Public Inspection

Form **990** (2009)

Cat No 11282Y

For the 2009 calendar year, or tax year beginning September 1 . 2009. and ending August 31 20 10 Employer identification number C Name of organization Reaching A Generation USA, Inc. B Check if applicable use IRS Doing Business As 5573610 Address change label or print or Number and street (or PO box if mail is not delivered to street address) E Telephone number type. 8513 Southbriar Drive Initial return Specific City or town, state or country, and ZIP + 4 □ Terminated tions. Raleigh, NC 27606 Amended return G Gross receipts \$ 650,455 F Name and address of principal officer Vivian Edwards Application pending H(a) Is this a group return for affiliates? Yes Vo 7509 Deer Track Drive, Raleigh, NC 27613 H(b) Are all affiliates included? Yes No Tax-exempt status If "No," attach a list (see instructions) Website: ▶ www.rag-us.org H(c) Group exemption number ▶ L Year of formation 2006 M State of legal domicile NC Part I Summary Briefly describe the organization's mission or most significant activities: Reaching a Generation USA, Inc. provides support for Christian missionaries and minitries educating children on the continent of Africa, and raises Activities & Governance awareness in the United States regarding the spiritual and physical health of children on the continent of Africa. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a), 4 5 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 5 Total number of employees (Part V, line 2a). . . 6 Total number of volunteers (estimate if necessary) 6 10 0 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34. 0 **Current Year** 320,691 638,936 Contributions and grants (Part VIII, line 1h) 27,379 11,519 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 348,070 650,455 266.135 585,869 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line_11e) b Total fundraising expenses (Part IX, column (P) line 25) 57,946 45,706 17 Other expenses (Part IX, column (A), lines 112-Œ Total expenses. Add lines 13-17 (must equal Part IX, column (A), Revenue less expenses. Subtract line 18 from line 12. 324,081 631,575 Vme 25). 23,989 18,880 5 6 **Beginning of Current Year End of Year** 32,487 51,367 20 Total assets (Part X, line 16). 0 21 Total liabilities (Part X, line 26) 0 Net assets or fund balances. Subtract line 21 from line 20 22 32,487 51,367 Part II Signature Block 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 beliefyit is true, correct, and complete_Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of office Type or print name and title Date Check if Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ □ Paid Preparer's Firm's name (or yours **Use Only** if self-employed) address, and ZIP + 4 Phone no ▶ May the IRS discuss this return with the preparer shown above? (see instructions) Yes

SCANNED JAN 9.0

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Reaching a Generation USA, Inc. provides support for Christian missionaries and minitries educating children on the continent of Africa, and raises awareness in the United States regarding the spiritual and physical health of children on the continent of Africa.
	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	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 \$ 626,820 including grants of \$ 585,869) (Revenue \$ 650,455) Reaching A Generation USA, Inc ("RAG") established relationships with Christian African ministries and missionaries that provide education, sustenance, and health care services to at-risk children and orphans in Africa. Working through these relationships, RAG provided a variety of practical supports for care-givers and the children under their care. RAG provided direct financial support for care for needy children in an effort to address their immediate and long-term needs through grants to southern African organizations. RAG provided logistics and training for a US teacher, and other volunteers who traveled to Africa to providing life-skills seminars for southern Africa public school teachers, provide relief work for orphans, and to provide logistics and other support for the work among children. RAG raised awareness in the United States regarding the needy condition of African children by leading teams of volunteers to visit African children, construct feeding stations, teach orphans basic hygiene, and to minister to emotional, physical, and medical needs.
4b	(Code:) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses ► 626 820

Par	T 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
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		1
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, VII, 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?	14a	-	
b	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		1
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		1
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		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_ ✓

Par	t IV 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		✓
	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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		√
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		√
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		✓
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	28a 28b		√
С	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 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
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		✓
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		1
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		✓
36	Section 501(c)(3) organizations. 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		✓
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		 ✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		/	

Par	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	9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	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 0	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		N.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		•	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	┼	-
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)?	4a		1
b	If "Yes," enter the name of the foreign country. ▶			į
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	+-	✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
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	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	1	
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		1
h	and services provided to the payor?	7b	+-	├ -
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	↓	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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			
_	organization, have excess business holdings at any time during the year?	_8		√
9	Sponsoring organizations maintaining donor advised funds.	9a		1
a b	Did the organization make any taxable distributions under section 4966?	9b	+	1
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year.	12a		<u>.</u>

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					
		1 1			Yes	No
1a	Enter the number of voting members of the governing body	1a		5		
b	Enter the number of voting members that are independent	1b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relatio	nship with	h 🔼		
	any other officer, director, trustee, or key employee?			2		1
3	Did the organization delegate control over management duties customarily performed by or	under	the direc	t		
	supervision of officers, directors or trustees, or key employees to a management company or of			3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Fo.			4		✓
5	Did the organization become aware during the year of a material diversion of the organization			5		√
6	Does the organization have members or stockholders?			6		√
7a	Does the organization have members, stockholders, or other persons who may elect one of		members			
	of the governing body?	, ,,,,		7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or oth	er ners	ons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions up	•				
•	the year by the following:	i aci ta	ton danng			
а	The governing body?			8a	7	
	Each committee with authority to act on behalf of the governing body?			. 8b	1	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who ca	nnot h	e reached	• —	'	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Sched					1
Sec	tion B. Policies (This Section B requests information about policies not requ	-			L	
	enue Code.)	,, ou	<i>y</i>	reo, ria,		
					Yes	No
102	Does the arganization have local chanters, branches, or effiliates?			10a	1.00	1
	Does the organization have local chapters, branches, or affiliates?					_
D	If "Yes," does the organization have written policies and procedures governing the activities			, 10b		
44	affiliates, and branches to ensure their operations are consistent with those of the organiz			. —		
11	Has the organization provided a copy of this Form 990 to all members of its governing body	y betoi	e filing the	e 11		
448	form?				_	
	Describe in Schedule O the process, if any, used by the organization to review this Form			40-		
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	-	
a	Are officers, directors or trustees, and key employees required to disclose annually interest	s that	could give		,	
	rise to conflicts?			. 12b	-	
С	Does the organization regularly and consistently monitor and enforce compliance with the		? If "Yes,"		,	
	describe in Schedule O how this is done			12c	✓	
13	Does the organization have a written whistleblower policy?			13		V
14	Does the organization have a written document retention and destruction policy?			14		_
15	Did the process for determining compensation of the following persons include a review					
	independent persons, comparability data, and contemporaneous substantiation of the deliberat	ion and	I decision	?		
а	The organization's CEO, Executive Director, or top management official			15a		√
b	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ilar ar	rangemen	t E		
	with a taxable entity during the year?			16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	ation t	o evaluate	a .		
-	its participation in joint venture arrangements under applicable federal tax law, and taken st	eps to	safeguard			
	the organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ North Carolin	na				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990		390-T /501	(C)(3)e	onka	
. •	available for public inspection. Indicate how you make these available. Check all that applicable,		,50-1 (50)	c(U)(U)3	Orny)	
	☐ Own website ☐ Another's website ☑ Upon request	у.				
19	·	AU	to south	٠؛ عمد		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing do	cumer	is, conflic	ic of int	erest	
20	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the organization: ► Vivian Edwards; 7509 Deer Track Drive, Raleigh, NC 27613; 919-539-2	e poo 634	ks and red	cords o	the	

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 employee."
- 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		any c	urr	ent	offi	cer, d	lirec	tor, or trustee.	_	
(A)	(B)			(1	C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (d	chec	k all	that ap	ply)	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
Jacques Van Bommel 45 Donovan Road, Glen Austin,	1			1				0	0	0
(address continued from above)										
Midrand, 1685, South Africa							1			
Hal Bredbenner										_
8513 Southbriar Drive, Raleigh, NC 27606	8-10	1		1	1			0	0	0
Vivian R. Edwards 7509 Deer Track Drive, Raleigh, NC 27613	2-3	1		1				0	0	0
Vergil Kjerstad		_ 		ľ	l —					
12780 Black Forest Rd., Rapid City, SD 57702	1	✓						0	0	0
Keith Gardner	1			1				0	o	0
21083 E. Tarimmar Springs Rd., Sanger, CA 6		✓				ļ <u>.</u>				
Paul Ivaska 2607 N. Watterman Ave., Arlington Heights, IL	1	1						o	0	0
					-					

Par	Section A. Officers, Directors, Tru	ıstees, Key	Emp	loye	ees,	an	d Hig	hest	Compensated	d Employees (c	ontinued)
	(A)	(B)	·		(0	C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			-								
				ı							
		-									
			_								
1b	Total							•	0		0 0
2 — 3	Total number of individuals (including but reportable compensation from the organization list any former office employee on line 1a? If "Yes," complete S	ation ► 0 er, director	or tr	uste	 	кеу	empl				Yes No
4	For any individual listed on line 1a, is the the organization and related organizations individual.	sum of rep greater tha	ortab an \$1	le c 50,0	omp 0007	oens P If '	satior 'Yes,'	and 'cor	d other compe mplete Schedu	nsation from le J for such	4 🗸
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue 'Yes," com	com com	pen Sch	sati <i>edu</i>	on ile	from I for s	any any	unrelated org	anization for	5 ✓
Se	tion B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	lepe	ende	ent o	contra	acto	rs that receive	d more than \$	100,000 of
	(A) Name and business ad	dress	_						(B) Description of s	ervices	(C) Compensation
No	ne										0
						-					
2	Total number of independent contractors (l to	those	list	ed above) who	received	

Part	VIII	Statement of Re	venue						
	_					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	12	Federated campaigns		1a					
Contributions, gifts, grants and other similar amounts				1b					
9.5		Membership dues		1c		1		ļ	
ifts r a		Fundraising events .				i			
, <u>a</u>		Related organizations		1d					
Sis	е	Government grants (contri	butions).	1e		1		ļ	
美量	f	All other contributions, gifts, g	grants,			Ì			
흥		and similar amounts not inclu-	ded above	_1f_	638,936	ļ			
اع م	g	Noncash contributions include	d in lines 1a-1	f. \$					
ठ ह	<u>h</u>	Total. Add lines 1a-1f	<u> </u>	<u> </u>	<u> </u>	638,936			
e					Business Code				-
e l	2a	Hunting Trips			900099	11,519			
ě	b								
- 8									
ايَّجَ	C								
Š	d								
檀	ę	All other program service							
Program Service Revenue						44 540			
	<u>g</u>					11,519		<u></u>	
	3	Investment income (inc	luding divi	dends	s, interest, and				
ļ		other similar amounts)							
	4	Income from investment of							
	5	Royalties							
ļ			(i) Real		(II) Personal	ļ		ļ	
	6a	Gross Rents							
	b	Less: rental expenses							
ļ		Rental income or (loss)				ļ			
	d	Net rental income or (lo	oss)		•				
		Gross amount from sales of	(i) Securition		(ii) Other				
	/a	assets other than inventory							
		•		-					
	D	Less: cost or other basis							
[and sales expenses .						Į ·	
		Gain or (loss) Net gain or (loss)	L						
	u	ivet gain or (loss)		• •	· · · · ·				
evenue	8a	Gross income from						ŀ	
le l		events (not including \$							
		of contributions reported	d on line 1	c).					
Other R		See Part IV, line 18		· a					
the		Less: direct expenses							
Ò	С	Net income or (loss) from	om fundrais	sing e	vents >				
	9a	Gross income from gam	una activitie	es	Į .			ļ	
	""	See Part IV, line 19						İ	
	b	Less: direct expenses.							
		Net income or (loss) fro							
	102	Gross sales of inve	ontony lo						
	IVa	returns and allowances	-						
	۱.	Less: cost of goods so				ļ		1	
		Net income or (loss) from							
	⊢	Miscellaneous Rev			Business Code				
	<u> </u>			-	Duomess Code			 	<u> </u>
						-			
	b							 	
	C							 	 -
		All other revenue							 _
	е	Total. Add lines 11a-1	1d		•				
	12	Total revenue. See ins	structions.		<u></u> . ▶	650,455			L

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns.

	All other organizations must complete colu	ımn (A) but are not	t required to comp	olete columns (B), (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	13,077	13,077		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16	572,792	572,792		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		-		<u> </u>
10	Payroll taxes				<u>-</u> _
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				<u> </u>
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1821		1,611	210
13	Office expenses	914		914	
14	Information technology	1.229		1.229	
15	Royalties				
16	Occupancy				
17	Travel	30,001	30,001		
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				a air an air
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Bank Fees	671		671	
b	Supplies	1,570	1,570		
С	Hunting Lodge	9,380	9,380		
d	Telephone	120		120	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	631,575	626,820	4,545	210
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				

Part X **Balance Sheet** (B) End of year (A) Beginning of year 32,247 51,367 2 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D 10c **b** Less accumulated depreciation <u>10b</u> 11 Investments—publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 32.247 16 16 51,367 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 Liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Pavables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117, check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets 28 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. þ 30 Net Assets 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32,487 32 51,367 32 Retained earnings, endowment, accumulated income, or other funds 32.487 33 51,367 33 34 Total liabilities and net assets/fund balances . 32,487 34 51,367

	XI Financial Statements and Reporting			
			Yes	No
	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🗎 Other			
	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		✓
	Were the organization's financial statements audited by an independent accountant?	2b		✓
c l	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_		
1	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
k	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:	di. Perse		!
	Separate basis Consolidated basis Both consolidated and separate basis			
	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		✓
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
r	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.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 20 Reaching A Generation USA, Inc.

		ng A Generat	tion USA, Inc.						20		5573610	
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganızatı	ons mus	t compl	ete this	part.) S	e instru	ctions.	
The	orga	anization is no	ot a private foun	idation because it is:	(For lines	1 through	gh 11, ch	eck only	one box	 .)		
1			•	rches, or association	•	-		•		•		
2				on 170(b)(1)(A)(ii). (At						,,,		
3				nospital service organ			in sectio	n 170(b)	(1)(A)(iii).			
4		A medical re	search organiza	ition operated in conj	unction v	with a ho	spital de)(A)(iii). Enter the	
E	\Box		me, city, and sta						b			
5	_	section 170	(b)(1)(A)(iv). (Cor	•	_	-					i unit described in	
6	Ш	A federal, sta	ate, or local gov	ernment or governme	ental unit	describe	d ın sect	ion 170(l	o)(1)(A)(v).		
7			ration that normally receives a substantial part of its support from a governmental unit or from the general public in section 170(b)(1)(A)(vi). (Complete Part II.)									
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9									p fees, and gross			
		receipts fron	n activities relate	ed to its exempt functi	tions—su	bject to	certain ex	ceptions	s, and (2)	no more	than 331/3 % of its	
support from gross investment income and unrelated business taxable income (less section acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)							1 511 tax)	from businesses				
10	\Box	•	_	nd operated exclusive					•	(a)(4)		
11	П	_	_	and operated exclusive	-		-				r to carry out the	
• •	_			blicly supported organ								
				at describes the type								
		a 🗆 Type	ь Б	Type II c	: 🗀 Tvr	e III-Fun	ctionally	integrate	d	dГ	Type III-Other	
e		• • •		tify that the organizat								
				on managers and othe								
		•	section 509(a)(2)	_			. ,	• •				
f		If the organi	zation received	a written determinati	ion from	the IRS	that it is	a Type I	l Type I	or Type	III supporting	
			check this box									
g				the organization acce	epted anv	aift or c	ontribution	on from a	inv of the	•		
Ŭ		following per		J	, ,	J			,			
		(i) A person	who directly or	r indirectly controls, e	either alo	ne or tog	ether wit	h person	s descri	bed ın (ii)	Yes No	
			who directly or indirectly controls, either alone or together with persons described in (ii) telow, the governing body of the supported organization?									
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii)	
				of a person described		(ii) above	?				11g(iii)	
h	_	Provide the	following informa	ation about the suppo	orted org	anization	(s).					
(1)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		ls the	(vii) Amount of	
	org	ganization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col ized in the	support	
				(see instructions))	governing			oort?		S?		
					Yes	No	Yes	No	Yes	No		
					<u> </u>					<u> </u>		
								<u> </u>				
												
Tot	al						1.		i			

Par	(Complete only if you chec					and 170(b)(1)(A)(VI)
Sec	tion A. Public Support					·	
Ca	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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	<u> </u>		1 1000000000000000000000000000000000000	<u>alkilia</u>		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(4, 2000	(_,	(0, 200)	(-,	(0, 2000	,,
8	Gross income from interest, dividends,						
0	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 .		100000000000000000000000000000000000000		7 EU		
12	Gross receipts from related activities, etc	c. (see instructi	ons)			12	
13	First five years. If the Form 990 is for						
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	<u> P L</u>
	tion C. Computation of Public Su			- (0)		144	0/
14	Public support percentage for 2009 (line					15	<u>%</u> %
15	Public support percentage from 2008 Sc					L	
16a	and stop here. The organization qualifie	s as a publicly	supported orga	anization			▶ [
	331/3 % support test - 2008. If the organ box and stop here. The organization qui	alıfies as a pub	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "organization meets the "facts-and-circum	facts-and-circu	mstances" test	, check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test – 2006 more, and if the organization meets the "organization meets the "facts-and-circumst Private foundation. If the organization dispersion of the organization of the organization dispersion of the organization of the organizatio	facts-and-circuitances" test. The	mstances" test, e organization qu	check this box ialifies as a publ	and stop here.	Explain in Part rganization	IV how the

	dule A (Form 990 or 990-EZ) 2009	nizations De	escribed in Se	ection 509(a)	12)		Page
	(Complete only if you checke						
	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		75.064	466,853	320,691	638,936	1,501,544
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				27,379	11,519	38,898
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		75.064	466,853	348,070	650,455	1,540,442
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			339, 485	225, 858	570,000	1,135,343
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						
С	Add lines 7a and 7b			339, 485	225, 858	570,000	1,135,343
8	Public support (Subtract line 7c from line 6)						405,099
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6		75.064	466,853	348,070	650,455	1,540,442
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b 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)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		75.064	466,853	348,070	650,455	1,540,442
14	First five years. If the Form 990 is for torganization, check this box and stop to	nere	<u></u>				
Sec	ction C. Computation of Public Sur						
15	Public support percentage for 2009 (line					15	%
16	Public support percentage from 2008 S	ichedule A. P	art III. line 15			16	%

Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 17 % 18 % Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonup331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/5 %, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

chedule A (Fo	orm 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	by Part II, line 10; See instructions.
·		
		•
		•••••
-		
		••••
**		

Schedule F (Form 990)

Totals

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Reaching A Generation USA, Inc.

Employer identification number 20 5573610

Pa	rt I General Informa "Yes" to Form 990	ition on Activ , Part IV, line 1	rities Outsid 4b.	e the United States	. Complete if the organi	zation answered
1	For grantmakers. Does assistance, the grantees' the grants or assistance?	eligibility for th	e grants or as	sistance, and the selec		
2	For grantmakers. Describe United States.	be in Part IV th	e organization	's procedures for monit	toring the use of grant f	unds outside the
3	Activities per Region. (Use	Schedule F-1	(Form 990) if	additional space is nee	ded)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sou	uthern Africa	0	1	Program Services	See Attached	626,820
_						
			,			
_						
		-				
	-					
	· · · · · · · · · · · · · · · · · · ·					

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Schedule F (Form 990) 2009

Part | Grants ar

(I) Method of valuation (book, FMV, appraisal, other)	N/A	N/A							
(h) Description of non-cash assistance	A/A	N/A							
(g) Amount of non-cash assistance	0	0							
(f) Manner of cash disbursement	Wire	wire							
(e) Amount of cash grant	211,547	352,000							
(d) Purpose of grant	See Attached	See Attached							
(b) IRS code section and ElN (c) Region (d) Purpose of cash grant (e) Amount of cash grant (fi applicable)	South Africa	Swaziland							
(b) IRS code section and EIN (if applicable)									
1 (a) Name of organization									

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities N

Schedule F (Form 990) 2009

Page 3

Schedule F (Form 990) 2009

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2009

Schedule F (For	rm 990) 2009	Page 4
Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.	
		• • • • • • • • • • • • • • • • • • • •
		•••••
		.
- 2 		
•		• • • • • • • • • • • • • • • • • • • •

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

2009	2009	2009	•	
			2009	to Dubli

OMB No 1545-0047

▶ Attach to Form 990.

Inspection

2 □ Food for Orphans (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number 5573610 ☑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance . ۶ (f) Method of valuation (book, FMV, appraisal, other) ۲ 0 the selection criteria used to award the grants of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . . (d) Amount of cash grant 12,077 Part IV and Schedule I-1 (Form 990) if additional space is needed . Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)3 (**b**) EIN Enter total number of other organizations Reaching A Generation USA, Inc. Blessman Ministries, Inc. 2557 106th Street Urbandale, IA 1 (a) Name and address of organization or government Name of the organization Part I Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 50055P

Schedule I (Form 990) 2009

the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. onal space is needed.	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)				Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	aching A Generation USA, Inc.				•	
mplete if the orga	(d) Amount of non-cash assistance				on required in Pai	pose to those of Re					
Jnited States. Co space is needed.	(c) Amount of cash grant				vide the informati	omplementary pur					
	(b) Number of recipients				mplete this part to pro	ntity with at similar or c					
Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance				Supplemental Information. Cor	Organization must be a 501(c)3 tax exempt entity with at similar or complementary purpose to those of Reaching A Generation USA, Inc.					
Part III Grants a Use Part					Part IV	Organizati					

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

2009

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Reaching A Generation, USA, Inc.	20		5573610
Part VI, Section A, Line 9: Addresses for all officers and directors are provided in Part VII,	Sectio	n A.	
Part VI, Section B, Line 11a: The Form 990 is communicated to all directors and officers for	r their	review v	ia email prior
to its submission.			
Part VI, Section B, Line 12c: Reaching A Generation USA, Inc. regularly and consistantly r	nonito	rs all trai	sactions to
insure that its conflict of interest policy is not violated.			
	•		
	-		
	-		•••••
			·
			······

Schedule O (Form 990) 2009	Employer identification number
Name of the organization	
	1 ' · · · · · · · · · · · · · · · · ·
	•••••••