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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 September 1 2011. and ending August 31 For the 2011 calendar year, or tax year beginning 20 12 C Name of organization Reaching A Generation USA, Inc. D Employer identification number Check if applicable 20-5573610 Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name change 8513 Southbriar Drive 919-539-2634 Initial return City or town, state or country, and ZIP + 4 Terminated Amended return Raleigh, NC 27606 G Gross receipts \$ 1,202,555 F Name and address of principal officer Vivian R. Edwards H(a) Is this a group return for affiliates? Tyes Ves No Application pending 7509 Deer Track Drive, Raleigh, NC 27613 H(b) Are all affiliates included? Yes No 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status www.rag-us.org Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust Association ☐ Other ▶ L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities. Reaching a Generation USA, Inc. provides support for Christian missionaries and ministries educating children on the continent of Africa, and raises awareness in the Activities & Governance 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. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 10 SCANNEU HIN 3 & 2013 Total unrelated business revenue from Part VIII, column (C), line 12 0 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year Contributions and grants (Part VIII, line 1h) . 892,493 1,186,686 Program service revenue (Part VIII, line 2g) 9 6.617 15,869 Investment acome (Part VIIII column (A), lines 3, 4, and 7d) . . 10 Other revenue (Part VIII, column) lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Totagevenue padd lines 8 throup 1 (must equal Part VIII, column (A), line 12) 12 899,110 1,202,555 Grants and similar amounts paid Part IX, column (A), lines 1-3) 13 897,678 1,120,544 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other control sation, employee benefits (Part IX, column (A), lines 5-10) 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 50,265 79,179 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 947.943 1,199,723 19 Revenue less expenses. Subtract line 18 from line 12 -48.833 2,832 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,534 5,366 21 Total liabilities (Part X, line 26) . . n 0 22 Net assets or fund balances. Subtract line 21 from line 20 2,534 5,366 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 belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Treasurer Secretary Here lian Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check | ıf self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗌 No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

Cat No 11282Y

Form 99	0 (2011)		F	age 3
Part	V 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	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	_	┝┷
,	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		1
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			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		/
•	complete Schedule D, Part III	8		1
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	100000000000000000000000000000000000000	V
а			3.1	
L	complete Schedule D, Part VI	11a	-	1
	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	11b		1
С	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	11c		✓
d	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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
b	Schedule D, Parts XI, XII, and XIII	12a		1
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	/	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	1	
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, Parts II and IV.	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, Parts III and IV	16	<i>'</i>	
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 (see instructions)	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.			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		√
00	If "Yes," complete Schedule G, Part III	19	ļ	√
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		✓
	in i estito ime apa, uiu ine prugniagion aliach a copy of its auditeu inancial statements to this fetum?	LZUU		i

Part	Checklist of Required Schedules (continued)			
0.4	Division of the second of the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		1
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			
240		23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	 	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		·
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u>·</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		▼
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1			√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		▼
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		-
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,	36		
	Part VI			1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		•
	19? Note. All Form 990 filers are required to complete Schedule O	38	990	

Part '	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	· ·	
4			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3	{		
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
·	reportable gaming (gambling) winnings to prize winners?	1c	7-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	16		-
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		· ·
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	-	1
b	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		✓
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ļ. <u></u> .
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		/
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
U.	organization solicit any contributions that were not tax deductible?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa	 	
	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).		l	
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		✓_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ļ	<u> </u>
d e	If "Yes," indicate the number of Forms 8282 filed during the year		-	7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	<u> </u>	V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		/
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10 a	Section 501(c)(7) organizations. Enter. 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	<u> </u>		
11	Section 501(c)(12) organizations. Enter	1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	[]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.			}
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	{		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	144		 •

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See ins	struct	
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	; =	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	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 cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O.</i>	9	1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		,
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	7	ĺ
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		/
14	Did 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 and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14		<u> </u>
а	The organization's CEO, Executive Director, or top management official	15a	+	1
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 similar arrangement with a taxable entity during the year?	16a		√ .
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	IGA	-	<u> </u>
C = = 4"	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed North Carolina Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Vivian R. Edwards, 7509 Deer Track Drive, Raleigh, NC 27613, 919-539-2634	of the		

O	200	. 7
-	aut	

Form	990	(2011)	

(14)

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

- Ta 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.
- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(C) Position (A) (B) (E) (F) (D) (do not check more than one Average Name and Title Reportable Reportable Estimated box, unless person is both an ompensation from hours per compensation amount of officer and a director/trustee) week from related other Individual t Institutional trustee Highest compensated employee Key employee (describe the organizations compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization rganizations and related trustee ın Schedule organizations O) (1) Jacques Van Bommel, President 45 Donovan Road, Glen Austin, 1 O (2) (address continued from above) Midrand, 1685, South Africa (3) Hal Bredbenner, Vice President 8513 Southbriar Drive, Raleigh, NC 27606 8-10 0 0 (4) Vivian R. Edwards, Secretary/Treasurer 7509 Deer Track Drive, Raleigh, NC 27613 2-3 n n (5) Vergil Kjerstad 12780 Black Forest Rd , Rapid City, SD 57702 0 0 0 (6) Keith Gardner 21083 E. Trimmer Springs Rd., Sanger, CA 93657 0 1 (7) Paul Ivaska 2607 N Waterman Ave, Arlington Heights, IL O (9) (10)(11)(12)(13)

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (cont	inued)	
	(A) Name and title	(B) Average hours per week	Average box, unless person is bours per officer and a director/ti			ıs both	an	(D) Reportable compensation from	(E) Reportable compensation fro related	1	(F) timated nount of other	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	pensation om the anization d related anizations
(15)											<u> </u>	
(16)											<u> </u>	
(17)					-				-		 	
(18)												
(19)												
(20)												
(21)											<u> </u>	
(22)												·- <u>·</u>
(23)					 			-				
(24)					ļ. -							
(25)		-				-		-		-	<u> </u>	
	Sub-total				í 				0			
1b c d	Total from continuation sheets to Part	VII, Sectio			•			>	0			0
2	Total number of individuals (including but reportable compensation from the organic	t not limited		ose	lıst	ed	above	e) w			<u> </u>	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	est compensat	ted 3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1								the	1
5	Did any person listed on line 1a receive of for services rendered to the organization											1
	on B. Independent Contractors											
	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	lress							(B) Description of se	ervices	(C Comper	
								_				
	Total number of independent contractor	ors (includir	ng bu	it n	ot I	imit	ed to) th	ose listed abo	ove) who		
	received more than \$100,000 of compens											

Part	VIII	Statement of Revenue					
1				(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	1a	Federated campaigns 1a					
ran	ь	Membership dues 1b		l			
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events 1c					
	q	Related organizations 1d					
S, E	e	Government grants (contributions) 1e		ļ	į		1
on: Sit	f	All other contributions, gifts, grants,					
uti her	_	and similar amounts not included above 1f	1,186,686		j		
	g	Noncash contributions included in lines 1a-1f. \$					
Sor	h	Total. Add lines 1a-1f	•	1,186,686			
			Business Code				
en.	2a	Hunting Trips	900099	15,869	- 1	7	
ě	ь						
9	c		-				
ē	d						
S	e						
gra	f	All other program service revenue .				· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	g	Total. Add lines 2a–2f	•	15,869			<u> </u>
	3	Investment income (including divider					
		and other similar amounts)	. ▶				
	4	Income from investment of tax-exempt bor	nd proceeds ▶		-		
	5	Royalties	. ▶				
		(i) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	•		•		
	7a	Gross amount from sales of (i) Securities	(II) Other				
	1	assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)					
4							
venue	8a	Gross income from fundraising					
		events (not including \$					
æ		of contributions reported on line 1c).					
ē	ł	See Part IV, line 18 a					
Other Re	1	Less: direct expenses b					
_		Net income or (loss) from fundraising e	vents . >				
	9a	Gross income from gaming activities	l				
		See Part IV, line 19 a					
	b	Less direct expenses b	-				-
	С	Net income or (loss) from gaming activ	ities . >				
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inver					
	<u> </u>	Miscellaneous Revenue	Business Code		ļ		
	11a						
	b					· · · · · · · · · · · · · · · · · · ·	
	С					·	
	d	All other revenue					<u> </u>
	e	Total. Add lines 11a-11d					ļ
	12	Total revenue. See instructions	🕨	1,202,555	1,202,555		1

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 (B), (C), and (D).	

	Check if Schedule O contains a response to any question in this Part IX								
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	3,790	3,790						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16.	1,116,754	1,116,754						
4 5	Benefits paid to or for members 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 8	Other salaries and wages								
9 10 11 a b	Other employee benefits								
d e f g	Lobbying	3,075			3,075				
12 13 14 15 16	Advertising and promotion	361 200 1,300		200	361				
17 18	Travel	38,217	38,217						
19 20 21 22 23 24	Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
a	Bank Fees	441 16,228	16 220	441					
b C	Supplies Hunting Lodge	6,538	16,228 6,538						
d	Shipping of Equipment and supplies	12,819	12,819						
e	All other expenses								
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here of lollowing SOP 98-2 (ASC 958-720)	1,199,723	1,194,346	1,941	3,436				

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,534	1	5,366
	2	Savings and temporary cash investments		2	
Assets	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
		Receivables from other disqualified persons (as defined under section		Ŭ	
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		:	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	··-	7	
	7 8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or		-9-	
	IVa	other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,534		5,366
_	17	Accounts payable and accrued expenses	2,334	17	3,300
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
(O	22	Payables to current and former officers, directors, trustees, key			.
Liabilities	22	employees, highest compensated employees, and disqualified persons.			
喜		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	-
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0		0
_		Organizations that follow SFAS 117, check here ▶ ☐ and complete			
es	l	lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	-	27	
3al	28	Temporarily restricted net assets		28	
Ď	29	Permanently restricted net assets		29	
ڃ		Organizations that do not follow SFAS 117, check here ▶ ☑ and			
ř		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	! =
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.	2,534	32	5,366
Zet.	33	Total net assets or fund balances	2,534	33	5,366
_	34	Total liabilities and net assets/fund balances	2,534	34	5,366
					Form 990 (2011)

Form 9	90 (2011)			• Pa	ige 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u>.</u>	<u></u>	····	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,20	2,555
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,19	9,723
3	Revenue less expenses. Subtract line 2 from line 1	3			2,832
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			2,534
5		5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
		6			5,366
Part					
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u></u>	<u>.</u>	
		,		Yes	No
1	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 Schedule O.	ain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	.	2a		1
b	Were the organization's financial statements audited by an independent accountant?	[2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	aın ın			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in			-
	the Single Audit Act and OMB Circular A-133?		За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	its	3b		
			Forr	n 990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public

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

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

Employer identification number Name of the organization Reaching A Generation USA, Inc. 20-5573610 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated d ☐ Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . [11g(u) Provide the following information about the supported organization(s). (i) Name of supported (iı) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (vi) Is the the organization in col (i) of your organization (described on lines 1-9 in col (i) listed in your organization in col support (i) organized in the governing document? above or IRC section support? (see instructions)) Yes Yes No Yes (A) (B) (C) (D) (E)

Part	Support Schedule for Organiza	tions Desci	ribed in Secti	ions 170(b)(1)(A)(iv) and '	170(b)(1)(A)	(vi)
_	(Complete only if you checked the						ualify under
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and		1				
	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						 	
4	Total. Add lines 1 through 3					<u> </u>	
5	The portion of total contributions by						
	each person (other than a		1	}	1		1
	governmental unit or publicly supported organization) included on				1		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			i			
6	Public support. Subtract line 5 from line 4						
	on B. Total Support					<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	<u> </u>	(-)	(0) = 0.0	<u> </u>	(0, = 0))	(1)
8	Gross income from interest, dividends,						-
•	payments received on securities loans,						
	rents, royalties and income from similar						
	sources)	ľ
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.)		<u> </u>				
11	Total support. Add lines 7 through 10		<u> </u>		<u> </u>		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
 .	organization, check this box and stop he			<u>· · · · · · · · · · · · · · · · · · · </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	· ·	<u></u> . ▶ □
	on C. Computation of Public Suppor			4 1 (0)		T	
14	Public support percentage for 2011 (line 6					14	
15 16a	Public support percentage from 2010 Sch 331/3% support test—2011. If the organization					15 more	%
100	box and stop here. The organization qua						
ь	331/3% support test—2010. If the organ			_			
	check this box and stop here. The organ						. • []
17a	10%-facts-and-circumstances test - 20	11. If the orga	anization did no	ot check a box	on line 13, 16	a, or 16b, an	d line 14 is
	10% or more, and if the organization me						
	Part IV how the organization meets the "f	acts-and-circi	umstances" tes	t. The organiza	ation qualifies	as a publicly	supported
	organization						. ▶ □
b	10%-facts-and-circumstances test - 20	10. If the org	anization did ne	ot check a box	on line 13, 16	Sa, 16b, or 17	
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m	eets the "fact	s-and-circums	tances" test. T	he organizatio	n qualifies as	a publicly
	supported organization						▶ 🗆
18	Private foundation. If the organization de	d not check a	box on line 13,	, 16a, 16b, 17a	i, or 17b, chec	k this box an	d see

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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	466,853	320,691	638,936	892.493	1,186,686	3,505,659
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	6,617	15,869	61,384
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	466,853	348,070	650,455	899,110	1,202,555	3,567,043
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	339,485	225,858	570,000	766,000	952,000	2,853,343
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	766,000	952,000	2,853,343
8	Public support (Subtract line 7c from line 6.)						713,700
Secti	on B. Total Support	<u> </u>			<u> </u>		
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	466,853	348,070	650,455	899,110	1,202,555	3,567,043
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		-				
13	Total support. (Add lines 9, 10c, 11, and 12.)	466,853	240.070	650.455	200.440	4 202 555	2557.040
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization			-		3,567,043 1 501(c)(3)
Socti	on C. Computation of Public Suppor			· · · · ·	· · · · ·	···	<u> </u>
		<u>_</u>		3 column (fl)		15	20 0/
15	Public support percentage for 2011 (line Public support percentage from 2010 Sci					15	20 %
16 Secti				<u> </u>	<u>· · · · · ·</u>	1 10	22 %
	on D. Computation of Investment In			ulino 10l	(f)	1471	
17	Investment income percentage for 2011 (17	0 %
18	Investment income percentage from 2010					18	0 %
19a	331/3% support tests—2011. If the organ 17 is not more than 331/3%, check this box						
b	331/3% support tests – 2010. If the organization 18 is not more than 331 m%, check this						
20	line 18 is not more than 331/3%, check this Private foundation. If the organization di					•	
20	- i i vate i ouridationi il tile diganization di	is not officer a t	JUA UII III IU 14,	TOA, OF TOD, C	いしした いける レリス・	いいい うじせ けんけいし	110113

Schedule A (F	Form 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10 Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	;
		
·		
		·
		·
	······································	
•		•

SCHEDULE F (Form 990)

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
2011
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Reaching A Generation USA, Inc.

Inspection
Employer identification number
20-5573610

Part	General Information Form 990, Part IV, line		es Outside	the United States. Comp	plete if the organization ans	wered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the	e grants or as			
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monit	toring the use of its grant	ts and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
(1)	Southern Africa	o	1	Program Services	See attached	1,194,346
(2)						
(3)		<u> </u>				
(4)						
(5)						
(6)						
(7)						
(8)						
(9)		-				
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)	-	_				
3a	Sub-total		_			1,194,346
b	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

1,194,346

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. ▶ □ Part II can be duplicated if additional space is needed. Part II

(f) IHS code section and EIN (f applicable)	(c) Region	(d) Purpose of	(e) Amount of cash grant	cash	non-cash	(h) Description	valuation
Sou		ב ס		disbursement	assistance	oi non-cash assistance	(book, FMV, appraisal, other)
ĺ	South Aftica	See Attached	454,602 Wire	Wire	0	O N/A	N/A
os	South Africa	See Attached	9,740 Wire	Wire	0	0 N/A	N/A
	Swaziland	See Attached	646,880 Wire	Wire	0	0 N/A	N/A
-							
		,					
:							
:							

3 • N

Schedule F (Form 990) 2011

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.

Part III can be duplicated if additional space is needed.

Fart III can be dupiic	Part III can be duplicated it additional space is needed.	s is needed.					•
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Support YWAM missionaries	South Afreica	8	5,532	5,532 Check	0	0 N/A	N/A
(2)							
(3)							
(4)							
(9)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							!
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2011

Schedule F (Fo	rm 990) 2011	, Page
Part IV	Foreign Forms	

Part	V	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	☑ No
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	 ✓ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☑ No
4	qual Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d. (see Instructions for Form 8621)	☐ Yes	☑ No
5	the (the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain ign Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions Form 5713)	☐ Yes	✓ No

Part V	Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Reaching A Generation USA, Inc.	20-5573610
Part VI, Section A, Line 9 Addresses for all officers and directors are provided in Part VII, Section A.	
Part VI, Section B, Line 11a The Form 990 is communicated to all directors and officers for their revie	w via e-mail prior to its submission.
Part VI, Section B, Line 12c: Reaching A Generation USA, Inc. regularly and consistently monitors all	transactions to insure that its conflict
of interest policy is not violated.	

REACHING A GENERATION USA, INC.

EIN: 20-5573610

Attachment Form 990, Schedule F

Part I, Line3, Column (e) (General Information on Activities Outside the U.S.)

Reaching a Generation USA, Inc. ("RAG") provided support for Christian missionaries and ministries teaching and educating children on the continent of Africa, and raised awareness in the United States regarding the spiritual and physical health of children on the continent of Africa.

The organization 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.

Part II, Line 1 (Grants and Other Assistance to Organizations Outside the U.S.)

Grantee Organization	Amount of Cash Disbursed:
Reaching A Generation ZA	\$454,602
45 Donovan Road	
Glen Austin, Migrand, 1685, South Africa	
44: 4	
Africa Cares for Life	\$ 9,740
P.O. Box 182	
Sedoone, 4141, South Africa	
The Lighthouse	\$646,880
P.O. Box 1141	Ψ0-10,000
Mbabane, H100	
Swaziland, Southern Africa	
Owaznana, Countern Amea	