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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

_	FOI LITE	ZUIZ Cale	aldar year, or tax year beginning september 1 , 2012, and endir	19 7109		, 20 .0						
В	Check if	applicable	C Name of organization Reaching a Generation USA, Inc		D Employ	er identification nu	ımber					
	Address	change		20-5573610								
	Name ch	nange	ute	E Telephone number								
	Initial ret	tum			919-539-2634							
	Termina		City, town or post office, state, and ZIP code									
$\bar{\sqcap}$	Amende	-	Raleigh, NC 27606		<b>G</b> Gross re	eceipts \$ 1	,085,674					
$\bar{\sqcap}$			F Name and address of principal officer Vivian R. Edwards	H(a) is this	a aroup return	for affiliates? Yes	✓ No					
_	пррпоц	ion ponding	7509 Deer Track Drive, Raleigh, NC 27613			ncluded? Yes						
_	Tay-aya	mpt status	✓ 501(c)(3)			list (see instructio						
÷	Website	_	w rag-us org			n number ►	,					
ĸ			✓ Corporation Trust Association Other L Year of forma			of legal domicile	NC NC					
_	art I	Summ		2000	, otato	or regar dominone						
	1		· · · · · · · · · · · · · · · · · · ·	ung a Genera	tion USA	Inc. provides si	unnort					
	•	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 United States										
စ္ပ			g the spiritual and physical health of children on the continent of Africa	ica, and raise	3 awai cin	ess in the Office	Jales					
Activities & Governance		regarding	g the spiritual and physical health of children on the continent of Africa									
ē		Oh1 - 44	have to the annual state of the company of the	of ouo thou	OE0/ af							
é	2		his box D if the organization discontinued its operations or disposed			ns nei asseis.	_					
~	3		of voting members of the governing body (Part VI, line 1a)		3							
ë	4		of independent voting members of the governing body (Part VI, line 1b)		4		5					
፷	5						0					
Ą	6		mber of volunteers (estimate if necessary)		6		10					
	7a		related business revenue from Part VIII, column (C), line 12		7a		0					
_	b	Net unre	lated business taxable income from Form 990-T, line 34	Prior Ye	7b		0					
		_		Current Ye								
Revenue	8		tions and grants (Part <u>VIII, line 1h)</u>		1,186,686	1	,051,520					
	9		service revenue (Part VIII in a 29)		15,869		34,154					
	10	Investme	ent income (Part VIII column (A) lines 3, 4 and 7d)				<u>.</u>					
	11	Other re	venue (Part VIII, dolumn (A), lines 5, 6d, 8c, 9c, Dc, and 11e)									
_	12		enue—add lines Afrough 1 (must equal Pan MI, column (A), line 12)		1,202,555	1	,085,674					
	13	Grants a	nd sımılar amountsipaid (Part IX, column (A) dibes 1-3)		1,120,544		898,836					
	14	Benefits	paid to or for members (Partix column (A), (Me 4)									
Ś	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)									
Expenses	16a	Professi	onal fundraising fees (Part IX, column (A), line 1e)									
ē	ь		draising expenses (Part IX, column (D), line 25) ▶	"是我不是	i de la companie	2 3 1 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	Market 1					
ũ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		79,179		149,250					
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,199,723	1	,048,086					
	19		less expenses. Subtract line 18 from line 12		2,832		37,588					
-				Beginning of Cu	rrent Year	End of Ye	ar					
Assets or	20	Total as:	sets (Part X, line 16)		5,366		42,954					
Ass	21		pilities (Part X, line 26)		. 0		0					
Net	22		ets or fund balances Subtract line 21 from line 20		5,366		42,954					
	art II		ture Block		-,	<u> </u>						
_			ury, I declare that I have examined this return, including accompanying schedules and state	ements and to t	he best of r	my knowledge, and	helief it is					
			ete Declaration of preparer (other than officer) is based on all information of which prepare			.,						
_			Via RED. made		07	/ 11/2015						
Si	gn	Sign	nature of officer	Da	nte	11/401						
	ere		1	chower								
•••		Typ	e or print name and title	<i></i>								
_				ate	1 .	PTIN						
	aid		,	-	Check self-em	<b>□</b> #						
Pı	epare					proyect						
U	se On			i i	n's ElN ▶							
-	n		address >	Pho	one no							
_			ss this return with the preparer shown above? (see instructions)				No No					
Fο	r Papen	work Redi	action Act Notice, see the separate instructions.	No 11282Y		Form S	<b>190</b> (2012)					

Form 99	0 (2012)				Page <b>2</b>
Part		of Program Service A			
			sponse to any question in this Part	<u>III</u>	🗆
1	Reaching a Gener		n. support for Christian missionaries and i n the United States regarding the spiritu		
2	Did the organizat	ion undertake any signif	icant program services during the year	ar which were not listed on the	
	prior Form 990 or				☐ Yes ☑ No
3	Did the organizates services?	ation cease conducting.	or make significant changes in h	• • •	☐Yes ☑ No
		these changes on Sche			
4	expenses. Sectio	n 501(c)(3) and 501(c)(4)	rice accomplishments for each of its organizations are required to report or each program service reported.	three largest program services, at the amount of grants and allocated the amount of grants and allocated the services of the s	as measured by ations to others,
	education, susten RAG provided a vi- for care for needy organizations RA life-skills seminars support for the wo- by leading teams of	ance, and health care sen ariety of practical support children in an effort to ad G provided logistics and i s for southern African put ork among children RAG	stablished relationships with Christian in vices to at-risk children and orphans in its for care-givers and the children under lidress their immediate and long-term ne training for a US teacher, and other volrolic school teachers, provide relief work raised awareness in the United States rean children, construct feeding stations,	Africa Working through these rela r their care RAG provided direct fir reds through grants to southern Afri teers who traveled to Africa to pro it for orphans, and to provide logistic egarding the needy condition of afr	tionships, nancial support rican vide ics and other rican children
4b	(Code <sup>-</sup>	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code <sup>-</sup>	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program se	ervices (Describe in Sche including gra			
4e		ervice expenses >	1,042,495	·	<del></del>
	p. og. a 3	3. 1.30 OAPONGGG P	1,072,73		

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	~	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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		,
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		,
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		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	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		,
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		,
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		,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	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, 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	,	
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	~	_
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		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del></del>	V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	Ť

Part	V Checklist of Required Schedules (continued)			
		_	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		,
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		~
	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 24c		V
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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, highest 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,			<u> </u>
-	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		,
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		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
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		>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		7
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, Part II, III, or IV, and Part V, line 1			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		7
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		~
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		٧
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? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	~	
			202	(0040)

Form 99	0 (2012)		F	age 5
Part				
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ļ
ο-	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	0h		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
<b>h</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	_6a	~	
b	qifts were not tax deductible?	6b	/	
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	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		V
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<del> </del>
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.			
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	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	}		ļ
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			}
b	Gross income from other sources (Do not net amounts due or paid to other sources			١.
	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.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	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			1
_		1		
1/2		14a		V
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		-
_	in 100, had a hod a form the to report those payments; if 140, provide an explanation in deficult of .		ı	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	structi	ions.
Secti	Check if Schedule O contains a response to any question in this Part VI	<u>· · ·</u>	<u></u>	
0000	on A. doverning 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		,	
b 2	committee, explain in Schedule O.  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		
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?	4 5 6		
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a 8b	<b>V</b>	
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? If "Yes," provide the names and addresses in Schedule O	9	V	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
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?	10a		
11a		11a	v	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		,	1
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	V	
С	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 15	Did the organization have a written document retention and destruction policy?	14		
а	The appearance OFO First Ave Director and the Color	45-		
b	Other officers or key employees of the organization	15a 15b	$\overline{}$	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	100		
	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 organization's exempt status with respect to such arrangements?	461		
Secti	on C. Disclosure	16b		
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 Other (explain in Schedule O)  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, 2624	of the		

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Part VII	Compensation of Officers, Director	s, 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

- 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 not	any related	d orga	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	•					
(A)	(B)	/d= =		Pos				(D)	(E)	(F)
Name and Title	Average					than one is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation from	compensation from related	amount of other
	week (list any hours for	악	Ins	Qf	Σe.	용물	ξ	the	organizations	compensation
	related	Individual trustee or director	효	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ualt	ona		olqr	8 5	,	(W-2/1099-MISC)		organization and related
	line)	irust	7		yee	ਜ਼ੂ				organizations
		ee	Institutional trustee			Highest compensated employee				
						e <u>e</u>	<u> </u>			
(1) Jacques Van Bommel, President										
45 Donovan Road, Glen Austin	1 1		Ì	<b>,</b>				о	o	0
(2) (address continued from above)										
Midrand, 1685, South Africa								,		
(3) Hal Bredbenner, Vice President										
8513 Southbriar Drive, Raleigh, NC 27606	8 - 10	~		~		ŀ		0	o	0
(4) Vivian R Edwards, Secretary/Treasurer										
7509 Deer Track Drive, Raleigh, NC 27613	2 - 3	~		~				0	0	0
(5) Vergil Kjerstad										
12780 Black Forest Road, Rapid City, SD 57702	1	>						0	0	0
(6) Keith Gardner										
21083 E Trimmer Springs Rd, Sanger, CA 93657	1	1	L					0	0	0
(7) Paul Ivaska										
2607 N Waterman Ave., Arlington Hghts, IL 60004	1	~						О	0	0
(8) John McMains					ŀ					
241 Dalton Drive, Raleigh, NC 27615	1	~						0	0	0
(9)										
(10)			<u> </u>	-	_		ļ <u>.</u>			
40			ļ_							
(11)										
(12)										
(13)										
(14)					-					_

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (co	ntinuec	)		rage C
	(A) Name and title	(B) (C) Position (do not check more the box, unless person is officer and a director/week (list any)						n an	(D)  Reportable compensation from	(E) Reportable compensation fro				
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	5)	comp fro orga and	ensation m the nization related nization	n t
(15)														_
(16)														_
(17)														
(18)	· · · · · · · · · · · · · · · · · · ·				ļ			-						
(19)														
(20)														_
(21)														
(22)										:				
(23)														
(24)										<del></del>		-		
(25)														-
1b c d	Sub-total							<b>&gt; &gt; &gt;</b>	0		0			0
	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received mo	ore than \$100,	000 of	· 	_	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							mp	loyee, or high	est compens	ated [	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual											4		V
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individual	dual	5		~
	on B. Independent Contractors			·				4 -	- 11-1					
1	Complete this table for your five highest of compensation from the organization. Repyear.	ort comper	nsatio	n fo	or th	ent d	alend	acto ar y	rear ending with	n or within the	organ	JU of izatic	n's ta	эx
	(A) Name and business add	ress							(B) Description of se	ervices	Cor	(C)	ation	
											·			
2	Total number of independent contracto							th	ose listed abo	ove) who				
	received more than \$100,000 of compens	ation from	the or	gan	ızat	ion	<u> </u>							

Par	t VIII	Statement of Revenue			-		
		Check if Schedule O contains a respon	nse to any quest	ion in this Part V	<u>/III     .     .                     </u>		<u></u> 🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a					
ărai our	b	Membership dues 1b					
s, G	С	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
	е	Government grants (contributions) 1e					
tio er S	f	All other contributions, gifts, grants,					
혈美	ļ	and similar amounts not included above 1f	1,051,520				
ğ	9	Noncash contributions included in lines 1a-1f. \$	-				
	h	Total. Add lines 1a-1f		1,051,520			
Ę		-	Business Code				
eve	2a	Hunting Trips	900099	34,154			
ě	b	<u> </u>					
Ž	C	-					<u> </u>
Š	d	ļ-					
ם	e	All other program convenies revenue					
Program Service Revenue	g	All other program service revenue . L  Total. Add lines 2a-2f	▶	34,154			<u></u>
	3	Total. Add lines 2a-2f	nds. interest.	54,154			<del></del>
	_	and other similar amounts)					
	4	Income from investment of tax-exempt bor					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents .					
	ь	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less cost or other basis			:	i	
		and sales expenses			:		
	С	Gain or (loss) .			<del></del>		
	d	Net gain or (loss)	<u> ▶</u>				
venue	8a	Gross income from fundraising events (not including \$					
Other Rev		of contributions reported on line 1c).			i		
Ë	L	·				1	'
δ	1	Less: direct expenses <b>b</b> Net income or (loss) from fundraising e	vonto				
		Gross income from gaming activities.	vents . ►				
					}		}
		Less: direct expenses <b>b</b> Net income or (loss) from gaming activ	ities ▶	······································			
		Gross sales of inventory, less	illes P				<del>                                     </del>
	.04	returns and allowances a					
	Ь	Less cost of goods sold b			:		
	1	Net income or (loss) from sales of inver	ntory <b>&gt;</b>				
	_ <u> </u>	Miscellaneous Revenue	Business Code				
	11a			***************************************			
	b	<u> </u>	- 1				
	C	ļ	-				
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	▶ [	1,085,674	1,085,674		

Part IX Statement of Functional Expenses

Secuo	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
	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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
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.	898,836	898,836		
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	Other employee benefits				<u> </u>
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	_			
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				-
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion		_		
13	Office expenses	218		218	
14	Information technology	1,369		1,369	
15	Royalties				
16	Occupancy				
17	Travel	30,903	30,903		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				· · · · · · · · · · · · · · · · · · ·
24	Other expenses. Itemize expenses not covered				
	above (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.)				
а	Bank Fees	1,223		1,223	
b	Supplies	82,837	82,837		
C	Hunting Lodge	29,919	29,919		
d	Insurance	2,377		2,377	
е	All other expenses	404		404	
25	Total functional expenses. Add lines 1 through 24e	1,048,086	1,042,495	5,591	
26	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 ☐ if following SOP 98-2 (ASC 958-720)				

	artA	Check if Schedule O contains a response to any question in this Part	Y		
		Check it Schedule O contains a response to any question in this Part	(A)	· · · ·	<u>· · · · · □</u> (B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	5,366	1	42,954
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	"	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			
S)		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a	-		
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,366	16	42,954
	17	Accounts payable and accrued expenses		17	
	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	
es	22	Loans and other payables to current and former officers, directors,	,	×	
Ĭ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
=	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			
		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	26	
ý		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	· [		
Š		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
B	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	}		
Net Assets or Fund Balances		•			
ets	30	Capital stock or trust principal, or current funds	-	30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	F 0//	31	42.05
¥ ¥	32	Retained earnings, endowment, accumulated income, or other funds.	5,366	$\overline{}$	42,954
ž	33	Total net assets or fund balances	5,366	-	42,954
	34	Total liabilities and net assets/fund balances	5,366	J4	42,954

Page <b>12</b>	
_	
. $\square$	
,085,674	
.048.086	

0	<u> </u>					ige i 📥
Part	XI Reconciliation of Net Assets					·
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,08	5,674
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,04	8,086
3	Revenue less expenses. Subtract line 2 from line 1	3			3	7,588
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				5,366
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9_				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		ĺ			
	33, column (B))	10			4	2,954
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<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," ex	plaın	ın [			
	Schedule O.		-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			}
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		-			
b	Were the organization's financial statements audited by an independent accountant?		.  -	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a			
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		,			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o					
	of the audit, review, or compilation of its financial statements and selection of an independent accounts and selection of an independent accounts.		<u> </u>	2c		ļ.,
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın			
_	Schedule O.		-			لــــا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set					
	the Single Audit Act and OMB Circular A-133?		L	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo suggests and describe any stage taken to undergo suggests.		1e	٥L		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits		3b	000	
				Forr	n <b>990</b>	(2012)

#### **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.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

Reac	hing a	Generation L	ISA, Inc							20-55	73610		
Par	t I	Reason fo	or Public Char	rity Status (All orga	nızatıons	s must c	omplete	this par	rt.) See i	nstructio	ons.		
The o	rgani	ization is not	a private founda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)				
1 2 3 4	□ A □ A □ A	school desci hospital or a medical rese	ribed in <mark>section</mark> cooperative hos	hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc e.	h Schedi	ule E ) cribed in s	section 1	170(b)(1)(	A)(iii).		(iii). Ente	er the	
5	□ A	n organizatio	-	the benefit of a colle	ge or uni	versity ov	wned or	operated	by a go	vernment	tal unit o	describ	ed in
6 7	□ A	n organizatio	n that normally	nment or government receives a substantia <b>(A)(vi).</b> (Complete Par	l part of					ut or fron	n the ge	neral <sub>l</sub>	oublic
8	□ A	community t	rust described in	n <b>section 170(b)(1)(A</b> )	<b>(vi).</b> (Cor	nplete Pa	irt II.)						
9	re Si	eceipts from upport from	activities related gross investme	receives (1) more that to its exempt funct nt income and unrel fter June 30, 1975. Se	ions-sul lated bus	oject to c siness tax	ertain ex kable inc	ceptions	s, and (2) ss section	no more	e than 3	31/3%	of its
10 11	☐ A p 56 a ☐ B o	n organization org	on organized an ne or more pub ck the box that o b Type nis box, I certify ndation manage	operated exclusively of operated exclusive discovering the describes the type of the control of	ely for the nizations of supporting the left of the le	ie benefit described ig organiz nally integ ntrolled d	t of, to point of the control of the	perform to the second s	the funct a)(1) or se te lines 1 Type III-N y by one	ions of, ection 50 1e throug Ion-funct or more	9(a)(2). S gh 11h tionally ii disqualit	See se ntegra ied pe	ection ted rsons
f g	0	rganization, d	check this box .	written determination							e III su 	pportii	ng 
9		ollowing person		ic organization decep	oled ally	giit or oc	oriti i Datio	ii iioiii a	ing or the	•			
		) A person v	vho directly or ii	ndirectly controls, eithody of the supported o				persons .	described	in (ii) ai	nd 11g(	Yes	No
	(i	i) A family m	ember of a perso	on described in (i) abo	ve?						11g(i		
				a person described in							11g(i	0	_
h	Р	rovide the fol	lowing informati	on about the support	ed organı	zation(s)							
(i)		of supported unization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amou s	int of mo upport	onetary
					Yes	No	Yes	No	Yes	No	<u> </u>		
(A)													
(B)				· · · · · · · · · · · · · · · · · · ·									
(C)													
(D)													
(E)													

Part	(Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support	quality unde	er the tests in	sted below, p	nease comple	e ran m.)	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<u> </u>	(5) 2000	(0) 2010	(4) 2011	(6) 2012	(i) rotai
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		ļ	ļ <u></u>			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		··································				
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8 9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
-	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re	<u>.</u>	nd, third, fourth		ear as a sectio	````
	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6		•	11, column (f))		14	
15	Public support percentage from 2011 Sch					15	<u>%</u>
16a	331/3% support test—2012. If the organization qual						neck this
b	331/3% support test—2011. If the organ			-			
D	check this box and <b>stop here.</b> The organi					15 18 33 /3%	· -
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meets the "faction organization in the organization in the organization in the state of	<b>012.</b> If the orga ets the "facts- acts-and-circu	anization did n and-circumsta umstances" tes	ot check a box inces" test, che st. The organiz	on line 13, 16 eck this box ar ation qualifies	nd <b>stop here.</b> E as a publicly si	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization me	tion meets the	e "facts-and-ci	ircumstances"	test, check th	ns box and ste	, and line op here

## 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) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees				1		
	received. (Do not include any "unusual grants ")	320,691	638,936	892,493	1,186,686	1,051,520	4,090,326
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 Gross receipts from activities that are not an	27,379	11,519	6,617	15,869	34,154	95,538
	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	348,070	650,455	899,110	1,202,555	1,085,674	4,185,864
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	225,858	570,000	766,000	952,000	725,000	3,238,858
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	225,858	570,000	766,000	952,000	725,000	3,238,858
8	Public support (Subtract line 7c from	:					047.007
Sacti	on B. Total Support	<u> </u>				<u> </u>	947,006
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	348,070	650,455	899,110	1,202,555	1,085,674	4,185,864
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						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					_	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			-			
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	348,071	650,455	899,110	1,202,555	1,085,674	4,185,864
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)						
Sooti	organization, check this box and stop here						
<u> 3ecu</u> 15	Public support percentage for 2012 (line	<del></del>		3 column (fl)		15	23 %
16	Public support percentage from 2011 Sch		-			16	20 %
	on D. Computation of Investment In			<u> </u>	<u></u>		
17	Investment income percentage for 2012 (			v line 13. colur	nn (f))	17	%
18	Investment income percentage from 2011		• • • • • • • • • • • • • • • • • • • •			18	%
19a	331/3% support tests-2012. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39/	6, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly supp	orted organization	on 🕨 🗀
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this	•	-	· ·			_
20	Private foundation. If the organization de	d not check a t	oox on line 14,	19a, or 19b, c	neck this box	and see instruc	ctions 🕨 🔲

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.

2012 Open to Public

OMB No 1545-0047

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► Attach to Form 990. ► See separate instructions.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Reaching a Generation USA, Inc.

Employer identification number 20-5576310

Par	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organization ans	swered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eli	organization gibility for the	e grants or as	sistance, and the selection		e _
	grants or assistance?					✓ Yes □ No
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for moni	toring the use of its gran	ts and other
3	Activities per Region (The fo	ollowing Part	l, 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	0	1	Program Services	See attached	1,042,495
(2)						
(3)	-					
(4)		,				
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)			- "			
(12)						
(13)						
(14)	<del></del>					
(15)						
(16)					_	
(17)						
3a	Sub-total		_			1,042,495
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					1,042,495

Page 2

Schedule F (Form 990) 2012

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. Part II can be duplicated if additional space is needed. Part II

See Attached 425,000 Wife		
	_	

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

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Schedule F (Form 990) 2012

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Page 3

Schedule F (Form 990) 2012

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.

(a) Type of grant or assistance	of grant or assistance (b) Region (c) Number of recipients	(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 Africa	2	8,827 Check	Check	0	0 N/A	N/A
						:	
			ı			Sch	Schedule F (Form 990) 2012

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

Attachment Form 990, Schedule F

#### Part I, Line 3, 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.

EIN: 20-5573610

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 provideddirect 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 provide 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 the 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 (Grants and Other Assistance to Organization Outside the U.S.)

Grantee Organization	Amount of Cash Disbursed:
Reaching a Generation ZA	\$456,129
45 Donovan Road	
Glen Austin, Migrand, 1685 South Africa	
Afrıca Cares for Life	\$8,881
P.O. Box 182	
Sedoone, 4141, South Africa	
The Lighthouse	\$425,000
P.O. Box 1141	
Mbabane, H100	
Swaziland, Southern Africa	

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
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Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Reaching a Generation USA, Inc

Employer identification number

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 review 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 its conflict of interest policy is not violated