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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2013

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

For the 2013 calendar year, or tax year beginning 2013, and ending 20 D Employer identification number Check if applicable C Name of organization RAPHA HOUSE INTERNATIONAL, INC. Address change Doing Business As 27-2523416 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return PO BOX 1569, 112 B S MAIN ST 417-621-0373 City or town, state or province, country, and ZIP or foreign postal code Terminated Amended return JOPLIN, MO 64802-1569 G Gross receipts \$ 1,854,191 F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Yes Vo Stephanie Freed - Same address as above H(b) Are all subordinates included? Tyes No. If "No," attach a list (see instructions) Tax-exempt status √ 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or Website: ▶ WWW.RAPHAHOUSE.ORG H(c) Group exemption number ▶ 2010 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities. Rapha House is committed to ending the trafficking and sexual exploitation of children while leading them to a sustainable freedom. Through safe houses for those rescued from Activities & Governance danger, prevention programs, training and education, Rapha House provides a safe environment for healing to occur. 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 4 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 10 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 1,483,665 1,661,879 Program service revenue (Part VIII, line 2g) 9 28,154 10 Investment income (Part VIII, column (A) lines 3, 4, and 7d) 359 479 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 143,595 127,604 Total revenue – add lines 8 through 11 (must equal Part VIII column (A), line 12) 12 1.627.619 1.818.116 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,080,474 1,034,394 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 114,777 138,574 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 234,157 428.865 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1.383.328 1,647,913 19 Revenue less expenses. Subtract line 18 from line 12 244,291 170,203 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1,386,116 1,573,375 21 Total liabilities (Part X, line 26) . 149,665 165,861 22 Net assets or fund balances. Subtract line 21 from line 20 1,236,451 1,407,515 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 Here type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check | if 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.

Cat No 11282Y

Form 990 (2013)

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Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	The mission of Rapha House is to end the trafficking and sexual exploitation of children and to bring healing to the children rescued from trafficking.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 978,251 including grants of \$ 946,059) (Revenue \$) Safe Houses:
	Rapha House operates several "safe houses" for girls that are rescued from sex trafficking and other forms of exploitation. The safe houses provide a safe place for these girls to recover and heal through counseling, advocacy, nutrition and education.
4b	(Code:) (Expenses \$ 236,337 including grants of \$ 0) (Revenue \$)
	Awareness: Rapha House seeks to raise the awareness of the problems of trafficking and exploitation of children. This is accomplished by trips to our safe house locations in Cambodia for those interested in educating themselves about the problem and what Rapha House is
	doing to fight for the rights of the children rescued and still entrapped. In addition, Rapha House provides speakers for civic
	organizations and camps to discuss the challenges faced by Rapha House. Finally, Rapha House provides literature and information as presented on our website to raise awareness and provoke action on the part of the reader. Recently, Rapha House joined with a partner to produce a feature-length documentary to raise awareness about human trafficking.
4-	(Code: \(\sum_{\text{Code}}\su
4c	(Code:) (Expenses \$230,352 including grants of \$169,280) (Revenue \$) Training and Education: Rapha House provides training and education for the children as they mature in our safe house programs. Once they are ready to
	graduate from the safe house program, Rapha House provides emotional and vocational training so that graduates of our program remain free after leaving the safety of our centers. In addition, Rapha House attempts to reach children before they are victimized
	through our Kid's Club. Kid's Club gives education to children and social services to their families in order to attack the root cause of much of the exploitation of children in the areas that we work.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,444,940

Part	Checklist of Required Schedules		V	
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	Yes	No
2 3	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contnbutors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C</i> , <i>Part I</i>	2	√	✓
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	7		✓
	complete Schedule D, Part III	8		✓
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		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	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	47. 5	, ,	17 ju
а	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		1
C	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		1
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
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
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	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a	1	
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	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
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.	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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b		20b		Ė

art !	Checklist of Required Schedules (continued)		V 1	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	NO
2 I	government 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 or 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	i	✓
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 25a	24a		✓
b c	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		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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).			, 212 (3)
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	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 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 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		1
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	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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	36		1
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,			
38	Part VI	37	1	1
			000	· · · · ·

Part	V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			i
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	İ		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	- '
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		'	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	· 🗸
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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: ► Cambodia			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ا ۔ ِ - ا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
C 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Oa		
_	gifts were not tax deductible?	6b		İ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	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			١.
	required to file Form 8282?	7c		/
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		/
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		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	711	-	
	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	Ĺ.,	
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			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			1
_	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		İ
u	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		<u> </u>	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
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	l		
C	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		-
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	structi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	· ·	•	<u>. Ц</u>
Section	on A. Governing Body and Management		- V	
4	Enter the number of victime members of the governing hady at the end of the tay year.		Yes	No
Id	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	1	
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6	Did the organization have members or stockholders?	6		✓
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			,
а	The governing body?	8a	✓	ļ
þ	Each committee with authority to act on behalf of the governing body?	8b	✓	
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	Ĺ.,	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Did the average have level shorters by such as an efficiency	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	 	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa	-	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u>*</u>
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		1
14 15	Did the organization have a written document retention and destruction policy?	14		√
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	1
Ь	Other officers or key employees of the organization	15b	1	-
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 with a taxable entity during the year?	16a		1
þ	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	100		_
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1	ш.	1
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	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.	า 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 int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization:	of the)	

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Page	1

	(2013)	

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees, Highest Compensated Employees, a	ınc
	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 nor any related organization compensated any current officer, director, or trustee.										
(C)										
(A) Name and Title	Average box, u		unles	ieck is pe	rson	than on the thick the thic	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Stephanie Freed Executive Director		/		1				0	0	
(2) Verry Decker		- *		•		<u> </u>	\vdash	·	0	
Asst. Director		1		✓				0	0	
(3) Bill Blair		1		1				0	o	
(4) Mark Davis		1						0	0	
(5) Pat Fancher		1						0	0	
(6) Brandon Freed		1						0	0	
(7) Opal Singleton		1						0	30,000	
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title		box, office	unles	Pos neck ss pe d a d	rson	e than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	n from	Estir	F) mated unt of ther	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N	ons	compe fror orgar and	ensation the nization related izations	ı
(15)					_									
(16)											-			
(17)								_						
(18)														
(19)														
(20)													-	
(21)														
(22)														
(23)								_						
(24)				<u> </u>										
(25)				_				_						
1b	Sub-total		<u> </u>	<u> </u>	<u> </u>	<u>. </u>	<u> </u>	_						
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-		•	•			>	0	31	0.000			
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	·		<u> </u>	of		
3	Did the organization list any former of		tor. c	or tr	ruste	ee.	kev e	emo	olovee, or high	est compe	ensated		Yes	No
4	employee on line 1a? If "Yes," complete 8 For any individual listed on line 1a, is the	Schedule J	for su	uch	ınd	ıvid	ual					3		✓
•	organization and related organizations individual											·		
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	 dividual	1 1		√
Section	on B. Independent Contractors		.011101				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	den person		• •] 5	!	<u> </u>
1														
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
None			-											
									·		-			
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	-	_		

Part	: VIII	Statement of Revenue				
		Check if Schedule O contains a response or note to			<u> </u>	
1			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts Its	1a	Federated campaigns 1a				
ar ar	b	Membership dues 1b				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c				
	d	Related organizations 1d	ł			
S, E	е	Government grants (contributions) 1e	ł			
rion S	f	All other contributions, gifts, grants,				
章		and similar amounts not included above 1f 1,661,879				
9 <u>1</u>	g	Noncash contributions included in lines 1a-1f \$ 28,330				
Col	h	Total. Add lines 1a–1f ▶	1,661,879			
e E		Business Code				
Ven	2a	Cambodia Local Income	23,055	23,055		
8	b	Counseling Services	5,099	5,099		
Š	С					
Š	d					
떏	е					
Program Service Revenue	f	All other program service revenue .				
	g	Total. Add lines 2a–2f ▶	28,154			
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	479	479		
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
	_	(i) Real (ii) Personal				
	6a	Gross rents				
	ь	Less: rental expenses				
	C	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				
		and sales expenses .				
	C	Gain or (loss)				1
	ď	Net gain or (loss)				
ennex	8a	Gross income from fundraising events (not including \$				
Other Rev		of contributions reported on line 1c). See Part IV, line 18		i		
₹	b	Less: direct expenses b	}			
		Net income or (loss) from fundraising events . >			· · · · · · · · · · · · · · · · · · ·	
	9a	Gross income from gaming activities.				•
		See Part IV, line 19 a	ł			
	b	Less: direct expenses b				
	C	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less	Ì			
		returns and allowances a 160,583				
	b	Less: cost of goods sold b 36,075				
	C	Net income or (loss) from sales of inventory	124,508	124,508		
	<u> </u>	Miscellaneous Revenue Business Code				
	11a	Misc. Income and discounts	3,096	3,096		<u> </u>
	b					<u> </u>
	С					<u> </u>
	d	All other revenue				ļ
	40°	Total. Add lines 11a-11d	3,096			
	12	Total revenue. See instructions ▶	1.818 116			1

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. Al	l other organizations	s must complete colu	mn (A).
	Check if Schedule O contains a respon				
	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	1,080,474	1,080,474		
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				
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	133,545	66,772	33,386	33,386
9 10 11	Other employee benefits	5,029	2,515	1,257	1,257
a b	Management				
c d e	Accounting	1,750		1,750	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .	21.054	10.527	5 202	r 202
12 13	Advertising and promotion	21,054 15,783 34,282	10,527 8,570	5,263 7,892 17,141	5,263 7,892 8,570
14 15	Information technology	6,902	1,726	3,451	1,726
16 17 18	Occupancy	9,182 117,385	88,039	9,182	29,346
19 20	for any federal, state, or local public officials Conferences, conventions, and meetings Interest	9,589	2,397	2,397	4,794
21 22	Payments to affiliates	36,699	18,350	14,680	3,669
23 24	Insurance	4,549	2,275	1,820	455
a	Awareness Trips	104,064	104,064		
c p	Documentary Expenses	59,232	59,232		
d e 25	All other expenses Misc. Total functional expenses. Add lines 1 through 24e	8,395 1,647,913	1,444,939	8,395 106,614	96,360
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) If the only if the organization is the organization of the organization is the organization of the organization is the organization of		,		55,300

Р	art X	Balance Sheet			_	
		Check if Schedule O contains a response or	note to any line in this Par	tX		<u>.</u> 🗆
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		216,745	1	354,495
	2	Savings and temporary cash investments	[107,152	2	270,563
	3	Pledges and grants receivable, net	[3	
	4	Accounts receivable, net	[21,438	4	17,773
	5	Loans and other receivables from current and	former officers, directors,			
		trustees, key employees, and highest co	empensated employees.			:
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers				;
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar				;
		sponsoring organizations of section 501(c)(9) volun				
ets		organizations (see instructions) Complete Part II of Sche	_		6	
Assets	7	Notes and loans receivable, net	P-		7	
⋖	8	Inventories for sale or use		130,000	8	115,000
	9	Prepaid expenses and deferred charges .			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				
		•	10a 1,036,092			
		Less: accumulated depreciation	10b 221,298	812,233		814,794
	11 12	Investments—publicly traded securities Investments—other securities. See Part IV, line			11	
	13	Investments—other securities, See Part IV, line			12	
	14	Intangible assets		97,838	14	
	15	Other assets. See Part IV, line 11	· · · · ·	710		750
	16	Total assets. Add lines 1 through 15 (must equa	<u></u>	1,386,116		750 1,573,375
_	17	Accounts payable and accrued expenses .		25,348		12,787
	18	Grants payable	1_		18	12,707
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
S	22	Loans and other payables to current and for	ormer officers, directors,			ì
₫		trustees, key employees, highest compen				_
Liabilities		disqualified persons. Complete Part II of Schedu	ıle L L		22	
	23	Secured mortgages and notes payable to unrela	·	124,317	23	153,074
	24	Unsecured notes and loans payable to unrelated	· •		24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lines of Schedule D	• •			
	26				25 26	
—	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958)	check here > \ \ \ and	149,665	20	165,861
S		complete lines 27 through 29, and lines 33 and				
Š	27	Unrestricted net assets		884,454	27	965,127
ala	28	Temporarily restricted net assets		351,997	 	442,388
В В	29	Permanently restricted net assets			29	442,000
۳		Organizations that do not follow SFAS 117 (ASC 9				
or Fund Balances		complete lines 30 through 34.	_			
ţ	30	Capital stock or trust principal, or current funds		-	30	<u> </u>
Net Assets	31	Paid-in or capital surplus, or land, building, or ed			31	
ţ	32	Retained earnings, endowment, accumulated in	· · · · · · · · · · · · · · · · · · ·		32	
Š	33	Total net assets or fund balances		1,236,451		1,407,515
	34	Total liabilities and net assets/fund balances .	<u> </u>	1,386,116	34	1,573,375

•				По	ge 12
	0 (2013)			Pa	ge 12
Part					П
	Check if Schedule O contains a response or note to any line in this Part XI		· · · ·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			8,116
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,913
3	Revenue less expenses. Subtract line 2 from line 1	3			0,203
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	_1,23	6,451
5	Net unrealized gains (losses) on investments	5			861
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod 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				
	33, column (B))	10		1,40	7,515
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<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	plain in			
	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 comp	oiled 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 audite	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 or	ersight	İ		1
·	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex			ļ,	
	The diganization oranged chirch he dysight process of belower process of the second of the second or			1 1	

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

. . . .

За

3b

Form **990** (2013)

the Single Audit Act and OMB Circular A-133?.

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.

OMB No 1545-0047
2013

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 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). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 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). 11 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. **c** Type III–Functionally integrated **d** Type III-Non-functionally integrated **b** Type II 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 I, Type II, 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 Yes No (iii) below, the governing body of the supported organization? 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(iii) Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of monetary in col (i) listed in your the organization in organization (described on lines 1-9 organization in col support governing document? col (i) of your (i) organized in the above or IRC section (see instructions)) Yes Yes Nο Yes (A) (B) (C) (D) (E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 1,306,440 1,483,665 1,661,879 4,451,984 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 1,306,440 1,483,665 1,661,879 4,451,984 The portion of total contributions by each (other person than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 . . . 1,306,440 1,483,665 1,661,879 4,451,984 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 359 479 874 Net income from unrelated business 9 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.) 162,060 163,679 325,739 11 Total support. Add lines 7 through 10 4,778,597 Gross receipts from related activities, etc. (see instructions) 12 13 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) \checkmark Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2012 Schedule A, Part II, line 14 % 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		1				
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				1		
7a	Amounts included on lines 1, 2, and 3			ĺ]	
	received from disqualified persons	_					
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		ļ				
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from					, , ,	
	line 6.)				L	, ,	
	on B. Total Support	(-) 0000	(-) 0040	(-) 0044	(-1) 0010	(-) 0010	(6) Total
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6			ļ			
10a	Gross income from interest, dividends, payments received on securities loans, rents,]			
	royalties and income from similar sources						
h	Unrelated business taxable income (less		 				
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business			-			
	activities not included in line 10b, whether				1		
	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.)		ŀ		1		
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re					▶ 🗖
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2013 (line		-	13, column (f))			%
16	Public support percentage from 2012 Sc			<u> </u>	· · · · ·	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2013	•		-	* * * *		%
18	Investment income percentage from 201:						%
19a	331/3% support tests – 2013. If the organ						
	17 is not more than 331,8%, check this box						
b	331/3% support tests – 2012. If the organic						
	line 18 is not more than 331/3%, check this		_			_	_
20	Private foundation. If the organization d	id not check a	box on line 14	i, 19a, or 19b,	check this box	and see instru	ctions 🕨 🔲

Part IV	Part III, line 12. Also complete this part for any additional information. (See instructions).
Other incor	ne is gross income from sale of merchandise produced by girls and women in our programs (except for \$2,096 of miscellaneous
income)	
	
••••••••••••••••••••••••••••••••••••••	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

RAPH/	A HOUSE INTERNATIONAL, INC.	27-2523416
Par		or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control? $\ .$	· · · · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	inds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	· · · 🔲 Yes 🗌 No
Par	Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	· · · · · · · · · · · · · · · · · · ·
	☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an	historically important land area
		ertified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on	L
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	tion, handling of
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	
_	b	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	nts during the year
-	▶ \$	cag year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
-	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	•
	organization's accounting for conservation easements.	
Part	Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev	enue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educa-	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that de	scribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve	enue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educa-	
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain, provide the
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	- .
а	Revenues included in Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	· · · • • •

Part							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her records, c	heck any of th	e follow	ing that are a s	significant use of its
а	☐ Public exhibition		d 🔲 L	oan or exchang	je progra	ams	
b	☐ Scholarly research						
С	☐ Preservation for future generations	5					
4	Provide a description of the organizat XIII.	tion's collections a	and explain ho	w they further	the orga	anızatıon's exe	mpt purpose in Part
5	During the year, did the organization	solicit or receive	donations of	art, historical tr	reasures	, or other simil	ar
	assets to be sold to raise funds rather	than to be mainta	ined as part o	f the organizati	on's col	lection? .	☐ Yes ☐ No
Part	Complete if the organization 990, Part X, line 21.		' to Form 99	0, Part IV, line	9, or re	eported an an	nount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?						ot
b	If "Yes," explain the arrangement in Pa						1c3 1t0
_				.g (a5.5)		T A	mount
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		-
f	Ending balance				1f	1	
2a	Did the organization include an amour					· · · · ·	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa				provide	d in Part XIII .	🗇
Part			•				
	Complete if the organization	answered "Yes'	to Form 99	0, Part IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs			l			
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of t	he current year en	d balance (line	e 1g, column (a	i)) held a	s:	
а	Board designated or quasi-endowmer	nt ▶	%	· · ·	,,		
b	Permanent endowment ▶	%					
С	Temporarily restricted endowment ▶						
	The percentages in lines 2a, 2b, and 2		0%.				
За	Are there endowment funds not in the			that are held	and adn	ninistered for tl	ne
	organization by.		_				Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organi	zations listed as re	equired on Sc	hedule R? .			3b
4	Describe in Part XIII the intended uses	of the organization	n's endowme	nt funds.			
Part	VI Land, Buildings, and Equip	ment.					
	Complete if the organization		' to Form 99	0, Part IV, line	11a. S	ee Form 990,	Part X, line 10.
	Description of property	(a) Cost or ot	her basis (b) C	cost or other basis (other)	(c) A	ccumulated preciation	(d) Book value
1a	Land			216,250			216,250
b	Buildings			711,592		148,399	563,193
С	Leasehold improvements						300,.30
d	Equipment			108,250		72,899	35,351
e	Other			,_50	-	. 2,000	00,001
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90. Part X. col	umn (B), line 10	(c).)	•	814.794

Part VII	Investments — Other Securities. Complete if the organization answ	vered "Yes" to For	m 990). Part IV. line	11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
				l		
(A)	•					
(B)						
(C)						
(D) (E)						
(E) (F)						·····
(G)	·····					
(H)				-		
	b) must equal Form 990, Part X, col (B) line 12.)		-			
Part VIII	Investments-Program Related	•				
	Complete if the organization answ		m 990), Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment) Book value	(c) Met	hod of valuation -of-year market value
(1)						
(2)						
(3)						
_(4)						
(5)						
<u>(6)</u>						
(8)						
(9) Total, (Column (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets.					
	Complete if the organization answ	vered "Yes" to For	m 990), Part IV, line	11d. See Form	990, Part X, line 15.
		Description				(b) Book value
(1)						
_(2)		<u> </u>				
_(3)						
(4)						
(5)						· · · · · · · · · · · · · · · · · · ·
(6)						
						
(8)						
(9)	mn (b) must equal Form 990, Part X, co	l. (B) line 15.)		_ -		
Part X	Other Liabilities.	(2)	<u></u>		<u> </u>	
	Complete if the organization answ line 25.	vered "Yes" to For	m 990), Part IV, line	11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value				
(1) Federal in	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	(h) must equal Form 000. Deat V and (D) has 05 1 h					
	(b) must equal Form 990, Part X, col. (B) line 25.) ► runcertain tax positions. In Part XIII, provid	te the text of the facts	ote to	the organization	's financial statemen	into that reports the
- Liability 10	i ansonam ias positions, ili Fait Alli, piovit	TO THE TOUR	JIE 10	and organization	ı ə mianciai ətatefile	יווס נוומנ ופטטונס נוופ

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	 	•••••

Schedule D (Fo	orm 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
		••••••

	······································	
		
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	······································	
·		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

	a House International, Inc.					27-2523416
Pai	General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the organization	on answered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	igibility for the	e grants or as	ords to substantiate the amesistance, and the selection	nount of its grants and a criteria used to awa	l other urd the · · □Yes □No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for mon	toring the use of its	grants 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 (a program service, describe specific type service(s) in region	expenditures for and investments
(1)	Southeast Asia	5	50	PROGRAM SERVICES	SAFE HOUSES / PRE	VENTI 1,086,227
(2)	Haitı	1	4	PROGRAM SERVICES	SAFE HOUSES / PRE	VENTI 29,112
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Sub-total					1,115,339
	sheets to Part I					
C	Totals (add lines 3a and 3b)			†		1.115.339

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	received more than \$ (d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
)		Southeast Asia	SAFE HOUSES / PRE	1,086,227	WIRE TRANSFERS			
)		Haiti	SAFE HOUSES / PRE	29,112	WIRE TRANSFERS			
)								· ·
)								
1								
								-
)						···		
)								
0)								
1)								
2)								
3)								
4)				_				
5)								
6)		-						
2 Enter total			isted above that are recell has provided a section			ntry, recognized as	tax-exempt	

Schedule F (Form 990) 2013

Page 3

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Part III can be duplica				folktonen of	(0.4====================================	1	(h) Method of
(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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	<u> </u>						
(10)							
(11)							_
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Page	4
Page	•

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	☑ 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 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).								
WE RECEIVE REGULAR FINANCIAL REPORTS FROM THE ORGANIZATIONS									
*									
	······································								
	······································								
	······································								
	······································								
	······								
	······································								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Part	Types of Property							
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art Historical transvirse				-			
2	Art — Historical treasures .							
3	Art — Fractional interests .							
4 5	Books and publications Clothing and household							
J	goods							
6	Cars and other vehicles							
7	Boats and planes			<u>,</u>				
8	Intellectual property	-		<u></u>				
9	Securities—Publicly traded	-	1	28 330	Fair Market \	/alua		
10	Securities—Closely held stock .			10,000	Tun Market	, aide		
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate-Residential		·					
16	Real estate - Commercial .							
17	Real estate Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts	<u> </u>						
23	Scientific specimens						·	
24	Archeological artifacts	ļ			<u> </u>			
25	Other ► ()	ļ						
26	Other ► (
27 28	Other ► ()							
29	Number of Forms 8283 received	l by the or	nanization during the tax i	year for contributions for	1			
20	which the organization completed				29			
			, , , , , , , , , , , , , , , , , , , ,	- 3			Yes	No
30a	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part I lines	1 - 28 that			
004	it must hold for at least three year					'		
	used for exempt purposes for the					30a		1
b	If "Yes," describe the arrangemen		•					- ·
31	Does the organization have a		stance policy that require	es the review of any no	n-standard	'		
	contributions?	-		<u> </u>		31		1
32a	Does the organization hire or us	e third part	ties or related organization	is to solicit, process, or se	ell noncash	Ť		<u> </u>
	contributions?					32a		1
b	If "Yes," describe in Part II.							
33	If the organization did not report a	n amount ir	column (c) for a type of pro	perty for which column (a)	s checked.	,		
	describe in Part II.		•••		,			

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
	or a combination of both. Also complete this part for any additional information.
	•••••••••••••••••••••••••••••••••••••••
/	
	······································

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.

20**13**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization Employer identification number RAPHA HOUSE INTERNATIONAL, INC 27-2523416 PART VI, Q2 - STEPHANIE FREED IS THE NIECE OF BILL BLAIR STEPHANIE FREED IS THE WIFE OF BRANDON FREED. PART VI, Q11B - THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PART VI, Q19 - ALL APPLICABLE DOCUMENTATION IS AVAILABLE UPON REQUEST

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
<u> </u>	
·	•••••
	•••••
······································	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37

► Attach to Form 990

► See separate instructions

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(6)

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a)

Name, address, and EIN of related organization

(b)

Primary activity

(c)

Legal domicide (state or foreign country)

(d)

Exempt Code section

(d)

Exempt Code section

(d)

Exempt Code section

(if)

Direct controlling entity

Yes

No.

Yes

No.

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

Cat No 50135Y

Schedule R (Form 990) 2013

(2)

(4) (5)

(7)

(6)

Part III Identification because it ha	n of Related Organi Id one or more relate	izations Taxable ed organizations	e as a Partners treated as a pa	ship Co artnersh	omplete if th hip during th	e organıza ıe tax year	ition answ	ered "Y	es" o	n Form 990	Part I	/, line	34			
(a) Name, address, and EIN of related organization	(b) Primary activi	(c)	(c) Legal Direct controlling entity incomic unriversely controlling entity incomic exclusions and the controlling exclusions are controlling exclusions.		ne (related, related, uded from x under		Predominant Share of total				(h) Despreportionate aflocations? Code V — amount in bot Schedul (Form 10)		20 ma			(k) entage tership
(1)								Yes	No		Ye	s No	-			
(2)								-				+-	-			
(3)	•••••								+							
(4)											+	<u> </u>				
(5)								+	+		\top					
(6)																
<u>(7)</u>																
Part IV Identification	n of Related Organise it had one or mo	zations Taxable	as a Corpora	tion or	r Trust Com	plete if the	e organiza	tion ans	were	d "Yes" on I	orm 9	90, Pa	art IV	•		
(a) Name, address, and EIN o		(b) Primary activity	(c)	micile	(d) Direct controlli entity	ng Type	(a)	(f) Share of to income		(g) Share of d-of-year assets	(h) Percenta ownersi		(i) ction 51 contro entity	olled		
(1)									-			Y	es	No		

Schedule R (Form 990) 2013

Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	izations listed in Part	s IHV?	- 1	~~~ ~	8.5
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	•			1a		7
ь	Gift, grant, or capital contribution to related organization(s)				1b		7
C	Gift, grant, or capital contribution from related organization(s)				1c	1	
d	Loans or loan guarantees to or for related organization(s)				1d		17
е	Loans or loan guarantees by related organization(s)				1e		17
					1,000	C.5	13
f	Dividends from related organization(s)				11		1
g	Sale of assets to related organization(s)				1g		7
h	Purchase of assets from related organization(s)				1h		7
1	Exchange of assets with related organization(s)				11		7
ı	Lease of facilities, equipment, or other assets to related organization(s)				1,		
					1	. 17.	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	•	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	1			11		
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		1
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
0	Sharing of paid employees with related organization(s)				10		
					A 3	-	
р	Reimbursement paid to related organization(s) for expenses				1p	J 43	1
q	Reimbursement paid by related organization(s) for expenses				19		
					7 3		7.7.6
r	Other transfer of cash or property to related organization(s)				1r		,
S	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	omplete this line, incli	iding covered relation	ships and transact	ion thr	esho	lds
	(a)	(b)	(c)	(d			
	Name of related organization	Transaction	Amount involved	Method of determini	ng amou	nt invo	olved
		type (a-s)				_	
							_
(1) M	illion Kids	C .	1,400	Cash value			
(2)							
(3)						_	
441							
(4)						_	
(5)							
(3)		 	-				
(6)							
1-1				Schedule	B (For	- 990	1) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(c) Primary activity Legal domicile (state or foreign country)		Legal domicile Predominant / income (related, unrelated, excluded from tax under	(e) Are all partners section d 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	<u> </u>
(1)													
(2)							-						
(3)													
(4)												-	
(5)													
(6)													
(7)													-
(8)							-						
(9)			-										
(10)													<u> </u>
(11)													
[12]													
(13)									<u> </u>				
(14)								 		L.,			
(15)	-												
(16)									<u> </u>				

Schedule R (Form 990) 2013

Scheaule H (I	om 990) 2013 Page 3
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).
• • • • • • • • • • • • • • • • • • • •	
-	