

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

► Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

| A F | or the | 2013 calenda | ar year, or tax year beginning , 2013, and | ending | | | , 20 |
|-----------------------|--------------------------|------------------------|---|---|-------------|------------|----------------------------------|
| B Check if applicable | | | C Name of organization | | | | entification number |
| Address change | | | Reaching Africa's Unreached | | | 4 | 6-0799429 |
| □ , | Name cha | nge | | delivered to street address) Room/suite | | | |
| = | Initial retur | | P.O. Box 1208 | | | 83 | 0-556-1547 |
| \neg | Terminated | | City or town, state or province, country, and ZIP or foreign postal code | | F Grou | | |
| = | Amended i Application | | Sequin, Texas 78156 | | | nber | • |
| | | ing Method | ✓ Cash Accrual Other (specify) | I H (| Check I | ▶ | f the organization is not |
| | Vebsite: | • | ingafricasunreached.com | | | | ach Schedule B |
| | | | | | • | | 0-EZ, or 990-PF) |
| | | | ✓ Corporation ☐ Trust ☐ Association ☐ Other | J02. | • | - | |
| | | | 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more | e, or if tota | l assets | | |
| | | | v) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | | ▶ s | \$14,836.06 |
| P | art I | Revenu | e, Expenses, and Changes in Net Assets or Fund Balances (| see the | ınstruc | ctions | |
| | | | the organization used Schedule O to respond to any question in th | | | | • |
| | 1 | | ins, gifts, grants, and similar amounts received | | | 1 | \$14,836.06 |
| | 2 | | ervice revenue including government fees and contracts | | _ | 2 | -0- |
| | 3 | _ | ip dues and assessments | | | 3 | -0- |
| | 4 | Investment | | | | 4 | -0- |
| | 5a | | unt from sale of assets other than inventory 5a | | -0- | | <u>_</u> _ |
| | b | | or other basis and sales expenses | | -0- | ^ * | |
| | С | | ss) from sale of assets other than inventory (Subtract line 5b from line 5 | ia) . | | 5c | -0- |
| | 6 | Gaming an | | | | | |
| | а | Gross ince | ome from gaming=(attach-Sehedule-G, # greater than | | | . 4 | |
| ne | | \$15,000) . | · · [6] · · · · · · · · · · · · · · · · · · · | | -0- | | |
| ē | Ь | Gross inco | me from fundraising events (not and tuding) | ntribution | | \$ 12 T | |
| Revenue | | | aising events reported on line 1) (attach schedule G if the | | | ^ . | |
| _ | | sum of suc | h gross income and continuitions execeds \$15,000) 6b | | -0- | \$ · . | |
| | С | Less: direc | t expenses from gaming and fundraising-events 6c | | -0- | 1 | |
| | d | Net income | e or (loss) from gaming and fundraising events (add lines 6a and 6b | and sub | tract | Š. re | |
| | | line 6c) . | in the second of the second | | | 6d | -0- |
| | 7a | Gross sale | s of inventory, less returns and allowances | | -0- | 5, 1 . | |
| | b | Less [,] cost | of goods sold | | -0- | | |
| | С | Gross prof | t or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | 7c | -0- |
| | 8 | Other rever | nue (describe in Schedule O) | | | 8 | -0- |
| | 9 | Total reve | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | > | 9 | \$14,836.06 |
| | 10 | Grants and | similar amounts paid (list in Schedule O) | | | 10 | \$13,471. <u>06</u> |
| | 11 | Benefits pa | aid to or for members | | | 11 | -0- |
| es | 12 | Salaries, of | ther compensation, and employee benefits | | | 12 | -0- |
| Expense | 13 | Profession | al fees and other payments to independent contractors | | | 13 | -0- |
| ĝ | 14 | Occupancy | y, rent, utilities, and maintenance | | | 14 | -0- |
| ш | 15 | | ublications, postage, and shipping | | | 15 | |
| | 16 | Other expe | enses (describe in Schedule O) | | | 16 | 0- |
| | 17 | Total expe | nses. Add lines 10 through 16 | | . ▶ | 17 | \$13,471.06 |
| Ŋ | 18 | Excess or | (deficit) for the year (Subtract line 17 from line 9) | | | 18 | \$1,365.00 |
| se | 19 | | or fund balances at beginning of year (from line 27, column (A)) (mu | | | احتنا | |
| As | | end-of-yea | r figure reported on prior year's return) | | | 19 | -0- |
| Net Assets | 20 | | 3 (p.e, | | | 20 | -0- |
| _ | 21 | Net assets | or fund balances at end of year. Combine lines 18 through 20 | | . ▶ | 21 | \$1,365.00 |
| For | Paperv | work Reduct | ion Act Notice, see the separate instructions. Cat No 1 | 106421 | | | Form 990-EZ (2013) |

| Pa | art II Balance Sheets (see the instructions in | for Part II) | | | - | |
|-----------------------|---|--|--|--------------------------------------|--------------|---|
| | Check if the organization used Schedule | O to respond to a | ny question in this | Part II | | 🗆 |
| | | | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | | -0- | 22 | \$1,365.00 |
| 23 | Land and buildings | | | 0- | 23 | 0- |
| 24 | Other assets (describe in Schedule O) | | | | 24 | -0- |
| 25 | Total assets | | | | 25 | \$1,365 00 |
| 26 | Total liabilities (describe in Schedule O) | | [| | 26 | -0- |
| 27 Date | Net assets or fund balances (line 27 of column Till Statement of Program Service Accom | | | | 27 | \$1,365.00 |
| ı aı | Check if the organization used Schedule | • | | , | | Expenses |
| Wha | at is the organization's primary exempt purpose? | | | | | uired for section c)(3) and 501(c)(4) |
| Desc as m perso | cribe the organization's program service accompli- neasured by expenses. In a clear and concise m cons benefited, and other relevant information for ea | shments for each on anner, describe the ach program title. | f its three largest pe services provided | rogram services, I, the number of | orga 4947 | nizations and section 7(a)(1) trusts, optional thers) |
| 28 | The President of Reaching Africa's Unreached (RAU- | | | | | |
| | Missionary in Uganda, S. Sudan, and D.F. Congo., fu | | | | | |
| | RAU-America's organizational documents by preach | | | <u></u> - | | |
| 20 | | | ants, check here | | 28a | -0- |
| 29 | | ••••• | | | | |
| | non-profit NGO "Reaching Africa's Unreached " (RAL Bible Training Center, Orphan Care Center, a Christia | | | | | |
| | (Grants \$ \$13,471.06) If this amount | | | | 29a | \$13,471.06 |
| 30 | 10/4/1.00) W the amount | morados forolgir gre | ino, oncor noro | , . | | \$13,471.00 |
| | | | | | | |
| | *************************************** | | | | | |
| | (Grants \$) If this amount | includes foreign gra | ants, check here . | ▶ □ | 30a | |
| 31 | Other program services (describe in Schedule O) | | | | | |
| | | | ants, check here . | | 31a | -0- |
| | Total program service expenses (add lines 28a t | | | | 32 | \$13,471.06 |
| Par | List of Officers, Directors, Trustees, and Key | | | | nstruc | ctions for Part IV) |
| | Check if the organization used Schedule | O to respond to a | (c) Reportable | Part IV | . | <u> </u> |
| | (a) Name and title | (b) Average hours per week devoted to position | compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | contributions to employ | Ò | Estimated amount of other compensation |
| Jaco | b Lee | | | | | |
| Presi | ident & Treasurer | <65 hr per week | -0- | -(|)- | -0- |
| | ack Deetjen | | | | | |
| | -President & Secretary | >1 hr per week | -0 | -(|)- | -0- |
| | Mercer | | | | | _ |
| Direc | ctor & Assistant Secretary | >1 her per week | -0- | -(|)- | -0- |
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| Part | · | | | |
|----------|---|--------|------------|---------------|
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | Part | _ | |
| 22 | Did the appropriate engage in any configuration to their act are usually considered to the IDCO If (IV) = 11 and a | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | 1 |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | √ |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | 1 |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | • |
| С | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | 1 |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | √ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a -0- | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | ✓ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | · | ا م |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . | 38a | | ✓ |
| | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | -:1 |
| 39 | Section 501(c)(7) organizations. Enter | Ŷ | · * 1 | ^ { |
| a | Initiation fees and capital contributions included on line 9 | - | 3 13 | · |
| b 40a | Gross receipts, included on line 9, for public use of club facilities | ,` | 1 | î. |
| 40a | section 4911 ► -0- ; section 4912 ► -0- ; section 4955 ► -0- | 2 | -3 | 7 |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit | | ~ <u>j</u> | ا در |
| | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | |
| С | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on | 400 | | V |
| J | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | *, | | -Si |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | ı, | | . 3 |
| е | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | |
| 41 | List the states with which a copy of this return is filed ▶ None, Not required to file in Texas | | | |
| 42a | The organization's books are in care of ▶ Beth Baitz Telephone no. ▶ 8 | 330-37 | 2-0850 |) |
| | Located at ► 395 Lifegate Lane, Seguin, Texas ZIP + 4 ► | 781 | 55 | |
| b | 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)? If "Yes," enter the name of the foreign country. | 42b | Yes | No ✓ |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | , | | |
| С | At any time during the calendar year, did the organization maintain an office outside the U.S.? . If "Yes," enter the name of the foreign country. ▶ | 42c | | <u> </u> |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | • | . • | - |
| | | | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | 1 |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | √ |
| c d | Did the organization receive any payments for indoor tanning services during the year? | 44c | 74 ^ | ¥ /2. ** |
| • | explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | / |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45a | Ž. | 7 |

| | | | | | | | | Yes | No |
|---------|----------|---|-----------------------------|----------------------------|---------------------------------|--------------|--------------|---|------------|
| 46 | | ne organization engage, directly or in | | | | | | 110 ye s | ıź |
| | | ndidates for public office? If "Yes," | | , Part I | | | . 46 | | _✓ |
| Part | | Section 501(c)(3) organizations | | . 47 401 1 | 50 1 | | | | |
| | | All section 501(c)(3) organization | is must answer que | stions 47–49b and | 52, and co | mplete th | e tables t | or IIn | es |
| | | 50 and 51. | h a dula O ta uaamama | | h D4 \/I | | | | |
| | | Check if the organization used Sc | riedule O to respond | to any question in t | nis Part VI | · · · · | | Yes | <u> </u> |
| 47 | Did th | ne organization engage in lobbying | activities or have a | section 501(h) electic | n in effect | during the | tav 🗀 | Yes | No |
| 7, | | If "Yes," complete Schedule C, Par | | section sorting election | | during the | . 47 | | 1 |
| 48 | • | organization a school as described i | | i)? If "Ves " complete | Schedule F | | . 48 | | - / |
| 49a | | ne organization make any transfers t | | • | | • | . 49a | | 1 |
| b | | s," was the related organization a se | • | • | | | . 49b | | - |
| 50 | | plete this table for the organization's | | | ner than offi | cers, direct | | es an | id ke |
| | | oyees) who each received more than | | | | | | | |
| | | | (b) Average | (c) Reportable | (d) Health | | | | |
| | (a) | Name and title of each employee | hours per week | compensation | contributions benefit plans, | | | | |
| | | | devoted to position | (Forms W-2/1099-MISC) | compe | | 01101 0011 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| None | | | | | | | | - | |
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| | | | | | | | | | |
| | Total | number of other employees paid ov | er \$100.000 | . ► None | | | | | |
| 51 | | plete this table for the organization | | | | who ooob | racewood | | . +60. |
| 51 | | 000 of compensation from the organization | | | Contractors | who each | received | more | ınaı |
| | | | | T | | | | | |
| | (a) | Name and business address of each independ | Jeni contractor | (b) Type of serv | rice | (C) | Compensation | on | |
| None | | | | | | | | | |
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| | | | | | | | | | |
| d | Total | number of other independent contra | actors each receiving | over \$100,000 | <u> </u> | No | one | | — |
| 52 | | ne organization complete Schedule | • | · | and 4947(a | | | | |
| OL. | | kempt charitable trusts must attach | | | | | ► ✓ Yes | П | No |
| Under p | enalties | of perjury, I declare that I have examined this | return, including accompany | ving schedules and stateme | ents, and to the | | | | |
| | | complete Declaration of preparer (other than | | | | | | 20, | |
| | | | | | | | | | |
| Sign | | Signature of officer | ilie M | | Dat | e 1 - | 11/ | | |
| Here | | Wike Wercer, Director / | we the | | 4. | -6-20 | U7 4 | | |
| | | Type or print name and title | | 0-0 | | | | | |
| Paid | | Print/Type preparer's name | Preparer's signature | // Da | | Check | ıf PTIN | | |
| Prep | arer | Kevin Kolb | 1 | 3 | 127/14 | self-employ | ed Po | <u>)5304</u> | <u> 56</u> |
| Use (| Only | Firm's name ► Kolb & Murray, P.C. | | | | n's EIN ▶ | 74-277 | | |
| May th | ne IRS | Firm's address ► 515 East Court Stree | | | Pho | ne no | 830-303- | | Nc. |

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.

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

Open to Public Inspection

| Name of the organization | | | | | | | Employer i | dentificatio | on number | | |
|--|---|--|-----------------------------|---|------------------------|---|--|-----------------------|----------------------------------|--------------|---------|
| Reaching Africa's Unrea | | | | | | | | | 799429 | | |
| | | rity Status (All orga | | | | • | | nstructi | ons. | | |
| 2 A school desc | vention of churc ribed in section | hes, or association of 170(b)(1)(A)(ii). (Attac | churches ch Sched | s describ ule E.) | ed in sec | tion 170 | (b)(1)(A)(i | i). | | | |
| 4 A medical resonant A hospital's name | earch organizatione, city, and state | | ction with | n a hospit | al descri | bed in se | ection 17 | | | | |
| | on operated for ()(1)(A)(iv). (Com | the benefit of a colle | ge or uni | versity o | wned or | operated | by a go | vernmen | ital unit d | escrib | ed in |
| 7 An organization | on that normally | nment or government receives a substantia (A)(vi). (Complete Par | al part of | | | | | nit or froi | m the ger | neral p | oublic |
| 8 A community | trust described i | n section 170(b)(1)(A |)(vi). (Cor | nplete Pa | art II) | | | | | | |
| receipts from support from | activities related gross investme | receives: (1) more that I to its exempt funct nt income and unre fter June 30, 1975. Se | ions-sul lated bus | bject to o siness ta | certain e xable ind | xceptions come (les | s, and (2) ss sectio | no mor | e than 30 | 31/3% | of its |
| 11 An organization purposes of contraction | on organized ar one or more pub | operated exclusively d operated exclusive licly supported organ describes the type of | ely for th | ne benefi describe | t of, to p | perform ion 509(a | the funct a)(1) or se | ions of, ection 50 | 9(a)(2). S | | |
| | ndation manage | II c Type II that the organization rs and other than one | ıs not co | ntrolled c | - lirectly or | r ındırectl | y by one | or more | | ed pe | rsons |
| | ation received a check this box . | written determination | on from 1 | the IRS t | that it is | a Type | I, Type I | II, or Typ | oe III sup | portir | ng 🗆 |
| g Since August following pers | | ne organization accep | pted any | gift or co | ontributio | n from a | iny of the | • | | | |
| | | ndirectly controls, eithody of the supported of | | | | persons | describe | d ın (ıi) a | nd 11g(i) | Yes | No |
| (ii) A family m | ember of a perso | on described in (i) abo | ve? | | | | | | 11g(ii) | | |
| | • | a person described in | | | | | | | 11g(in) | t — | |
| h Provide the fo | llowing informati | on about the support | ed organi | zation(s). | | | | | | • | |
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | in col (i) lis governing | organization sted in your document? | the organ | vou notify nization in of your port? | (vi) Is the organization in col (i) organized in the US? | | (vii) Amount of monetary support | | onetary |
| | | | Yes | No | Yes | No | Yes | No | <u> </u> | | |
| (A) | | | | | | | | | | | |
| (B) | | | | | | | | | | | |
| (C) | | | | | | | | | | | |
| (D) | | | | | | | | | | | |
| (E) | | | | | | | | | | | |
| | | | | | | | | 1 | | | |

Schedule A (Form 990 or 990-EZ) 2013 Page 2 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 (f) Total Gifts, grants, contributions, membership fees received (Do not include any "unusual grants") . -0--0--n-\$14,836.06 \$14,836.06 revenues levied the organization's benefit and either paid to or expended on its behalf . . . -0--0--0--0-The value of services or facilities furnished by a governmental unit to the organization without charge -0--0--0 -0-Total. Add lines 1 through 3. . . . -0--0--0--0-\$14,836.06 \$14<u>,836.06</u> 5 The portion of total contributions by person (other than a each governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). \$12,065.70 Public support. Subtract line 5 from line 4 \$2,770.36 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 . . . -0-\$14,836.06 \$14,836.06 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources -0--n. n. -0-Net income from unrelated business activities, whether or not the business is regularly carried on -0--O--n-<u>-0-</u> 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . -0--0-11 Total support. Add lines 7 through 10 1,000 â, .mn \$14,836.06 12 Gross receipts from related activities, etc. (see instructions) 12 -0-13 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) Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . 14 14 % Public support percentage from 2012 Schedule A, Part II, line 14 15 15 % 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 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 gualifies as a publicly supported

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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.)

| | if the organization fails to quality | under the te | solo lioted be | iow, piease ci | ompiete rant | 11.) | |
|-------|---|----------------|------------------|-----------------------|-----------------|------------------|-------------|
| | 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") | | | | ļ | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | İ | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | ļ | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf . | | | 1 | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | | | | | | | |
| | received from disqualified persons . | | ļ | <u> </u> | ļ <u>.</u> | | |
| b | Amounts included on lines 2 and 3 | | 1 | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | · · | | | <u> </u> | | |
| 8 | Public support (Subtract line 7c from | | | ak in it | | | |
| 0 4: | line 6.) | Jan 💯 | C Sy |] ³⁷ 3. 3. | | **** '7 | |
| | on B. Total Support | /=\ 0000 | (1-) 0040 | (-) 0044 | (-D 0040 | (-) 0040 | (0.T.:) |
| | dar year (or fiscal year beginning in) Amounts from line 6 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | | | | | | | |
| iva | 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 | | | | Į į | j | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | _ | | |
| • • | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | |] | |
| 12 | Other income. Do not include gain or | | <u> </u> | | - | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV.) | | | | | Ì | |
| 13 | Total support. (Add lines 9, 10c, 11, | | <u> </u> | | | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | ne organizatio | n's first, secor | nd, third, fourth | or fifth tax ve | ear as a section | 501(c)(3) |
| | organization, check this box and stop he | | | | | | . ▶ □ |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2013 (line 8 | | | 13, column (fl) | | 15 | % |
| 16 | Public support percentage from 2012 Sch | | | | | 16 | |
| | on D. Computation of Investment In | | | <u></u> | | 1 1 | |
| 17 | Investment income percentage for 2013 (| | | by line 13. colu | mn (f)) | 17 | % |
| 18 | Investment income percentage from 2012 | | • • | - | | 18 | % |
| 19a | 331/3% support tests - 2013. If the organ | | | | | | |
| - | 17 is not more than 331/3%, check this box | | | | | | |
| b | 331/3% support tests - 2012. If the organiz | | - | | | | _ |
| | line 18 is not more than 331/3%, check this | | | | | | |
| 20 | Private foundation. If the organization di | | | | | - | |

| Schedule A (F | orm 990 or 990-E∠) 2013 Page |
|---------------|--|
| Part IV | Supplemental Information. 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). |
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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.

OMB No 1545-0047

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

Open to Public Inspection

| Name of the organization | Employer identification number | | | | | | |
|---|-----------------------------------|--|--|--|--|--|--|
| Reaching Africa's Unreached | 46-0799429 | | | | | | |
| Form 990EZ, Part I: Grants and similar amounts paid; Line 10 / Form 99EZ, Part III | | | | | | | |
| Grantee: Ugandan NGO Non-Profit "Reaching Africa's Unreached Limited" Kampala, Uganda, Cert. of Incorp #119626 (6.16.2010) (RAU-Africa) | | | | | | | |
| Reaching Africa's Unreached, located in the United States, (RAU-America), has as one of its primary mission's, the goal of | | | | | | | |
| contacting unreached people in North Uganda, South Sudan, and D.R. of Congo with the Gospel of Jesus Christ. | | | | | | | |
| RAU has begun to accomplish this mission by sending a Grant to the Ugandan NGO non-profit called Reaching Africa's Unreached | | | | | | | |
| (RAU-Africa). | | | | | | | |
| RAU-America has provided this Grant to RAU-Africa to build a Guest House and Bible Training Center | on 12 acres of land | | | | | | |
| purchased by RAU-Africa. Future Grants from RAU-America will be used to build an Orphan Care Cen | ter, Christian Day | | | | | | |
| School, and Medical/Dental Clinic, supported and operated by volunteers. The web site for RAU-Africa | is "ReachingAfrıcasUnreached.org" | | | | | | |
| RAU-Africa is not controlled by RAU-America. RAU-Africa has three Board of Directors two of which a | re Ugandan citizens | | | | | | |
| and Christian Ministers. The third board of director is the President of RAU-America, Jacob Lee | | | | | | | |
| RAU-America has sent, Jacob Lee, to Uganda as a full time missionary to ensure that RAU-Africa provi | des periodic accountings to show | | | | | | |
| how RAU-America's grant funds were expended for the purposes in which they were approved by RAU | -America's Board | | | | | | |
| of Directors and he keeps and maintain records, expenses reports, and receipts showing that grants m | ade by RAU-America have been made | | | | | | |
| and used for RAU-America's exempt purposes. | | | | | | | |
| This Grant is subject to strict review of RAU Board of Directors following procedures and policies set f | or in RAU-America's By-Laws. | | | | | | |
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