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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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.

2013 Open to Public Inspection

OMB No 1545-0047

For the 2013 calendar year, or tax year beginning and ending C Name of organization **Employer Identification number** Check if applicable Reap International, Inc Address change Doing Business As 74-2835938 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return 865-588-1110 P.O. Box 10484 Terminated City or town, state or province, country, and ZIP or foreign postal code Knoxville 37939 320,704 Amended return G Gross receipts \$ Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Nο H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3) Tax-exempt status 501(c) (insert no) 4947(a)(1) or 527 Website > N/A H(c) Group exemption number X Corporation Form of organization Trust Association Other > Year of formation M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities To promote the doctrine and gospel of the Lord Jesus Christ. Activities & Governance 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 20 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 405,571 320,089 8 Contributions and grants (Part VIII, line 1h) 10 Investment income (Part VIII, line 2g)
11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)
12 RECEIVE 0 484 615 12 Total revenue – add lines 8 through 11 (must equal Part Vtt) column (A) line 12 406,055 320,704 291,389 285,771 Grants and similar amounts paid (Part IX, column (A), lines (A) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 22,699 53,140 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,208 2,532 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 316,620 341,119 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 89,435 -20,415 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 239,867 216. 917 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) E E 239,867 216,917 22 Net assets or fund balances Subtract line 21 from line 20 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 Beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Steven Treasurer Here Type or print name and title Print/Type preparer's name Check Paid 08/25/14 self-employed P00418368 Astrıd Williford, CPA 54-2071938 Preparer Albright & Company, Firm's EIN Firm's name **Use Only** PO Box 11588 865-588-1110 37939-1588 Knoxville, TN Phone no Yes May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

	Reap Internationa		74-2835938	Page 2
•	tatement of Program Servi	•	* -	
	·	a response or note to any line in	n this Part III	L
	the the organization's mission:	and gospel of the Lo	and Josus Christ	
10 prom	oce the doctrine a	ind gosper or the Lo	ord besus christ.	
Did the orga	nization undertake any significant pr	ogram services during the year which we	ere not listed on the	
•	90 or 990-EZ?			Yes X No
	cribe these new services on Schedu			
B Did the orga services?	nization cease conducting, or make	significant changes in how it conducts, a	ny program	Yes X No
	cribe these changes on Schedule O			Tes A NO
		omplishments for each of its three larges	st program services, as measured by	
		nizations are required to report the amou		
the total exp	enses, and revenue, if any, for each	program service reported		
		14.005	0.00 0.71	
a (Code		14,805 including grants of \$	266,871) (Revenue \$	
			ord Jesus Christ in c	hurch
		people of South Asia		
	ng training pastor inistries. See at		ers and providing sup	port for
cherr m.	inistries. See at	cached schedule.		
b (Code		18,900 including grants of \$	18,900) (Revenue \$	
SOCIAL	services for orpha	ans, the poor and ne	edy.	
c (Code) (Expenses \$	including grants of \$) (Revenue \$	
v (Code) (Exhauses A	including grants or \$) (Mevenue 3	
d Other progra	am services. (Describe in Schedule	O.)		
(Expenses		uding grants of \$) (Revenue \$)
le Total progra	ım service expenses ▶	333,705		
A				Form 990 (201)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		_	
	complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_ <u>X</u> _
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		_ <u>X</u> _
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		_ <u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		1	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1	
	VII, VIII, IX, or X as applicable		1	
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		<u>x</u>
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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		<u> </u>
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	X	
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	<u> </u>	
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	X	
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	Х	
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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) Reap International, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
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		<u> </u>
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			7.7
24-	employees? If "Yes," complete Schedule J	23		<u> </u>
444	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			v
b	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	270		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	i	x
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		Ī	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	-		
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			77
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
32	Part I	31		<u> </u>
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
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, +	Check if Schedule O contains a response or note to any line in this Part V						
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1	2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?				1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		l				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?)			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						Ì
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
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 auth	ority			ŀ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al					
	account)?				4a		<u> </u>
b	If "Yes," enter the name of the foreign country ▶						
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Acc	counts	i				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17			5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	organization solicit any contributions that were not tax deductible as charitable contributions?				6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or					
	gifts were not tax deductible?				6b		
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 goo	ds					
	and services provided to the payor?				7a	ļ	X
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				_		.,
	required to file Form 8282?	١ ١	ı		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			{	•	.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr				7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form				7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a	FOI	m 1098-C7	7 <u>h</u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				Į.		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						•
	organization, have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.				9a		Ī
a	Did the organization make any taxable distributions under section 4966?				9a 9b	 	
b 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter				30		
10	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		Ē.		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	$\overline{}$		1		
11	Section 501(c)(12) organizations. Enter				1		<u> </u>
'' a	Gross income from members or shareholders	11a	1		Į.		
b	Gross income from other sources (Do not net amounts due or paid to other sources		1		1		
•	against amounts due or received from them)	11Ь					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1				12a		Ī
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					<u> </u>	<u> </u>
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						1
	the organization is licensed to issue qualified health plans	13b	1				ı
С	Enter the amount of reserves on hand	13c				+	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		<u> </u>
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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure TN 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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ Steve A. Albright, Treas. 6708 ALBUNDA DR KNOXVILLE TN 37939 865-588-1110

orm 990 (2013)	Reap	International,	Inc.

74-2835938

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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 organizations compensated any current officer, director, or trustee (A) (C) (D) (E) (F) Average Position Reportable Reportable Estimated Name and Title (do not check more than one compensation compensation from hours per amount of box, unless person is both an from related other week officer and a director/trustee) the organizations (list any compensation organization (W-2/1099-MISC) from the hours for Individual trustee (W-2/1099-MISC) organization related stitutional trustee ghest compensated organizations employee and related organizations below dotted line) (1) STONE, DR. JOHN 14.00 0.00 X X 49,363 0 0 Chairman (2) RAJKUMAR, SAMUEL 10.00 0 X 2,707 0.00 4,379 Director (3) Shepard, Dr. Taylor 1.00 0 0 0.00 X 0 Board member (4) PAUL, A. ERIC 1.00 X X 0 0 Secretary 0.00 0 (5) ALBRIGHT, STEVEN 2.00 0.00 X 0 0 X 0 Treasurer (6) SHEPARD, ROBERT E. JR. 1.00 0.00 X 0 0 0 Director (7) RAMACHANDRAN, DR. JAYAKUMAR 20.00 0.00 X 0 0 21,731 Director (8) COMPARINI, ERIK 1.00 0.00 X 0 0 Director (9)(10)(11)

<u>Pal</u>	rt VII Section A. Officers	, Directors, Tru	stees	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated I	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for	bo	x, uni	Pos check ess pe	rson I	than o s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	ar	(F) stimated nount of other ipensatio rom the	on.
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	((**2 1033 MIGG)	org an	anization	l
(12)													
(13)													
(14)		<u> </u>					ļ					··· ··	
(15)													
(16)	· · · · · · · · · · · · · · · · · · ·												
(17)					<u> </u>					:	<u> </u>		
							ļ						
(18)													
(19)													
1b c	Sub-total Total from continuation she	ets to Part VII, S	ecti	on A	<u> </u>	<u>!</u>	1	>	52,070				5,110
d 2	Total (add lines 1b and 1c) Total number of individuals (in	cluding but not lir	nited	to th	1056	lista	d ahr	ve)	52,070		L	26	5,110
	reportable compensation from	the organization	<u>▶</u>	ő "		11310							T-KI-
3	Did the organization list any fo	rmer officer, dire	ctor,	or tr	uste	e, ke	y em	ploy	ee, or highest compensated	I		1	es No
4	employee on line 1a? if "Yes," For any individual listed on line	complete Sched	ule J	for s	uch	ındıv	idual				-	3	X
7	organization and related organ												x
5	individual Did any person listed on line 1	a receive or accr	ue co	mpe	ensat	tion f	rom :	any	unrelated organization or inc	dividual		4	\neg
	for services rendered to the or		es," c	omp	lete	Sche	dule	J fo	or such person			5	<u> </u>
1	ion B. Independent Contractor Complete this table for your five compensation from the organic	e highest compe	nsate mpe	ed in	depe	nde or the	nt co	ntra enda	ctors that received more tha	n \$100,000 of the organization's tax year			
	Name an	(A) d business address							Descrip	(B) tion of services		Compe	C) ensation
								_					
			_			<u> </u>		-					
			<u> </u>										
2	Total number of independent received more than \$100,000								e listed above) who	0			
DAA		4.									k	Form	990 (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (B) Related or (C) Total revenue Unrelated exempt excluded from tax business under sections 512-514 function revenue 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) Program Service Revenue Contributions, and Other Sim f All other contributions, gifts, grants, and similar amounts not included above 320,089 g Noncash contributions included in lines 1a-1f 320,089 h Total. Add lines 1a-1f Busn Code b f All other program service revenue Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, 3 615 and other similar amounts) 615 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) ▶ Net rental income or (loss) Gross amount from (i) Secunties (II) Other sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) ▶ 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events \triangleright 9a Gross income from gaming activities See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a h d All other revenue Total. Add lines 11a-11d 320,704 0 0 Total revenue. See instructions 615

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo			ete column (A)	
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		ехрепзез	general expenses	oxportses .
•	organizations in the U.S. See Part IV, line 21			1	
2	Grants and other assistance to individuals in	· -			
_	the U.S. See Part IV, line 22			1	
3	Grants and other assistance to governments,	-			
	organizations, and individuals outside the			1	
	U.S. See Part IV, lines 15 and 16	285,771	285,771		
4	Benefits paid to or for members	,	1	, , , , , , , , , , , , , , , , , , , ,	
5	Compensation of current officers, directors,				-
	trustees, and key employees	52,070	46,082	5,988	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,070	947	123	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	311		311	
12	Advertising and promotion				
13	Office expenses	1,897	905	992	
14	Information technology				
15	Royalties				
16	Occupancy		-		
17	Travel			· · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	·			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization Insurance				
23 24					······································
44	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If			1	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	() amount, not and 240 expenses on concedic O				· · · · · · · · · · · · · · · · · · ·
b					
c					
d					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	341,119	333,705	7,414	0
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		}		
	following SOP 98-2 (ASC 958-720)	l i			

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 86,539 62,975 1 Cash-non-interest bearing 1 153,328 2 153,942 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c 10b b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 239,867 216,917 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 0 0 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances 52,125 187,742 73,184 27 27 Unrestricted net assets 143,733 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund É Retained earnings, endowment, accumulated income, or other funds 32 32 239,867 216,917 33 33 Total net assets or fund balances 239,867 216,917 Total liabilities and net assets/fund balances

orm	990 (2013). Reap International, Inc. 74-2835938			Pag	ge 12					
Pa	rt XI Reconciliation of Net Assets									
	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		20,						
2	Total expenses (must equal Part IX, column (A), line 25)	2	34	41,	119					
3	Revenue less expenses. Subtract line 2 from line 1	3	-:	20,	415					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5	Net unrealized gains (losses) on investments									
6	Donated services and use of facilities	6	_	•						
7	Investment expenses	7	·							
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-2,	535					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line									
	33, column (B))	10	2:	16,	917					
Pa	rt XII Financial Statements and Reporting				_					
	Check if Schedule O contains a response or note to any line in this Part XII									
				Yes	No					
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in									
	Schedule O									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a									
	separate basis, consolidated basis, or both									
	Separate basis Consolidated basis Both consolidated and separate basis									
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight									
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c							
	If the organization changed either its oversight process or selection process during the tax year, explain in									
	Schedule O									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in									
	the Single Audit Act and OMB Circular A-133?		3a		X					
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		3b							

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Reap International, Inc.

Employer Identification number 74-2835938

Pa	rt I	Rease	on for Public (Charity S	Status (All organiza	ations r	nust cor	nplete t	his pai	rt.) See	ınstrı	uctions	S		
he α	rgar	nization is not a	a private foundation	n because i	it is (For lines 1 through	h 11, che	ck only on	e box)							
1		A church, con	vention of churche	es, or assoc	ciation of churches desc	cnbed in s	section 1	70(b)(1)(<i>/</i>	A)(i).						
2	Ħ	A school desc	cribed in section 1	70(b)(1)(A)(ii). (Attach Schedule E	Ξ)									
3	H				organization described		on 170(b)	(1)(A)(iii)							
4	H	•	•		n conjunction with a ho					/A\/;;;\	Enter th	a boeni	tal'e name		
4	ш			i operateu i	in conjunction with a no.	spital des	scribed iii	Section i	70(0)(1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Linterti	ie ilospii	tars name,		
_	$\overline{}$	city, and state		h 61 6											
5	Ш				a college or university o	wnea or	operated	by a gove	rnmenta	ii unit ae	scribea	ın			
		•	b)(1)(A)(iv) . (Comp		•										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).														
7															
	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	П				more than 33 1/3% of it			tributions	, membe	ership fe	es, and	aross			
	ш	=	· · · · · · · · · · · · · · · · · · ·		t functions—subject to o										
		-		•	unrelated business tax		•								
		• •	•		1975 See section 50 9		•		1 (02)	om baon	.00000				
40									-\/4\						
10	H	-	•	•	clusively to test for publication	_		-							
11	Ш	•	•	•	clusively for the benefit				•	-		41			
		•			d organizations describe							tion			
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h														
	_	a Type		Туре II	c Type III-F				d [onally integra	ted	
е			•	-	nization is not controlled	•				-	-				
		other than fou	ındatıon managers	and other	than one or more public	cly suppor	rted orgar	nizations o	described	d in sect	on 509	(a)(1)			
		or section 509	9(a)(2)												
f		If the organiza	ation received a wri	ntten deterr	mination from the IRS th	nat it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box												
g		Since August	17, 2006, has the	organizatio	n accepted any gift or c	contributio	on from ar	ny of the							
•		following per		•	, , ,			•							
		• .		directly con	trols, either alone or tog	ether wit	h persons	describe	d in (ii) a	ınd				Yes	No
		., .		•	upported organization?	-			(, -				11g(i)	+	
		` '	member of a perso	-	• •								11g(ii)		
		• •	-		escribed in (i) or (ii) abov	. (2)							11g(iii		
L		• •		-									[118/11	<u>H</u>	1
<u>n</u>		•	1	n about the	e supported organization		(5.4) to the o		63.04		(40)	- 45-			4
(1)		e of supported ganization	(II) EIN		(III) Type of organizati (described on lines 1-		(iv) Is the o		(v) Did y the organ	ization in	organizat	s the ion in col	(vii) Amount	or mone port	tary
	٠,٠	garnzanon			above or IRC section		governing		col (i)	of your	(i) organı	zed in the			
					(see Instructions)))	<u> </u>		supp	ort?	U:	S ?			
			_				Yes	No	Yes	No	Yes	No	<u> </u>		
A)										1					
												ļļ			
B)											Į				
											<u> </u>				
C)															
D)															
		·					ļ				ļ	 			
E)															
							 		 -	 -	-				
Tota							I								

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.)

Sec	tion 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")	214,680	182,806	228,998	405,571	320,089	1,352,144
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	214,680	182,806	228,998	405,571	320,089	1,352,144
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1,352,144
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	214,680	182,806	228,998	405,571	320,089	1,352,144
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,461	1,060	550	484	615	4,170
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		438				438
11	Total support. Add lines 7 through 10						1,356,752
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first, s	second, third, fourti	n, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here						•
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2013 (line 6,	column (f) divided b	y line 11, column (f))		14	99.66%
15	Public support percentage from 2012 Sche					15	99.50%
16a	33 1/3% support test—2013. If the organi				1/3% or more, chec	ck this	. ==
	box and stop here. The organization qualif						► X
b	33 1/3% support test—2012. If the organi				s 33 1/3% or more,	•	. —
	check this box and stop here. The organiz				401	•	
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meets						
	Part IV how the organization meets the "fac organization						>
b	10%-facts-and-circumstances test—20°					ne	
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization med	ets the "facts-and-ci	rcumstances" test	the organization q	juatities as a public	ay	▶ □
	supported organization		l 40 40 - 40!	47476 -6- C	Alexa leave e = -1 = -		
18	Private foundation. If the organization did instructions	not check a box on	нпе 13, 16 а, 16 b,	i/a, or 1/b, check	this dox 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.)

Sec	tion A. Public Support	····				<i>,</i>		
Caler	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							
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							
7a	Amounts included on lines 1, 2, and 3 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							
C	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
500	line 6)	<u> </u>	<u> </u>	<u> </u>	L		1	
	tion B. Total Support ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	Т	(f) Total
9	Amounts from line 6	(a) 2003	(b) 2010	(0) 2011	(u) 2012	(0) 2010	-+	(i) rotal
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b					"-		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)		
	organization, check this box and stop here							<u> </u>
Sec	tion C. Computation of Public Su						1	
15	Public support percentage for 2013 (line 8,		•	(f))		-	15	<u>%</u>
16	Public support percentage from 2012 Sche tion D. Computation of Investme						16	<u>%</u>
	Investment income percentage for 2013 (III			column (fl)			17	%
17 18	Investment income percentage for 2013 (iii Investment income percentage from 2012)			Column (1/)		ŀ	18	
19a	33 1/3% support tests—2013. If the organ			14, and line 15 is m	nore than 33 1/3%.	and line		
	17 is not more than 33 1/3%, check this bo							▶ □
b	33 1/3% support tests—2012. If the organ							_
	line 18 is not more than 33 1/3%, check thi	s box and stop he	re. The organizatio	n qualifies as a pub	licly supported org	anızatıon		▶ 🔲
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 1	9b, check this box a	and see instruction	s		

Schedule A (Form 990 or 990-EZ) 2013 Reap International, Inc.

74-2835938

age 4

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).

Part II, Line 10 - Other Income Detail

Miscellaneous Income

\$

438

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Part I

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.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

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

OMB No 1545-0047 **2013**

Open to Public Inspection

Reap International, Inc.

Employer identification number 74-2835938

<u>FOIII</u>	i 990, Part IV, line i	4D			<u>.</u>
1 For grantmake	rs. Does the organizat	ion maintain records to	o substantiate the amount of its	grants and other	
		the grants or assistant	ce, and the selection criteria use	d to award the	
grants or assista	ance?				X Yes No
2 For grantmake	rs. Describe in Part V	the organization's prod	cedures for monitoring the use o	of its grants and other	
assistance outs	ide the United States				
3 Activities per Re	egion (The following P	art I. line 3 table can b	e duplicated if additional space i	is needed)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
	offices in the region	employees, agents, and independent	region (by type) (e g , fundraising, program services,	a program service, describe specific type of	expenditures for and investments
		contractors in region	investments, grants to recipients	service(s) in region	ın region
,			located in the region)	****	<u> </u>
South Asia	1	6	Program services	Church planting,	285,772
(1)	_		riogram services	onarch prancing,	2037772
(2)				training church	
(3)				planters	
South Asia	_	•		g	10.000
(4)	1	2	Program services	Social services to	18,900
(5)				orphans, poor and	
(5)				- Joseph Joseph	
(6)				needy	
(7)					
(8)	<u> </u>				
(9)	i				
(10)					
(11)		·····			
(12)					
112)			· · · · · · · · · · · · · · · · · · ·		
(13)					
(14)					
(4.5)					
(15)					
(16)					
(17)					
3a Sub-total	2		3		304,672
b Total from continuation					
sheets to Part I c Totals (add					
lines 3a and 3b)	2	8	8		304,672

RII 08/25/2014 10 16 AM

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990; Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed 74-2835938 Reap International, Inc. Schedule F (Form 990) 2013

Part II Grants and

Page 2

								(i) Method of
1 (a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	
organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	non-cash assistance	of non-cash assistance	(book, FMV, appraisal, other)
ž	,	South Asia	Church planting	110,199	Check, wire	d)		
			Church planting,	117,292	bank wire			
(2)		South Asia						
(3)								
€								
(5)								
(9)								
(7)								
(8)								
(6)	******							
(10)								
(11)								
(12)								
(13)								
(14)	••••							
(15)								ļ
(16)								

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2013

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Schedule F (Form 990) 2013 Reap International, Inc. 74–2835938

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.

Page 3

Part III carl be duplicated il additional space is recoco.	audillorial	pace is liceaca.	!				
(a) Type of grant or assistance	(b) Region	(c) Number of recoperts	(d) Amount of cash grant	(e) manner of cash disbursement	non-cash assistance	(g) Description of non-cash assistance	valuation (book, FMV, appraisal
			,				other)
9	South A	Asia	2 600				
(1) Orphans and needy		7	7,000				
(2) Church planting	South Asia	sia 6	55,680	Check, wire			
(2)							
(5)							
(4)							
(5)							
(4)							
(2)							
(6)							
(6)							
(5)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(48)							
						Schedule	Schedule F (Form 990) 2013

for Form 5713)

Schedule F (Form 990) 2013

X 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).

Part I, Line 3 - Activities per Region

Region	Exp	Expenditures		Investments	
South Asia	\$	285,772	\$	0	
	\$	0	\$	0	
	\$	0	\$	0	
South Asia	\$	18,900	\$	0	
	\$	0	\$	0	
	\$	0	\$	0	

Part V - Additional Information

Schedule F, Part 1

The organization maintains records to substantiate all amounts in grants including the date of the grant transfer, the recipient, and any other needed financial information. All significant grantees are approved by the board and some smaller grants are approved by the Treasurer.

Schedule F, part 1, Question 2

The organization monitors use of grant funds by frequent communications with the grantees, by having board representatives or non-board volunteer supporters or donors visit the grantee's projects and the primary grantee is required to submit audited financial statements to the grantor annually.

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 74-2835938

Reap International, Inc.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Taylor, Robert

Taylor, Dr. Shepard

Director

Director

Father and son

Ramachandran, Jayakumar

Rajkumar, Samuel

Director

Director

Father & Son

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The organization uses a certified public accountant to prepare the Form 990 every year. The treasurer of the organization, a CPA, reviews the Form 990 and it is sent to the board of directors. However, the board is sent a copy of the 990 for information purposes only. The board does not approve the 990.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Form 990 is available for public disclosure at www.guidestar.org. and upon request.

Form 1023 is avaiaballe upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation 2,535 Prior period adjustment