Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY



NOVEMBER 13, 2013

REACH THE CHILDREN, INC. 14 CHESHAM WAY FAIRPORT, NY 14450

REACH THE CHILDREN, INC .:

ENCLOSED IS THE ORGANIZATION'S 2012 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION ANNUAL REPORT IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2013.

NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS:

AN EMAIL EXTENDING FORM CHAR-500 HAS BEEN SENT TO THE NEW YORK STATE CHARITIES BUREAU ON YOUR BEHALF. THIS EXTENDS THE DUE DATE OF THE ORGANIZATION'S FORM CHAR-500 UNTIL NOVEMBER 15, 2012. NO FURTHER ACTION IS REQUIRED.

NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS:

PLEASE SIGN AND MAIL FORM CHAR500 AS SOON AS POSSIBLE.

MAIL TO - NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271

ENCLOSE A CHECK FOR \$50 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE

AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

JENNIFER ARBORE

990

Menantment of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



> The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or the	2012 calendar year, or tax year beginning and	ending		
Bca	heck if pplicable:	C Name of organization		D Employer identific	ation number
	Address	REACH THE CHILDREN, INC.			
	Name Change	Doing Business As		16-15	569622
	Initial Ireturn Termin- ated	Number and street (or P.O. box if mail is not delivered to street address) 14 CHESHAM WAY	Room/suite	E Telephone number (585)	223-3344
	Amende			G Gross receipts \$	741,150.
	Applica	FAIRPORT, NY 14450		H(a) Is this a group re	tum
	pending	F Name and address of principal officer: KEVIN CLAWSON		for affiliates?	Yes X No
		14 CHESHAM WAY, FAIRPORT, NY 14450		H(b) Are all affiliates incl	uded? Yes No
		mpt status: 🔀 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) (or 🗌 527	If "No," attach a	list. (see instructions)
		★ HTTP://WWW.REACHTHECHILDREN.ORG/		H(c) Group exemption	
		organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🍉	L Year	of formation: 1999 M	I State of legal domicile: NY
		Summary			
0	1 E	Briefly describe the organization's mission or most significant activities:	CATED	TO STRENGTH	ENING
Activities & Governance	1 ~	FAMILIES BY PROVIDING EDUCATION AND HEAL'			
ern		Check this box 🕨 🛄 if the organization discontinued its operations or dispo			
200	1	Number of voting members of the governing body (Part VI, line 1a)			<u> </u>
න්	1	Number of independent voting members of the governing body (Part VI, line 1b)			<u> </u>
lies	1	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			200
livit	1	Total number of volunteers (estimate if necessary)		1 1	0.
Ac	1	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	DI	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	Prior Year	Current Year
		Cashihutiana and granta (Dort VIII liza 1b)		823,843.	738,728.
Revenue	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
Ner	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		64.	52.
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	0.	2,370.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		823,907.	741,150.
*****		Grants and similar amounts paid (Part IX, column (A), lines 1.3)	and the second se	261,272.	233,780.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	1	0.	0.
ŝ	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		134,852.	143,844.
	3	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		396,124.	377,624.
	19	Revenue less expenses. Subtract line 18 from line 12		427,783.	363,526.
10 S			B	eginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		<u>109,421.</u> 687,441.	<u>119,659</u> . 587,621.
let A	21	Total liabilities (Part X, line 26)		-578,020.	-467,962.
20	22	Net assets or fund balances. Subtract line 21 from line 20		-570,020.	-10115028
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	ac and state	ments and to the hest of m	w knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			y ano mougo ano sonon, a lo
	, 001100	V / EVans	inter property	V D/	15/13
Sig	113	Signature of officer		Date	
He		KEVIN CLAWSON, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pa	id	JENNIFER ARBORE Junip Cullur		11/13/13 self-employ	ed P00893012
Pre	parer	Firm's name FFP ROTENBERG, LLP		Firm's EIN 🕨	26-4298079
Us	e Only	Firm's address 25 NORTH STREET			
		CANANDAIGUA, NY 14424	and the state of the	Phone no. (585) 340-5100
Ma	ay the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
232	001 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instruct	tions.		Form 990 (2012)
	S	EE SCHEDULE O FOR ORGANIZATION MISSION S	DIATEM	ENT CONTINUA	LT TOW

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	990 (2012) REACH THE CHILDREN, INC. 16-1569622 Pa
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: REACH THE CHILDREN FACILITATES SELF-RELIANCE IN COMMUNITIES DEDICATED
	TO THE WELL-BEING OF UNDER-PRIVILEDGED CHILDREN.
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?
	If "Yes," describe these changes on Schedule O.
1	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.
1a	(Code:) (Expenses \$ 136,487. including grants of \$ 78,993.) (Revenue \$ STAY ALIVE - RTC IS ESPECIALLY CONCERNED ABOUT CHILDREN ORPHANED
	BECAUSE OF AIDS. RTC AIMS TO LOWER AIDS INCIDENCE BY TEACHING WHOLE
	COMMUNITIES THE AIDS PREVENTION EDUCATION PROGRAM CALLED STAY ALIVE.
	BY TRAINING COUNTRY OFFICIALS, TEACHERS, PARENT/GUARDIANS AND CHILDRED
	IN TANZANIA, KENYA, UGANDA, GHANA, LIBERIA AND NIGERIA, EVERYONE IN T
	COMMUNITY IS WORKING ON THE PROBLEM IN THE SAME MANNER AND AT THE SAME
	TIME.
l b	(Code:) (Expenses \$97,856. including grants of \$97,599.) (Revenue \$
l b	EDUCATION - RTC ASSISTS OR DIRECTLY OPERATES SCHOOLS IN SEVERAL AFRIC.
1b	EDUCATION - RTC ASSISTS OR DIRECTLY OPERATES SCHOOLS IN SEVERAL AFRIC COUNTRIES, INCLUDING KENYA, UGANDA, GHANA, & SIERRA LEONE. RTC
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Form 990 (2012)			CHILDREN,	INC.
Part IV Checklist of F	Required S	chedu	lles	

			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?	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? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			- 23
0	Schedule D, Part III	8		x
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		x
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	Х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	x
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		v	
40	or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10		x
17	located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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REACH THE CHILDREN, INC.

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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? <i>If</i> "Yes," <i>complete Schedule J</i>	23		x
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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25</i>	24a		x
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b 24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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 conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
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		x
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	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	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			
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2012)

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Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
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 goods and services provided to the payor?			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	1_		
	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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations . Did the supporting	70		
0	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.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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 13b			
	Enter the amount of reserves on hand 13c	<u> </u>		17
	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		(2012)

Form **990** (2012)

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Form 990 (2012)

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REACH THE CHILDREN, INC.

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: VI	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.

Observed if O should be a substantian a substantian to successful and the substantian	11-1- D-11/1
Check if Schedule O contains a response to any question in	This Part VI
checkin concurre a contraine a recipience to any queetion in	

	_
~ .	
A I	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	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 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any o	ther			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under th	e direct sup	ervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed	1?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
-	The governing body?	-	-	8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
bec [.]	tion B. Policies (This Section B requests information about policies not required by the Internal R					
			,		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	-		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	5			
	Did the event in the second with a second second sector of the O If "No. " go to line 12			12a		х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			12.0		
Ũ	in Schedule O how this was done			12c		
3	Did the organization have a written whistleblower policy?			13		х
4	Did the organization have a written document retention and destruction policy?			14		x
5	Did the process for determining compensation of the following persons include a review and approv					
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	laont			
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
				16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation of the organization of evaluation of the organization of the organization of evaluation of the organization of the organization of evaluation of the organization of evaluation of the organization of the organization of evaluation of the organization of evaluation of the organization of the organization of the organization of evaluation of the organization of evaluation of the organization of the organization of evaluation of the organization of the organization of evaluation of the organization of					
				16b		
Sec	exempt status with respect to such arrangements?			100	L	I
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Saction 50	1(c)(3)c only)	vailab		
0	for public inspection. Indicate how you made these available. Check all that apply.			vallar	iie	
	Own website Another's website X Upon request Other (explain	in Schodule				
0	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		,	d fina		
9		or mict of inte	rest policy, and	u iiriar	icial	
	statements available to the public during the tax year.	nd vc · ·	ftho!- '	io ►		
.	State the name, physical address, and telephone number of the person who possesses the books a	na records o	or the organizat	ion: 🏓	-	
0	V = V = V = V = V = V = V = V = V = V =					
0	KEVIN CLAWSON - 585-223-3344					
2000	14 CHESHAM WAY, FAIRPORT, NY 14450			г.		/00.10
20 32006 2-10-	14 CHESHAM WAY, FAIRPORT, NY 14450			Form	990	(2012

REACH THE CHILDREN, INC.

	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question 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 organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(da	not c	Pos	ition		000	Reportable	Reportable	Estimated
	hours per	box	. unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		æ	suadu		(W-2/1099-MISC)		organization and related
	helow	lual tr	tional		loy	st con yee				organizations
	(list any hours for related organizations below line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) KEVIN CLAWSON	10.00	-	-		-		-			
PRESIDENT, CEO		x		x				0.	0.	0.
(2) MARY HARRIS	5.00									
TREASURER, EXECUTIVE DIREC		X		Х				0.	32,036.	0.
(3) GENEVIEVE PELISSIE	1.00									
ACTING CHAIR OF BOARD		X		Х				0.	0.	0.
(4) JOHN H DRANSFIELD	1.00									
BOARD MEMBER		X		Х				0.	0.	0.
(5) PATRICIA JONES	1.00									
SECRETARY		X		х				0.	0.	0.
		1								
		1								
										– 000 (– – – – – – – – – – – – – – – – – – –
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Pa	rt VII Section A. Officers, Directors, Trus		ploy	ees	, an	d Hi	ighe	st C			<u> </u>			
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) timate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fro orga anc	oensa om the anizati I relate nizatio	e ion ed
											\square			
											\dashv			
											-+			
											\square			
											\dashv			
1b	Sub-total						<u> </u>		0.	32,03	36.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.0.	32,03	0. 36.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no r	eceived more than \$100),000 of reportabl	ie		Vee	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				•	·	•		c			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportab	le co	omp	ensa	atior	n and	d ot				4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>					-			-			5		х
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of corr	npensa	ation fi	rom	
	the organization. Report compensation for (A) Name and business					vith	or w	rithir	n the organization's tax (B) Description of s			(C omper		
	Name and business	address	INC	ONI	<u> </u>				Description of s	Services		Sinber	ISALIOI	<u> </u>
2	Total number of independent contractors (i	•	ot li	mite	d to		-	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organized	zation 🕨				(0				F	-orm S	990 (2	2012)

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Form 990 (2012) REACH THE CHILDREN, INC. Part VIII Statement of Revenue

		Check if Schedule O contains a response to	o any question <u>i</u>				<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	119,621.				
۵. ۳		Fundraising events					
ar jit		Related organizations 1d					
s,		Government grants (contributions)					
r Si	f	All other contributions, gifts, grants, and					
the			519,107.				
lo tr	ç		260,049.				
aSo	ł	Total. Add lines 1a-1f		738,728.			
			Business Code				
မွ	2 a	a [
e ric	k						
Program Service Revenue	c						
leve Seve	c	1 I					
Бо Ц	e						
ā	f	All other program service revenue					
	ç	g Total. Add lines 2a-2f	►				
	3	Investment income (including dividends, interes		5.0			50
		other similar amounts)		52.			52.
	4	Income from investment of tax-exempt bond pr	· · ·				
	5	Royalties					
	~	(i) Real	(ii) Personal				
		Gross rents					
		Dentel income or (loce)					
		Rental income or (loss)	•				
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	1 6	assets other than inventory					
	ł	Less: cost or other basis					
	•	and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
		Gross income from fundraising events (not					
anue	-	including \$ of					
Other Reve		contributions reported on line 1c). See					
r B		Part IV, line 18 a					
the	k	b Less: direct expenses b					
0			►				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 a					
		b Less: direct expenses b					
	C	Net income or (loss) from gaming activities	►				
	10 a	a Gross sales of inventory, less returns					
		and allowances a					
		b Less: cost of goods sold b					
	(Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code	2 270			2 270
			900000	2,370.			2,370.
	(,						
		All other revenue		2,370.			
	12	Total revenue. See instructions.		741,150.	0.	0.	2,422.
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REACH THE CHILDREN, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response	se to any question in thi	s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, 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				
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	233,780.	233,780.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above, to disqualified				
0	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				
0	section 401(k) and 403(b) employer contributions)				
9					
9 10	Other employee benefits				
11	Payroll taxes Fees for services (non-employees):				
a b	Management				
		5,675.		5,675.	
d	Accounting	370731		570750	
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
r g	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch O.)	1,385.		1,385.	
12	Advertising and promotion	63.		63.	
13	Office expenses	596.		596.	
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	21,200.		21,200.	
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	280.		280.	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	VOLUNTEER EXPENSES	97,876.	97,876.		
b	MISCELLANEOUS	5,868.	4,151.	1,717.	
с	CREDIT CARD FEES	4,216.		4,216.	
d	PRINTING AND COPYING	2,726.		2,726.	
е	All other expenses	3,959.		3,959.	
25	Total functional expenses. Add lines 1 through 24e	377,624.	335,807.	41,817.	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 if following SOP 98-2 (ASC 958-720)				

232010 12-10-12

11271113 101824 0015209

10 2012.05000 REACH THE CHILDREN, INC. Form **990** (2012)

11 11271113 101824 0015209 2012.05000 REACH THE CHILDREN, INC.

REACH THE CHILDREN, INC. Part X | Balance Sheet

(A) (B) Beginning of year End of year 94,089. 98,841. 1 Cash - non-interest-bearing 1 5,749. 12,054. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 2,276. 229. 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disgualified persons (as defined under 6 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 instr). Complete Part II of Sch L 6 Assets 5,000. 7 7 Notes and loans receivable, net Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 5,209. basis. Complete Part VI of Schedule D _____ 10a 4.973. b Less: accumulated depreciation 10b 517. 236. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 2,038. 8,051. Other assets. See Part IV, line 11 15 15 109,421. 119,659. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 24,765. 12,122. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 _iabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disgualified persons. 653,771. 568,964. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 8,905. 6,535. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 587,621. 687,441. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here **X** and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. -625,520. -527,987. 27 Unrestricted net assets 27 47,500. 60,025. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and 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 Retained earnings, endowment, accumulated income, or other funds 32 32 -578,020. -467,962. 33 Total net assets or fund balances 33 109,421. 119,659. 34 34 Total liabilities and net assets/fund balances

Form 990 (2012)

00152091

Form 990 (2012)

Part XI Reconciliation of Net Assets

11271113 101824 0015209

1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2	37	7,6	24.	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,5		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-57	8,0	20.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6	-25	3,4	68.	
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	-46	7,9	62.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X 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 oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2012)	

Check if Schedule O contains a response to any question in this Part XI

SCHI	EDUL	E A	
(Form	990 or	990-	ΕZ

Department of the Treasury

Public Charity	Status and	Public	Support
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Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Internal Revenue Service Inspection Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization Employer identification number REACH THE CHILDREN, INC. 16-1569622 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 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 33 1/3% 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 33 1/3% 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. dL **b** Type II **c** Type III - Functionally integrated Type III - Non-functionally integrated aL By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than ρ 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 f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No (i) the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? (ii) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (iii) Type of organization (ii) EIN (vii) Amount of monetary organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support aoverning document? (i) of your support? above or IRC section

		(
	(see instructions))	Yes	No	Yes	No	Yes	No			
Total										
	duction Act Notico	soo the Instructions f	or				Schodul	o A (Eor	m 990 or 990 E7) 2012	

eduction Act Notice, Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

232021 12-04-12

Schedule A (Form 990 or 990 EZ) 2012 REACH THE CHILDREN, INC.

Part II	Support Schedule for
	(Complete only if you check

Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) ed 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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	474,850.	479,730.	453,649.	566,756.	485,260.	2,460,245.	
2	Tax revenues levied for the organ-							
	ization'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	474,850.	479,730.	453,649.	566,756.	485,260.	2,460,245.	
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.						2,460,245.	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	Amounts from line 4	474,850.	479,730.	453,649.	566,756.	485,260.	2,460,245.	
8								
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	7.	2.		64.	52.	125.	
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.)							
11	Total support. Add lines 7 through 10						2,460,370.	
	Gross receipts from related activities,	etc (see instruction	ons)			12		
	First five years. If the Form 990 is for		,					
10	organization, check this box and stor	•						
Se	ction C. Computation of Publ							
	Public support percentage for 2012 (-	column (f))		14	99.99 %	
	Public support percentage from 2011		•	.,,			100.00 %	
	33 1/3% support test - 2012. If the c							
100	stop here. The organization qualifies	-						
ŀ	33 1/3% support test - 2011. If the c							
	and stop here. The organization qual							
174								
1/6	10% -facts-and-circumstances tes							
	and if the organization meets the "fac			•	•	e e		
	meets the "facts-and-circumstances"	-	-					
k	10% -facts-and-circumstances tes	-						
	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 organization							
40								
18	Private foundation. If the organization	on dia not check a	box on line 13, 16	a, 160, 17a, or 17		nd see instruction		

Schedule A (Form 990 or 990-EZ) 2012

11271113 101824 0015209

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.)

260	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
	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						
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)	1					
	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax vear as a secti	on 501(c)(3) organiz	zation.
•••	check this box and stop here	0	, ,	, ,		()() U	·
Sec	tion C. Computation of Publ						<u> </u>
	Public support percentage for 2012 (`	column (f))		15	%
	Public support percentage from 2011					16	<u> </u>
	tion D. Computation of Inve						//
	Investment income percentage for 20					17	%
	Investment income percentage from						<u> </u>
	33 1/3% support tests - 2012. If the						
	more than 33 1/3%, check this box a	-					
h	33 1/3% support tests - 2011. If the						
5	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 12-04-12	A GIG HOL CHECK &				hedule A (Form 99	
20202	U 12 UT-12			15	30		o or 990-∟ ∠ j 2012

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2012.05000 REACH THE CHILDREN, INC.

INC. 00152091

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

	REACH THE CHILDREN, INC.	16-1569622
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

00152091

Employer identification number

16-1569622

REACH THE CHILDREN, INC.

11271113 101824 0015209

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	VAL AND ALICE HEMMING 3208 WAKE DRIVE KENSINGTON, MD 20895	\$16,600.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	JOINING HEARTS AND HANDS 9 FIELDSTON GROVE FAIRPORT, NY 14450	\$74,760.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	ROCHELLE OBRIEN1481 430 EASTOREM, UT 84097	\$24,883.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	GARY AND KATHLEEN OFFNER 140 DOUGLAS PLACE MT VERON, NY 10552	\$ <u>18,701.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
223452 12-2		\$ Schedule B (Form 5	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

2012.05000 REACH THE CHILDREN, INC.

Employer identification number

16-1569622

REACH THE CHILDREN, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	000 000 57 000 57
3453 12-21-12	18		990, 990-EZ, or 990-PF)

	the total of exclusively religious, charitable, et Use duplicate copies of Part III if additior	tc., contributions of \$1,000 or less for t nal space is needed.	(7), (8), or (10) organizations that total more than \$1,000 is completing Part III, enter the year. (Enter this information once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift Ind ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee

(Form 990)

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

Name of the organization REACH THE CHILDREN , INC •				Employer identification number 16-1569622			
Pa			ds or Ac				
	organization answered "Yes" to Form 990, Part IV, line 6.						
		(a) Donor advised funds	(b)) Funds and other a	ccounts		
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 t	hat the assets held in donor ad	vised fund	S			
	are the organization's property, subject to the organization's exclusiv	ve legal control?		🗌 Ye	s 🗌 No		
6	Did the organization inform all grantees, donors, and donor advisors						
	for charitable purposes and not for the benefit of the donor or donor						
	impermissible private benefit?			🗌 Ye	s 🗌 No		
Pa	rt II Conservation Easements. Complete if the organization						
1	Purpose(s) of conservation easements held by the organization (che	ck all th <u>at a</u> pply).					
	Preservation of land for public use (e.g., recreation or educatio	on) 📃 Preservation of an I	nistorically	important land area	a		
	Protection of natural habitat	Preservation of a ce	ertified hist	toric structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the for	m of a con	servation easement	t on the last		
	day of the tax year.		_				
				Held at the End	l 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 in	ncluded in (a)		2c			
d	Number of conservation easements included in (c) acquired after 8/1		cture				
	listed in the National Register		····· L	2d			
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by t	the organiz	zation during the tax	ĸ		
	year ►						
4	Number of states where property subject to conservation easement		-				
5	Does the organization have a written policy regarding the periodic m		of		□		
•	violations, and enforcement of the conservation easements it holds?				s 🗌 No		
6	Staff and volunteer hours devoted to monitoring, inspecting, and end	-	-				
7	Amount of expenses incurred in monitoring, inspecting, and enforcin						
8	Does each conservation easement reported on line 2(d) above satisf		70(n)(4)(B)	())	s 🗌 No		
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ease						
9	include, if applicable, the text of the footnote to the organization's fir	•			•		
	conservation easements.		es the orga	anization s accounti			
Pa	rt III Organizations Maintaining Collections of Art, I	Historical Treasures. or	Other S	imilar Assets.			
	Complete if the organization answered "Yes" to Form 990, Pa	-					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),		ement and	d balance sheet wor	rks of art.		
	historical treasures, or other similar assets held for public exhibition,	•			-		
	the text of the footnote to its financial statements that describes the						
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	, to report in its revenue stateme	ent and ba	lance sheet works o	of art, historical		
	treasures, or other similar assets held for public exhibition, education						
	relating to these items:	-			-		
	(i) Revenues included in Form 990, Part VIII, line 1			► \$			
				► \$			
2	If the organization received or held works of art, historical treasures,						
	the following amounts required to be reported under SFAS 116 (ASC						
а	Revenues included in Form 990, Part VIII, line 1			► \$			
b	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.		Schedule D (F	orm 990) 2012		
23205 12-10-	1 12						
		20					

11271113 101824 0015209

2012.05000 REACH THE CHILDREN, INC.

OMB No. 1545-0047

Open to Public

Inspection

1

12

<u>Sche</u>	dule D (Form 990) 2012 REACH T	HE CHILDRE	N, I	INC.			16-15	<u>6962</u>	2 Pa	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	storical Tr	easures, or C	Other S	Similar Asse	ts(contin	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ls, chec	k any of the	following that are	e a signi	ficant use of its	collectio	n item	s
	(check all that apply):									
а	Public exhibition	d		Loan or excl	hange programs					
b	Scholarly research	е		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how t	hey further th	ne organization's	exempt	t purpose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, h	istorical trea	sures, or other si	milar as	sets	_		
	to be sold to raise funds rather than to be m	aintained as part of t	he orga	anization's co	llection?		L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "Yes	" to For	m 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	s or other assets	not inc	luded	-		,
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:		,				
								Amoun	t	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) F	Prior year	(c) Two years bad	ck (d)	Three years back	(e) ⊦oui	years	back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	•	e (line -	1g, column (a	ı)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
с	Temporarily restricted endowment	%								
-	The percentages in lines 2a, 2b, and 2c show					<i>.</i>				
За	Are there endowment funds not in the posse	ession of the organiza	ation th	at are held a	nd administered i	for the c	organization	I		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
L.	(ii) related organizations If "Yes" to 3a(ii), are the related organizations									
D								3b		
Par	t VI Land, Buildings, and Equipm									
1 41	Description of property	(a) Cost or o		(b) Cost	or other		mulated	(d) Boo	k voluc	
	Description of property	basis (investn		basis		depred		(u) 600	r value	5
10	Land	`		240.0	(=					
	Buildings Leasehold improvements									
	Equipment									
	Other				5,209.		4,973.		2	36.
	Add lines 1a through 1e. (Column (d) must e		X. colu		-		<u> </u>			36.
Total			, , , ,		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Schodulo	D/Farm		

Schedule D (Form 990) 2012

232052 12-10-12

21 11271113 101824 0015209 2012.05000 REACH THE CHILDREN, INC. 00152091

Schedule D	(Form	990)	2012

REACH THE CHILDREN, INC.

(a) Description of security or category (including name of security)	Form 990, Part X, line (b) Book value		valuation: Cast or one	l-of-year market value
				-or-year market value
(1) Financial derivatives		_		
(2) Closely-held equity interests (3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See	Form 990, Part X, line	e 13.		
(a) Description of investment type	(b) Book value		aluation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 1				
	escription			(b) Book value
(1) OTHER RECEIVABLES				8,051.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		>	8,051.
Part X Other Liabilities. See Form 990, Part X, lin				.,
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			-	
(2)			1	
(3)				
(4)				
(5)]	
(6)]	
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line				
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text				
liability for uncertain tax positions under FIN 48 (ASC 74	0). Check here if the t	ext of the footnote has	been provided in Pa	rt XIII X

Schedule D (Form 990) 2012

232053 12-10-12

11271113 101824 0015209

Sche	edule D (Form 990) 2012 REACH THE CHILDREN, INC.		16-2	1569622 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per F	leturn	
1	Total revenue, gains, and other support per audited financial statements		1	741,150.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
с		2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	741,150.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	741,150.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Retu	
1	Total expenses and losses per audited financial statements		1	631,092.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a 253,468.		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	253,468.
3	Subtract line 2e from line 1		3	377,624.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
с	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	377,624.
Pa	rt XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I			2b; Part V, line 4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p			
PAI	RT X, LINE 2: THE ORGANIZATION IS EXEMPT FRO	OM FEDERAL INCC	ME :	TAX
UNI	DER SECTION 501(C)(3) OF THE INTERNAL REVEN	JE CODE. HOWEV	ΈR,	INCOME
FRO	OM CERTAIN ACTIVITIES NOT DIRECTLY RELATED	TO THE ORGANIZA	TIOI	NS
יגחו				TNCOME
<u>1A</u>	K-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS U	NIVERVIED POSIN	CC ^D	INCOME.

IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) 740-15-50, THE

ORGANIZATION RECOGNIZES THE TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY

IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON Schedule D (Form 990) 2012

232054 12-10-12

Schedule D (Form 990) 2012 REACH THE CHILDREN, INC. Part XIII Supplemental Information (continued)	16-1569622 Page 5
EXAMINATION BY THE TAXING AUTHORITIES. MANAGEMENT BELIEVE	ES THAT THE
ORGANIZATION IS CURRENTLY IN COMPLIANCE WITH THE APPLICABI	LE REQUIREMENTS
OF THE INTERNAL REVENUE CODE. THEREFORE, NO LIABILITY FOR	R UNRECORDED TAX
BENEFITS HAS BEEN INCLUDED ON THE ORGANIZATIONS FINANCIAL	STATEMENTS. THE
EXEMPT ORGANIZATIONS INFORMATIONAL RETURNS ARE SUBJECT TO	AUDIT BY VARIOUS
TAXING AUTHORITIES AND ITS OPEN AUDIT PERIODS ARE 2009 - 2	2011.

232055 12-10-12

SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service	ntes —	OMB No. 1545-0047					
Name of the organization		Employer iden	tification number				
REACH THE CH	ILDREN, INC	•			16-15696	22	
Part I General	Information on A	ctivities Ou	tside the United States. Comple	ete if the organ	ization answered	"Yes"	
to Form 99	0, Part IV, line 14b.						
the grantees' eligil	bility for the grants or a	assistance, and	ds to substantiate the amount of its grather the selection criteria used to award the procedures for monitoring the use of it	e grants or assi	stance? X	Yes No	
	ion. (The following Part	I. line 3 table ca	an be duplicated if additional space is	needed.)			
3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region in the region in the region in the region (c) Number of employees, agents, and in the region in the							
WESTERN AFRICA				USUAL BUSIN			
(GHANA, LIBERIA,			PROGRAMS (STAY ALIVE),	MANAGEMENT	ACTIVITIES,		

PROGRAM SERVICES,

PROGRAMS , PROGRAM

SERVICES, PROJECTS,

VOLUNTEERS ONLY

SELF-SUSTAINABILITY

EFFORTS, FUNDRAISING

FUNDRAISING

c Totals (add lines 3a									
and 3b)	0	0 0							
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.									
S	EE PART	V FOR CO	DLUMN (E)	DESCRIPTIO	NS				

0

0

Schedule F (Form 990) 2012

233,780.

233,780.

Ο.

0

0

232071 12-10-12

NIGERIA, SIERRA

EASTERN AFRICA

(MADAGASCAR, KENYA,

TANZANIA, UGANDA)

CARIBBEAN (HAITI)

LEONE)

11271113 101824 0015209

3 a Sub-total

b Total from continuation

sheets to Part I

2012.05000 REACH THE CHILDREN, INC. 00152091

> > 9,042.

196,793.

27,945.

OFFICE MANAGEMENT,

OFFICE MANAGEMENT,

USUAL BUSINESS

BOOKKEEPING, LOCAL LAWS

MANAGEMENT ACTIVITIES,

BOOKKEEPING, LOCAL LAWS

232072 12-10-12

			PROGRAMS (STAY			
		WESTERN AFRICA	ALIVE), PROGRAM			
			SERVICES, FUNDRAISING	9,042.	0.	
		EASTERN AFRICA	PROGRAMS , PROGRAM			
			SERVICES, PROJECTS,			
		, MADAGASCAR,	SELF-SUSTAINABILITY			
			EFFORTS, FUNDRAISING	196,793.	0.	
		,,		,		
		CARRIBEAN (HAITI)	VOLUNTEERS ONLY	27,945.	0.	
					•••	
			recognized as charities by the			
			n 501(c)(3) equivalency letter		►	
3 Enter total number of o	other organizations of	or entities			 🕨	

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(d) Purpose of

grant

Schedule F (Form 990) 2012

(a) Name of organization

(b) IRS code section

and EIN (if applicable)

1

REACH THE CHILDREN, INC.

(c) Region

(f) Manner of

cash disbursement

(e) Amount

of cash grant

(g) Amount of

non-cash

assistance

(h) Description

of non-cash

assistance

Page **2**

(i) Method of

valuation (book, FMV,

appraisal, other)

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 REACH THE CHILDREN, INC.

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

Part III can be duplicated if additional space is needed.

(b) Region	(c) Number of					(n) ivietnod 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)

27

Page 3

16-1569622

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>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)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect To Certain Foreign Corporations.</i> (see Instructions for Form 5471)	Yes	X 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	X 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	X 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	X No

Schedule F (Form 990) 2012

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

PART I, LINE 3, COLUMN (E):

Supplemental Information

REGION: WESTERN AFRICA (GHANA, LIBERIA, NIGERIA, SIERRA LEONE)

(E) SPECIFIC TYPES OF SERVICES IN REGION: USUAL BUSINESS MANAGEMENT

ACTIVITIES, OFFICE MANAGEMENT, BOOKKEEPING, LOCAL LAWS AND ORDINANCES,

OVERSIGHT OF STAY ALIVE PROGRAM

REGION: EASTERN AFRICA (MADAGASCAR, KENYA, TANZANIA, UGANDA)

(E) SPECIFIC TYPES OF SERVICES IN REGION: USUAL BUSINESS MANAGEMENT

ACTIVITIES, OFFICE MANAGEMENT, BOOKKEEPING, LOCAL LAWS AND ORDINANCES,

OVERSIGHT OF STAY ALIVE PROGRAM

00152091

SCHEDULE L

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

Open To Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

				CHILDRE							-	ident 696		on nu	mber
Part I	Excess Bene									Dout V	line 10) b			
1				Relationship betv				01231	o, or Form 990-EZ, F	Part V,	iine 40		(d)	Corre	cted?
(a) Na	me of disqualified p	person	()	person and or				(c	c) Description of trai	nsactio	n			es	No
													_		
	the amount of tax i	ncurred by	the o	rganization man	agers	or disc	qualified perso	ons du	ring the year under						
											► \$				
3 Enter	the amount of tax,	if any, on li	ine 2, i	above, reimburs	ed by	the or	ganization				▶ \$				
Part II	Loans to and	d/or Fror	n Int	erested Pers	sons										
	Complete if the c	organizatio	n ansv	vered "Yes" on I	Form §	990-EZ	, Part V, line 3	8a or F	Form 990, Part IV, li	ne 26;	or if th	ne orga	inizati	on	
	reported an amo			, <u>, ,</u>	ŕ								arovod		
	a) Name of rested person	(b) Relatio with	•	(c) Purpose of loan	fron	oan to or n the	(e) Origin principal am		(f) Balance due	(g) defa	In 1112	(h) Ap by bo	ard or	(i) W	ritten ment?
Inter		organiza	tion	oriouri		From	philoparam	ount		Yes	No	comm Yes	No	Yes	No
KEVIN	CLAWSON,			GENERAL	X	FIOIII	849,2	44.	568,964.	Tes	X	Tes	X	165	X
									-						
Total Part III	Grants or As	eistance	Bor	pofiting Intor	osto	d Do		▶ \$	568,964.						
Fartin	Complete if the c			-											
(a) N	lame of interested p			(b) Relationship			(c) Amou	int of	(d) Type	e of		(e	Purp	ose o	 F
(,				interested pers	son an		assista		assistar				assist		
				the organiza	ation										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

SEE PART V FOR CONTINUATIONS

Complete if the organization answered "Yes" on Form 990. Part IV. line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: KEVIN CLAWSON, PRESIDENT

(C) PURPOSE OF LOAN: GENERAL OPERATIONS

Schedule L (Form 990 or 990-EZ) 2012

11271113 101824 0015209

SCHEDULE M	
(Form 990)	

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number
16-1569622

Department of the Treasury Internal Revenue Service

the organization	

REACH THE CHILDREN, INC.

Par								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of d noncash contrib	etermin	•	S
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous	Х	1	6,581.				
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							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (KEVIN CLAWSON)	Х	1	211,200.				
26	Other (PAT JONES)	Х	1	21,600.				
27	Other (UGANDA EXPENS)	Х	1	9,528.				
28	Other (PATTY LISTON)	Х	1	5,000.				
29	Number of Forms 8283 received by the organiz	vation durin	a the tax vear for c					
	for which the organization completed Form 828							
	5	, ,					Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rep	oorted in Part I. lines 1-28 th	at it must hold for			
	at least three years from the date of the initial of							ĺ
	the entire holding period?			•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	, ,	olicv that r	eauires the review	of any non-standard contril	outions?	31		х
	 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 				<u> </u>			
	contributions?		•	· •		32a		х
h	If "Yes," describe in Part II.					02u		
33	If the organization did not report an amount in	column (c) f	or a type of prope	ty for which column (a) is c	hecked			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990)	2012)
				~.		,. on m	550)	

232141 12-20-12

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2012.05000 REACH THE CHILDREN, INC.

00152091

Schedule M (Form 990) (2018) EACH THE CHILDREN, INC.

Part II Supplemental Information. Complete this part to 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.

PART I, OTHER TYPES OF PROPERTY:

GAYE BROWN

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTORS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1700.
- (D) METHOD OF DETERMINING REVENUE:

SARA JOHNSON

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTORS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1440.
- (D) METHOD OF DETERMINING REVENUE:

ANDREW RAIL

(A) CHECK IF APPLICABLE = X

- (B) NUMBER OF CONTRIBUTORS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1250.
- (D) METHOD OF DETERMINING REVENUE:

CONNIE GUNNELL

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTORS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 600.
- (D) METHOD OF DETERMINING REVENUE:

PATRICIA CLAWSON

(A) CHECK IF APPLICABLE = X

232142 12-20-12

Schedule M (Form 990) (2012)

16-1569622

Page 2

33

2012.05000 REACH THE CHILDREN, INC.

Schedule M (Form 990) (2012) REACH THE CHILDREN, INC.

Part II Supplemental Information. Complete this part to 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.

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 500.

(D) METHOD OF DETERMINING REVENUE:

GENEVIEVE PELISSIE

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 400.

(D) METHOD OF DETERMINING REVENUE:

KAREN BASTOW

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 250.

(D) METHOD OF DETERMINING REVENUE:

Schedule M (Form 990) (2012)

00152091

232142 12-20-12

34 2012.05000 REACH THE CHILDREN, INC. SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number 16-1569622

REACH THE CHILDREN, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VOCATIONAL TRAINING FOR ADULTS. AND TEACHING SELF-RELIANCE AND

PRINCIPLE-BASED VALUES. THESE TOOLS AND SKILLS WILL ENABLE PEOPLE TO

OVER- COME THE SHACKLES OF EXTREME POVERTY AND PROMOTE COMMUNITY

LEADERSHIP AS THEY REACH FOR A BRIGHTER TOMORROW.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MICRO-ENTERPRISE -RTC HELPS PEOPLE ENGAGE IN SUSTAINABLE LIVELIHOODS

FOR THE SUPPORT OF THEIR FAMILIES, BY PROVIDING TRAINING AND

MICRO-LOANS TO MOTIVATED INDIVIDUALS. RTC ACQUIRES THE FUNDS, FINDS

MENTORS AND ADMINISTRATORS AND SOLICITS LOAN APPLICANTS FOR

PARTICIPATION IN UGANDA, KENYA, GHANA, TANZANIA, MADAGASCAR AND

NIGERIA. MICRO-LOANS ARE ALSO GIVEN IN THE FORM OF LIVESTOCK WHEREIN A

FARMER PAYS BACK THE LOAN BY PASSING THE FIRST 2 FEMALE OFFSPRING

(COWS, GOATS AND SHEEP) ON TO OTHER FARMERS SO THAT THEY INTURN CAN

ALSO START THEIR OWN HERDS. RTC FURNISHES THE FIRST ANIMALS TO BEGIN

THE PROCESS IN AN AREA OR WITHIN AN ESTABLISHED SELF-HELP GROUP.

AGRICULTURE & WATER - RTC COLLABORATES WITH COMMUNITIES TO MAKE WATER AVAILABLE FOR IRRIGATION, AGRICULTURE PURPOSES & DAILY SURVIVAL. RTC ADOPTS A TEACH AS YOU GO FOCUS AND CONNECTS SQUARE FOOT GARDENING TO ALL PROJECTS SO THAT SCHOOLS, FAMILIES AND WHOLE COMMUNITIES CAN BENEFIT FROM THE GROWING OF FOOD TO SUPPLEMENT THE DAILY DIET.

COMMUNITY EMPOWERMENT - RTC HELPS LOCAL COMMUNITIES THROUGH DEVELOPMENT

OF CENTERS FROM WHENCE EACH OF THE FOCUS PROGRAMS CAN BE LAUNCHED

Schedule O (Form 990 or 990-EZ) (2012) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13 35

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization REACH THE CHILDREN, INC.	Employer identification number 16-1569622
MENTORED AND MONITORED AS NEEDED, FOR LONG-TERM EFFECT, A	ND ANY GIVEN
COMMUNITY. THESE CENTERS, IF A PHYSICAL BUILDING, CAN P	ROVIDE A
GATHERING PLACE FOR THE COMMUNITY TO MEET, A TEACHING/TRA	INING
FACILITY, STORAGE AREAS FOR SHIPPING COMMODITIES PRODUCED	BY THE
COMMUNITIES, DISTRIBUTION OF INCOMING DONATIONS AND REVEN	UE AND A
CENTER FOR ALL PRODUCTIVE COMMUNITY ACTIVITY. THE COMMUNI	TY DEVELOPMENT
CONCEPT TAKES PLACE EVEN WITHOUT A PHYSICAL BUILDING AND	IN SOME AREAS
IS JUST AN ORGANIZED GROUP WORKING TOGETHER FOR SOMETHING	BETTER TO
TAKE PLACE IN THEIR LIVES.	
ORPHAN CARE - RTC ASSISTS FAMILIES TO BECOME SELF-SUSTAIN	ING, THUS
ENABLING THEM TO CARE FOR THE GROWING NUMBER OF ORPHANS I	N THEIR OWN
COMMUNITIES.	
EXPENSES \$ 69,072. INCLUDING GRANTS OF \$ 24,882. REVE	NUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: TREASURER REVIEWS	THE 990 BEFORE
FILING.	
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.	
PART XII, LINE 2C	
COMMITTEE REVIEWS AUDITED FINANCIAL STATEMENTS.	

232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

SCH	FDI	ΠF	R
3011		ᅳᅳ	

(Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012 Open to Public Inspection

Employer identification number

16-1569622

Name of the organization

REACH THE CHILDREN, INC.

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
BOUNTIFUL RESOURCES FOUNDATION - 01-0563957	RAISING REVENUE TO SUPPORT						
14 CHESHAM WAY	THE OPERATING EXPENSES OF				REACH THE		
FAIRPORT, NY 14450	REACH THE CHILDREN, INC	NEW YORK	501(C)3		CHILDREN, INC.		х

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

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	-	e)	(f)		(g)		(h)		(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under	Share o inco		Share end-of-y assets	ear _{ate} s	propor allocat	tions?	Code V-UB amount in bo 20 of Schedu	ox ^m ule ^p	nanaging partner?	
		country)		sections	512-514)				Ye	s	No	K-1 (Form 106	65) Y	′es No	
												I			
												I			
												I			
										_			\rightarrow	_	
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IV Identification of Related Orgonizations treated as a co	ganizations Taxable rporation or trust duri	as a Corpo ng the tax	pration or Trust (C year.)	omplete if th	ne organizati	on answe	ered "Yes	" to Form 9	990, Part I	V, lin	e 34	because it had	d one	e or mo	re related
(a)			(b)	(c)	(d)		(e)		(f)			(g)	()	h)	(i) Section
Name, address, and E of related organizatio		Prim	ary activity	Legal domicile (state or	Direct cont entity		Type of e (C corp, S		Share of to income	tal		Share of end-of-year	Perce	entage ership	512(b)(1 controlle
or related organizatio				foreign		· · · ·	or trus	ot)	meenne		1	assets	0	e. e	entity'

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	tion b)(13) rolled tity?
		country)						Yes	No

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)
--------	--

Note. 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 trans	actions with one or more r	elated organizations listed in Pa	rts II-IV?									
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled e	entity			1a		X						
b Gift, grant, or capital contribution to related organization(s)				1b		X						
c Gift, grant, or capital contribution from related organization(s)				1c		X						
d Loans or loan guarantees to or for related organization(s)				1d		Х						
e Loans or loan guarantees by related organization(s)				1e		X						
f Dividends from related organization(s)				1f		X X						
g Sale of assets to related organization(s)												
h Purchase of assets from related organization(s)												
i Exchange of assets with related organization(s)				1i		X X						
j Lease of facilities, equipment, or other assets to related organization(s)												
 k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) 												
						X X						
m Performance of services or membership or fundraising solicitations by related organization(s)												
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
o Sharing of paid employees with related organization(s)				10	X							
p Reimbursement paid to related organization(s) for expenses				1p		X						
q Reimbursement paid by related organization(s) for expenses				1 q	X							
r Other transfer of cash or property to related organization(s)				1r		x						
s Other transfer of cash or property from related organization(s)						X						
2 If the answer to any of the above is "Yes," see the instructions for informatio	n on who must complete t	his line, including covered relation	onships and transaction thresholds.									
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount									
) BOUNTIFUL RESOURCES FOUNDATION	0	32,036.										
BOUNTIFUL RESOURCES FOUNDATION	Q	1,365.										
3)												
_(3)					_							

(4)

(5)

(6)

232163 12-10-12

Schedule R (Form 990) 2012 REACH THE CHILDREN, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are a partners 501(c) orgs.) (3) ?	(f) Share of total income	(g) Share of end-of-year assets	(I Dispr tion alloca	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener manag partn Yes	al or F ging ler?	(k) ^D ercentage ownership

Schedule R (Form 990) 2012

Complete this part to provide addi	itional information for responses to questions on Schedule R (see instructions).
65 12-10-12	Schedule R (Form 9

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Dat Acqui	e ired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	PROJECTOR	0808	302	SL	5.00	16	2,591.			2,591.	2,591.		0.
2	LAPTOP COMPUTER	0317	707	200DB	5.00	17	2,125.			2,125.	2,003.		122.
3	COMPUTER	0809	911	200DB	5.00	17	394.			394.	79.		126.
4	PRINTER	0809	911	200DB	5.00	17	99.			99.	20.		32.
	* TOTAL 990 PAGE 10 DEPR						5,209.		0.	5,209.	4,693.	0.	280.

(D) - Asset disposed

Form 4562	
Department of the Treasury	

Depreciation and Amortization (Including Information on Listed Property) 990

OMB	No.	1545	-0172
-		-	-

Attachm

1	CI	u	a	n	g	I	IT	0	r	Π	18	τ	0	n	O	n	L	ISI	e	a	Ρ	r
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Internal	Revenue Service (99)	See separate insti	ructions.	Attacr	to your tax r	eturn.		Sequence No. 179
Name(s)	shown on return			Busine	ess or activity to wh	nich this form relate	s	Identifying number
_	CH THE CHILDREN, I				M 990 P			16-1569622
Parl		erty Under Section 1	79 Note: If yo	ou have any lis	ted property, o	complete Part		
	aximum amount (see instructions)							500,000.
	otal cost of section 179 property pla							2 000 000
	reshold cost of section 179 propert							2,000,000.
	eduction in limitation. Subtract line 3						····	
-	Ilar limitation for tax year. Subtract line 4 from lir (a) Description of p		-0 If married fi	ing separately, see (b) Cost (busin		(c) Elected		
6				(5) 0001 (5001)		(0) 2100100		
7 L is	sted property. Enter the amount fror	m line 29			7			
	otal elected cost of section 179 prop						8	
	entative deduction. Enter the smalle							
	arryover of disallowed deduction fro							
	usiness income limitation. Enter the							
	ection 179 expense deduction. Add							
	arryover of disallowed deduction to a							
Note:	Do not use Part II or Part III below for	or listed property. I	nstead, use	Part V.				
Part	t II Special Depreciation Allow	ance and Other D	epreciation	(Do not inclu	de listed prope	erty.)		
14 Sp	pecial depreciation allowance for qua	alified property (oth	her than liste	ed property) pl	aced in service	e during		
	e tax year							
15 Pr	operty subject to section 168(f)(1) e	lection					15	
	ther depreciation (including ACRS)						16	
Par	t III MACRS Depreciation (Do n	ot include listed pr)			
				ection A				200
	ACRS deductions for assets placed						17	280.
18 If y	ou are electing to group any assets placed in se							
	Section B - Asset	(b) Month and		or depreciation			ation Syste	
	(a) Classification of property	year placed in service	(búsiness/i	nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
100	2 year property			,				
<u>19a</u> b	3-year property 5-year property	-						
	7-year property	-						
d	10-year property	-						
e	15-year property	-						
f	20-year property	-						
g	25-year property				25 yrs.		S/L	
		/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets	Placed in Service	During 201	2 Tax Year U	sing the Alter	native Depred	iation Sys	stem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
c	40-year	/			40 yrs.	MM	S/L	
Part								
	sted property. Enter amount from lin						21	
00 T.	otal. Add amounts from line 12, lines	s 14 through 17, lin	es 19 and 2	0 in column (g), and line 21.			000
							1	
Er	nter here and on the appropriate line				tions - see inst	r	22	280.
Er 23 Fo	nter here and on the appropriate line or assets shown above and placed in	n service during the				r	22	200.
Er 23 Fo	nter here and on the appropriate line	n service during the stion 263A costs	e current yea	ar, enter the	tions - see inst	r	22	Form 4562 (2012)

2012.05000 REACH THE CHILDREN, INC. 00152091

Form 456			CH THE											622	
Part V	Listed Proper amusement.)	ty (Include au	utomobiles, co	ertain oth	her vehic	cles, cer	tain corr	puters	s, and pro	perty use	ed for er	ntertainn	nent, rec	reation,	or
	Note: For any through (c) of S	Section A, all	of Section B,	and Sec	ction C if	applica	ble.		Ū	•	· ·				nns (a)
			on and Other												
24a Do yo	ou have evidence to			ent use cla	aimed?		es L	No		<u> </u>				∐ Yes ∟	<u>No</u>
	(a) e of property vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta	t ot	(d) Cost or her basis	(bu	(e) sis for depr siness/inve use only	stment	(f) Recovery period	Met	g) thod/ ention	Depre	h) ciation uction	Eleo sectio	(i) cted on 179 ost
25 Speci	ial depreciation all	owance for q	ualified listed	property	/ placed	in servio	ce durin	g the ta	ax year an	d					
	more than 50% in										25				
26 Prope	erty used more that	in 50% in a q	ualified busin	ess use:					1						
				%											
		: :		%											
				%											
27 Prope	erty used 50% or l	ess in a quali		-											
		: :		%						S/L ·					
		: :		%						S/L ·					
				%						S/L -					
	amounts in column														
29 Add a	amounts in column	i (i), line 26. E		on line : Section I									29		
	e this section for ve vided vehicles to y		by a sole prop	orietor, p	artner, c	or other '	"more th	an 5%	owner," o				ng this s	ection fo	or
nose ver				· ·											
		المعادية وماليه	unin a the a		a)		b)		(c)		d)		e)	(f	
	business/investment		•	Ver	nicle	Ver	nicle	V	'ehicle	ver	licle	Ver	nicle	Veh	ICIE
	do not include com														
	commuting miles														
	other personal (no	-													
	۱														
	miles driven during														
	ines 30 through 32														
	the vehicle availab	-		Yes	No	Yes	No	Yes	i No	Yes	No	Yes	No	Yes	No
	g off-duty hours?								_						
	the vehicle used p	, ,	more												
	5% owner or relate								_						
6 Is and	other vehicle availa	able for perso	nal												
use?															
		Section C	- Questions	for Emp	loyers V	Vho Pro	vide Vel	nicles	for Use b	y Their E	Employe	es			
nswer th	nese questions to	determine if y	/ou meet an e	exceptior	n to com	pleting \$	Section	B for v	ehicles us	ed by er	nployee	s who a	r e not m	ore than	5%
wners o	r related persons.													_	
87 Do yo	ou maintain a writte	en policy stat	ement that p	rohibits a	all perso	nal use o	of vehicl	es, inc	luding cor	nmuting	, by you	r		Yes	No
emplo	oyees?														
B Do yo	ou maintain a writte	en policy stat	ement that p	rohibits p	personal	use of v	/ehicles,	excep	ot commut	ing, by y	our				
emplo	oyees? See the ins	structions for	vehicles used	d by corp	porate of	ficers, d	lirectors	, or 1%	6 or more	owners					
9 Do yo	ou treat all use of v	ehicles by en	nployees as p	personal	use?										
	ou provide more th														
the us	se of the vehicles,	and retain th	e information	received	d? ?t										
1 Do yo	ou meet the require	ements conce	erning qualifie	d autom	obile de	monstra	ation use	?							
	If your answer to														
Part V	Amortization														
	(a) Description o	f costs	Date	(b) amortization		(c) Amortizat	ole		(d) Code		(e) Amortiza	tion	Ar	(f) nortization	
				begins		amount	1		section		period or per	centage	fo	r this year	
2 Amor	tization of costs th	iat pegins du	ring your 201	∠ tax yea	ar: I										
				: :				_							
				<u> </u>											
	tization of costs th											43			
	. Add amounts in o	column (f). Se	e the instruc	tions for	where to	o report						44	-		- (66.55
16252 12-2	28-12						12						F	orm 456 2	2 (2012)
7111	3 101824	0015200	9	201	2.050	י ההר	43 REACI	ין ייד	HE CHI	י פרו ד	EN .	INC.	ſ	0152	2091
			•	- V - A											

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Page 2 X

12

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• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, con	nplete only Pa	art I (on page 1).						
Part II Additional (Not Automatic) 3-Mont	h Extensio	n of Time. Only file the origi	nal (no copies needed).					
		Enter filer	s identifying number, see ins	ructions				
Type or Name of exempt organization or other filer, see in	structions		Employer identification numb	er (EIN) or				
print File by the REACH THE CHILDREN, INC. 16-3								
File by the REACH THE CHILDREN , INC.								
due date for filing your return. See 14 CHESHAM WAY	mber, street, and room or suite no. If a P.O. box, see instructions. CHESHAM WAY							
instructions. City, town or post office, state, and ZIP code. Fo FAIRPORT, NY 14450	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
Enter the Return code for the return that this application is fo	r (file a separa	te application for each return)		01				
Application	Return	Application		Return				
Is For	Code	Is For		Code				
Form 990 or Form 990-EZ	01							
Form 990-BL	02	Form 1041-A		08				
Form 4720 (individual)	03	Form 4720		09				
Form 990-PF	04	Form 5227		10				
	05	Form 6069		11				

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. KEVIN CLAWSON The books are in the care of **b** 14 CHESHAM WAY - FAIRPORT, NY 14450

Telephone No. 🕨	585-223-3344	FAX No.	▶
If the organization	deee not have an office or place of husin	and in the United States	abaak this hav

•	• If the organization does not have an once of place of business in the onlined States, check this	
٠	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this is for the whole group, check this

06

Form 8870

box	► L	igsquirin . If it is for part of the group, check this box $igsquirin$		and attach a lis	st with tl	he names	and EINs of all members the extension is for.	
4	l requ	uest an additional 3-month extension of time until	N	IOVEMBER	15,	2013		
5	For c	alendar year 2012 , or other tax year beginning					, and ending	

5 For calendar year 2012, or other tax year beginning

Form 990-T (trust other than above)

6	If the tax year entered in line 5 is for less than 12 months, check reason:	Initial return	Final return	
	Change in accounting period			

7 State in detail why you need the extension ADDITIONAL TIME IS NECESSARY TO GATHER SUFFICIENT INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			
	previously with Form 8868.	8b	\$	0.
с	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using			
	EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	Ο.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨

Title **PRESIDENT**

Date 🕨

Form 8868 (Rev. 1-2013)

223842 01-21-13

Form	8879-EO
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IRS _{e-file} Signature Authorization

, 2012, and ending

OMB No. 1545-1878

for an Exempt Organization

,20

2012

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

16-1569622

REACH	\mathbf{THE}	CHILDREN,	INC.

Name and title of officer KEVIN CLAWSON PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2012, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	741150
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize EFP ROTENBERG, LLP	to enter my PIN 15209
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2012 electronically filed return. If I have is being filed with a state agency(ies) regulating charities as part of the IRS Fed/Stat enter my PIN on the return's disclosure consent screen.	.,
As an officer of the organization, I will enter my PIN as my signature on the organization indicated within this return that a copy of the return is being filed with a state agency program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	.6444815209 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronica confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Mc <i>e-file</i> Providers for Business Returns.	, .
ERO's signature	Date 11/13/13
ERO Must Retain This Form - See Ins	structions
Do Not Submit This Form To the IRS Unless Re	equested To Do So
LHA For Paperwork Reduction Act Notice, see instructions. 223051 11-05-12	Form 8879-EO (2012)

11271113 101824 0015209

45 2012.05000 REACH THE CHILDREN, INC. 2012 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - REACH THE CHILDREN, INC.

Asset No.	Description	Dat Acqui	e ired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	PROJECTOR	0808	302	SL	5.00	16	2,591.			2,591.	2,591.		0.
2	2LAPTOP COMPUTER		707	200DB	5.00	17	2,125.			2,125.	2,003.		122.
3	COMPUTER	0809	911	200DB	5.00	17	394.			394.	79.		126.
	PRINTER * TOTAL 990 PAGE 10	0809	911	200DB	5.00	17	99.			99.	20.		32.
	DEPR						5,209.		0.	5,209.	4,693.	Ο.	280.

Rem CHAR500	New York State Department of Law (Office of the Attor Charities Bureau - Registration Section	ney General)	2012
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 610 and CHAR 006)	120 Broadway New York, NY 10271 http://www.charitiesnys.com	New York, NY 10271	
1. General Information			
a. For the fiscal year beginni	ing (mm/dd/yyyy) 01/01/2012 and ending (mm/dd/yyyy)	12/31/20)12
b. Check if applicable for NYS:	d. Fed. employer ID no. (EIN) 16-1569622		
Name change	e. NY State registration no. 06-78-61		
Final filing Amended filing	f. Telephone number 585 223 3344		
NY registration pending	g. Email		

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a President or Authorized Officer	X. Claws-	KEVIN CLAWSON	PRESIDENT	11.16.13
C. + ICONCH OF AURICIESC ONCE	Signature	Printed Name	Title	Date
h Chief English Officer or Treas	May m Han	us Mary M Harris	Exec. Dir.	11.16.13
	Signature	Printed Name	Title	Date

3. Annual Report I	Exemption Information						
 a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. 							
	NOTE: An organization may claim this exemption if no PFR or FRC was used <u>and</u> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.						
b. EPTL annual re Check	port exemption (EPTL registrants and dual registrants) if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.						
	A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above Do not submit a fee. do not complete the following schedules and do not submit any attachments to this form.						
4. Article 7-A Sch	sdules						
a. Did the organizati * If "Yes", compl	k the Article 7-A annual report exemption above, complete the following for this fiscal year: ion use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? Yes* X No ete Schedule 4a.						
D. DIO THE ORGANIZATI	ion receive government contributions (grants)?						

		, complete		ountributions

5. Fee Submitted: See last page for summ	ary of fee requirements.		
Indicate the filing fee(s) you are submitting a	long with this form:		
a. Article 7-A filing fee	\$	25.	Submit only one check or money order for the
b. EPTL filing fee	\$	25.	total fee, payable to "NYS Department of Law"
c. Total fee	\$	50.	
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6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments 📸 📸

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1 01-21-13 1019 CHAR500 - 2012

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2012.05000 REACH THE CHILDREN, INC.

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REACH THE CHILDREN, INC. 5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type		Fee Instructions			
•	Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.			
•	EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.			
•	Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.			

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers		
Filing Fee X Single check or money order payable to "N	NYS Department of Law"	
Copies of Internal Revenue Service Forms IRS Form 990 All required schedules (including Schedule B) IRS Form 990-T	IRS Form 990-EZ All required schedules (including Schedule B) IRS Form 990-T	IRS Form 990-PF All required schedules (including Schedule B) IRS Form 990-T

Additional Article 7-A Document Attachment Requirement
Independent Accountant's Report
X Audit Report (total support & revenue more than \$250,000)
Review Report (total support & revenue \$100,001 to \$250,000)
No Accountant's Report Required (total support & revenue not more than \$100,000)

4 268481 01-21-13 **CHAR500 - 2012**