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Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	55,177.	43,243.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	55,177.	43,243.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,177.	43,243.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28 <u>SEE SCHEDULE O</u> ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	76,712.
29 <u>SEE SCHEDULE O</u> ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	18,924.
30 <u>SEE SCHEDULE O</u> ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	17,963.
31 Other program services (describe in Schedule O) <u>SEE SCHEDULE O</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	2,918.
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	116,517.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHEILA ATWELL PRESIDENT	2	0.	0.	0.
BRENNA VAUGHN EXECUTIVE DIR.	40	3,000.	0.	0.
SIMONNE GALLATY SECRETARY	2	0.	0.	0.
SCOTT KING TREASURER	4	0.	0.	0.
KATEY GREENE DIRECTOR	2	0.	0.	0.
LORENE LILLARD-JOOS DIRECTOR	4	0.	0.	0.
JUDY O'BRIAN DIRECTOR	4	0.	0.	0.
TOM SRSICH DIRECTOR	2	0.	0.	0.
MARIA CAMP EXECUTIVE DIREC	40	23,000.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0"/>		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text" value="N/A"/>		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 <input type="text" value="N/A"/>		
b Gross receipts, included on line 9, for public use of club facilities <input type="text" value="N/A"/>		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0"/>		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed <input type="text" value="NONE"/>		

42 a The organization's books are in care of Telephone no.
 Located at ZIP + 4

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. <input type="text" value="Uganda"/>	X	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. <input type="text" value="Uganda"/>	X	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

b If 'Yes,' was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Scott G. King* Date: 5/15/13
 Type or print name and title: Scott G. King, Treasurer

Print/Type preparer's name: JOHN SEEVERS, CPA
 Preparer's signature: *[Signature]* Date: 4/29/13
 Check if self-employed PTIN: P00548786
 Firm's name: VALENTINE SEEVERS & ASSOCIATES PC - CPAS
 Firm's address: 28000 MEADOW DR. NO. 104 EVERGREEN, CO 80439
 Firm's EIN: 41-2176587
 Phone no: (303) 674-5561

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization

Employer identification number

INTO YOUR HANDS

20-8595073

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives (1) more than 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 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.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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')	152,879.	111,083.	140,936.	131,218.	180,804.	716,920.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	152,879.	111,083.	140,936.	131,218.	180,804.	716,920.
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)						0.
6 Public support. Subtract line 5 from line 4						716,920.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	152,879.	111,083.	140,936.	131,218.	180,804.	716,920.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	731.	409.	43.	9.	25.	1,217.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 Total support. Add lines 7 through 10						718,137.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.83 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.81 %

16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3% support tests – 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

INTO YOUR HANDS

Employer identification number

20-8595073

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

EMPOWERING CHILDREN AND FAMILIES THROUGH EDUCATION AND ENTERPRISE.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION: OVERVIEW: INTO YOUR HANDS-AFRICA'S MISSION IS TO UNLOCK THE POTENTIAL OF YOUTH AND THEIR FAMILIES THROUGH EDUCATION AND ENTERPRISE DEVELOPMENT. TO THIS END INTO YOUR HANDS-AFRICA SUPPORTS A VARIETY OF ACTIVITIES TO ACHIEVE THIS MISSION. THE ORGANIZATION PROVIDES SCHOLARSHIPS TO SECONDARY STUDENTS AT ST. DENIS SECONDARY SCHOOL IN MAKONDO, UGANDA. THEY SUPPORT STUDENTS IN ALL GRADES AND WORK TOWARD ALLOWING A GREATER PERCENTAGE OF GIRLS' ACCESS TO EDUCATION THROUGH THESE SCHOLARSHIPS. IN ADDITION TO THE SCHOLARSHIPS, THE ORGANIZATION PROVIDES TERTIARY AND UNIVERSITY SCHOLARSHIPS TO STUDENTS WHO CONTINUE ON IN STUDY. THIS POPULATION OF STUDENTS REPRESENTS LESS THAN 5% OF STUDENTS IN UGANDA. THIS OPPORTUNITY TO CONTINUE IN SCHOOL IS A RARE OPPORTUNITY AND IS SHOWING STUDENTS THAT THERE IS A PATH FORWARD THROUGH EDUCATION. IN 2012, 140 STUDENTS RECEIVED SCHOLARSHIPS FROM THE ORGANIZATION.

IN ADDITION, IN 2012 INTO YOUR HANDS-AFRICA STARTED WORK ON THE LIFE SKILLS CURRICULUM TO PROVIDE INVALUABLE EDUCATIONAL OPPORTUNITIES NOT CURRENTLY TAUGHT AT SCHOOL OR IN THE HOMES. THESE SKILLS INCLUDE ADOLESCENT DEVELOPMENT ISSUES, PUBERTY, NUTRITION, HEALTHY RELATIONSHIPS, BUSINESS PLANNING, FINANCIAL MANAGEMENT AND LEADERSHIP. THIS FOUR-YEAR CURRICULUM WILL BE TAUGHT WITHIN THE SCHOOL DAY. IN 2012, CURRICULUM REVIEW BEGAN TO ENSURE LOCAL OWNERSHIP AND CULTURAL APPROPRIATENESS.

IN 2012 INTO YOUR HANDS-AFRICA ALSO SUPPORTED THE BLUEPRINTS FOR CREATION OF A DINING HALL AT ST. DENIS SECONDARY SCHOOL. THE ORGANIZATION ALSO PROVIDED A

Name of the organization

INTO YOUR HANDS

Employer identification number

20-8595073

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DONATION TO MEDICAL MISSIONARIES OF MARY WHO SUPPORT THE COMMUNITY THROUGH A VAST ARRAY OF HEALTH PROGRAMS AND MEDICAL TREATMENTS WHICH ARE OTHERWISE UNAVAILABLE TO THE COMMUNITY. THEIR SUPPORT OF THE ORGANIZATION HAS BEEN INVALUABLE TO KEEP THE COMMUNITY HEALTHY AND PROVIDE SUPPORT TO INTO YOUR HANDS-AFRICA ON A VARIETY OF HEALTH INITIATIVES RELATED TO SCHOOL-AGED CHILDREN SUCH AS EYE SCREENINGS.

FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ENTREPRENEURSHIP: OVERVIEW: THE SECOND PRONG OF INTO YOUR HANDS-AFRICA'S MISSION IS ENTERPRISE. IN UGANDA, FAMILIES DO NOT HAVE EASY ACCESS TO LOANS OR NEW ENTERPRISE ACTIVITIES. INTO YOUR HANDS-AFRICA CONTINUES ITS MISSION THROUGH PROVIDING THE SEND AND PIGLET/GOAT HOME PROGRAMS. THIS PROGRAM PROVIDES A STUDENT AND THEIR FAMILY TRAINING AND START UP MATERIALS TO REAR AN ANIMAL. FROM THIS PROJECT THE STUDENT AND FAMILY HAVE INCOME THROUGH OFFSPRING WHICH ALLOWS THEM TO PASS FORWARD AN ANIMAL TO THE NEXT RECIPIENT, AND THEN HAVE INCOME TO AFFORD FEES FOR SCHOOL AND HOUSEHOLD MATERIALS. ADDITIONALLY, THESE RECIPIENTS ARE THEN ABLE TO RETAIN A GOAT OR PIG FROM A LITTER AND EXPAND THEIR BUSINESS. THE SKY IS TRULY THE LIMIT FOR THESE PROJECTS. BASED ON THESE SUCCESSFUL PROGRAMS, INTO YOUR HANDS-AFRICA HAS SUCCESSFULLY PILOTTED A PROJECT CALLED THE CLONAL COFFEE PROJECT. THIS PROJECT PROVIDES TRAINING AND SEEDS FOR A FAMILY TO START A COFFEE PLANTATION. THE RECIPIENT IS RESPONSIBLE FOR CLEARING THE LAND, FINDING MULCH AND DIGGING THE HOLES. AFTER SHOWING SUCCESSFUL COMPLETION THEY ATTEND TRAINING ON CROP MANAGEMENT, THEY RECEIVE THE PLANTS. AFTER THREE YEARS THE CROPS START PRODUCING AND CONTINUE PRODUCING FOR UP TO SIXTY YEARS. THE INCOME LITERALLY INCREASES A FAMILY'S INCOME BY TENFOLD. THIS PROJECT IS STILL IN THE PILOT PHASE AS THE FIRST CROPS HAVE YET TO YIELD. THE ENTREPRENEURSHIP ACTIVITIES CONTINUE IN MAKONDO AND NAMABAALÉ BY SUPPORTING NEW PROJECTS AND MONITORING ONGOING PROJECTS IN EACH AREA.

Name of the organization

Employer identification number

INTO YOUR HANDS

20-8595073

FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITY: OVERVIEW: THIS PART OF INTO YOUR HANDS-AFRICA'S WORK IS THE BRIDGE BETWEEN EDUCATION AND ENTERPRISE. THE COMMUNITY IS THE UNDERPINNING FOR ALL OTHER WORK. INTO YOUR HANDS-AFRICA HAS FOUND THAT BY SUPPORTING PARENTS AND COMMUNITIES THROUGH DEVELOPMENT ACTIVITIES THAT THEY IN TURN SUPPORT THE SCHOOLS AND STUDENTS.

INTO YOUR HANDS-AFRICA WORKS WITH PARENTS DEVELOPMENT ASSOCIATIONS IN TWO OPERATING AREAS TO PROVIDE THREE TRAINING SESSIONS ANNUALLY THAT ARE SELECTED BY THE GROUP. TOPICS INCLUDE CROP ROTATION, GENDER ROLES, IRRIGATION MANAGEMENT, AND BUSINESS PLANNING. THROUGH THESE TRAINING OPPORTUNITIES, FAMILIES GAIN KNOWLEDGE AND FULLY UNDERSTAND THE IMPORTANCE OF EDUCATION. IN TURN, INTO YOUR HANDS-AFRICA FINDS SUPPORT OF THE SCHOOLS, STUDENTS, AND IMPROVED COMMUNITY RELATIONS. EACH YEAR INTO YOUR HANDS-AFRICA ALSO SUPPORTS SPECIAL PROJECTS THAT FALL IN LINE WITH THE MISSION OF THE ORGANIZATION. THIS PAST YEAR THIS INCLUDED THE PURCHASE OF LUGANDAN LANGUAGE BOOKS FOR THE ST. DENIS LIBRARY.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

INTO YOUR HANDS

20-8595073

**FORM 990-EZ, PART I, LINE 8
OTHER REVENUE**

MISC

TOTAL	\$	-159.
	\$	<u>-159.</u>

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	1,669.
AWARDS		100.
BANK CHARGES		584.
COMMUNITY SERVICES		73.
CONTRIBUTIONS		5,000.
DIRECT STUD SUPT TERTIARY		11,457.
DIRECT STUD SUPT UNIVER		12,960.
DIRECT STUDENT SUPPORT ST DENI		15,289.
DUES & SUBSCRIPTIONS		494.
INFORMATION TECHNOLOGY		943.
INFRASTRUCTURE PROJECTS		926.
LICENSES/FEES		30.
OFFICE EXPENSES		342.
PARENT LIFE SKILLS		11,086.
PROGRAM DEVELOPMENT		193.
PROGRAM SUPPLIES		4,550.
SEND A PIGLET HOME		6,482.
TELEPHONE		60.
TRAINING		160.
TRAVEL		2,861.
UGANDA CONTRACT SERVICES		2,750.
UGANDA PROGRAM SUPPORT		5,411.
UGANDA WAGES		7,675.
TOTAL	\$	<u>91,095.</u>

**FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
INTO YOUR HANDS - UGANDA		2,918.
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ <u>0.</u>	\$ <u>2,918.</u>