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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ **Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.**

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

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SAVING ORPHANS THROUGH HEALTHCARE AND OUTREACH INC (SOHO)

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
8240 NAAB RD
ROOM/SUITE 160

City or town, state or province, country, and ZIP or foreign postal code
INDIANAPOLIS, IN 46260

D Employer identification number
20-1969248

E Telephone number
(615) 598-8468

F Group Exemption Number ▶

G Accounting Method ☐ Cash ☑ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW SAVINGORPHANS COM

J Tax-exempt status (check only one)? ☑ 501(c)(3) ☐ 501(c)( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 87,646

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	85,808
	2	Program service revenue including government fees and contracts		2	61
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	1,777	
	c	Less direct expenses from gaming and fundraising events	6c	567	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	1,210
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	87,079
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	21,037
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	862
	16	Other expenses (describe in Schedule O)		16	66,396
	17	**Total expenses.** Add lines 10 through 16 ▶		17	88,295
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,216
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	14,577
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	13,361

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	1,980	22	13,703
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	20,597	24	20,241
25	**Total assets**	22,577	25	33,944
26	**Total liabilities** (describe in Schedule O)	8,000	26	20,583
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	14,577	27	13,361

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . ☑

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

What is the organization's primary exempt purpose?
THE PRIMARY PURPOSE OF SOHO IS TO HEAL EDUCATE, FEED, PARENT AND NURTURE ORPHANS AND VULNERABLE CHILDREN, PARTICULARLY FROM CHILD HEADED HOUSEHOLDS IN COMMUNITIES DEVASTATED BY HIV/AIDS THE PROGRAMS ADDRESS FOOD, EDUCATION, HEALTH CARE, EMOTIONAL WELLBEING AND LIFE SKILLS, IMPACTING PHYSICAL, AND MENTAL HEALTH AND IMPARTING INNER STRENGTH AND SPIRITUAL NURTURE THE GOAL IS TO IMPROVE THE QUALITY OF LIFE OF THE POPULATION SERVED AND TO IMPROVE LIFE EXPECTANCY OF THE CHILDREN

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

28 SOHO PROGRAMS INCLUDE THE ESTABLISHMENT OF WELCOME PLACES, IN COOPERATION WITH SOHO-SWAZILAND, WHICH ARE MULTIPURPOSE CENTERS TO SCHOOL, FEED AND NURTURE ORPHANED CHILDREN AS WELL AS TO SERVE THE BROADER COMMUNITY SOHO PROGRAMS ALSO INCLUDE HOMESTEAD SUPPORT AND COMMUNITY GARDENS THERE IS A WELCOME PLACE IN MHLOSHENI AND A SECOND CLOSE TO COMPLETION IN NHLAMBENI, SWAZILAND MHLOSHENI WELCOME PLACE HAS A PRE-SCHOOL AND A FEEDING PROGRAM FOR ORPHANS FROM SURROUNDING SCHOOLS WEEKLY, CLOSE TO A THOUSAND MEALS ARE PROVIDED TO CHILDREN THERE THERE IS ALSO A FEEDING PROGRAM IN NHLAMBENI WHERE A NEW PRE-SCHOOL OPENED ON JANUARY OF 2013 THERE ARE APPROXIMATELY 50 CHILDREN AT THE SCHOOL APPROXIMATELY 245 MEALS ARE FED TO THESE CHILDREN WEEKLY FUNDS WERE SENT TO THE PRE-SCHOOL DURING 2012 TO ASSIST WITH THE CONSTRUCTION AND OPERATING STARTUP NEEDS THE TOTAL FOOD CONSUMPTION AT THE CENTERS ARE APPROXIMATELY 43,760 MEALS FOR THE YEAR IN ADDITION, FOOD PARCELS ARE PROVIDED FOR FAMILIES AT RISK, CONSISTING OF A MONTH'S SUPPLY OF MAIZE, BEANS, SOUP MIX AND OTHER ESSENTIALS THERE ARE OVER 1000 DELIVERIES TO HOUSEHOLDS ANNUALLY WELCOME PLACES ACCOMMODATE HUNDREDS OF ORPHANS AND PROVIDE INDOOR MULTIPURPOSE SPACE FOR MEALS EDUCATIONAL SUPPORT, HEALTH EVALUATIONS AND SKILLS EDUCATION COMMUNITY GARDENS PROVIDE FRESH VEGETABLES FOR THE ORPHANS AND FRESH PRODUCE FOR SALE SO THAT FUNDS ARE GENERATED TO SUPPORT THE PROGRAM SOHO HAS A TRAINING PROGRAM FOR OLDER COMMUNITY MEMBERS CALLED RURAL HEALTH MOTIVATORS, TO EDUCATE THEM IN AIDS PREVENTION AND DRUG ABUSE PREVENTION THEY ARE THEN EQUIPPED WITH FLIP CHARTS SO THAT THEY CAN MAKE PRESENTATIONS IN AREA PUBLIC SCHOOLS WHERE ADEQUATE AIDS PREVENTION TRAINING IS LACKING TO DATE OVER 3000 CHILDREN HAVE BEEN TAUGHT THROUGH THIS PROGRAM A SECOND CAPACITY BUILDING PROGRAM IS THE CRISIS AND SUICIDE TRAIN THE TRAINER PROGRAM CONDUCTED IN PARTNERSHIP WITH NOVA SOUTHEASTERN UNIVERSITY IN RESPONSE TO THE INCREASE IN JUVENILE SUICIDE SEMINARS WERE PROVIDED TO SCHOOLS, CLERGY, NGOS AND STUDENTS SOHO HAS SHIPPED CONTAINERS WITH MEDICAL SUPPLIES, CLOTHING, SCHOOL SUPPLIES, TOYS AND OTHER ITEMS NEEDED FOR CLINICS OR THE WELCOME PLACE THE SHIPMENT ALSO INCLUDES SCHOOL BOOKS, GARDEN TOOLS, SCHOOL FURNITURE, BIBLES AND INSPIRATIONAL MATERIAL TO SUPPORT THE EMOTIONAL GROWTH OF THE INDIVIDUALS AND TO NURTURE THE SPIRITUALLY VOLUNTEER TEAMS DISTRIBUTE THE CLOTHING, TYPICALLY AT RURAL CLINIC OUTREACH, SCHOOLS,AND DURING HOMESTEAD VISITS A TEAM OF 15 PARTICIPANTS WORKED IN CLINICS, SERVING OVER 3,100 IN 2010 SIX 40-FOOT CONTAINERS OF WHEELCHAIRS, AMBULATORY AIDS, HOSPITAL EQUIPMENT, HYGIENE KITS SHOES, CLOTHING, TOYS AND EDUCATIONAL SUPPLIES WERE PROVIDED DURING 2010, AND OVER 20,800 MEALS WERE SERVED DURING 2010 SOHO PROGRAMS ALSO INCLUDE VOLUNTEER MISSION TRIPS TWO VOLUNTEER MISSION TRIPS HAVE RESULTED IN THE DISTRIBUTION OF THE CONTAINER CONTENTS AS WELL AS HEALTH EXAMINATIONS AND MEDICAL TREATMENTS FOR PHYSICAL WELL BEING THOUSANDS OF ORPHANS HAVE RECEIVED MEDICAL TREATMENTS OR HEALTH EXAMINATIONS UNDER THESE PROGRAMS
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a** 36,815

29 SOHO HAS FORMED A NETWORK TO PARTNER WITH OTHER ORGANIZATIONS WORLDWIDE, WHICH ALLOW SUCH ORGANIZATION TO PROVIDE ADDITIONAL GOODS AND SERVICES, CONSISTENT WITH OUR MISSION, VISION OR EXPERTISE WHICH IMPROVES THE LIVES OF ORPHANS AND THE ELDERLY, ONE COMMUNITY AT A TIME ONE SUCH "PARTNER" ORGANIZATION IS LOCATED IN AUSTRALIA GOODS ARE DONATED BY INDIVIDUALS IN AUSTRALIA RESTRICTED FOR SOHO PROGRAMS VOLUNTEERS WHO ARE GOING TO AFRICA TAKE THE CRATES LOADED WITH DONATED ITEMS WITH THEM TO SWAZILAND OVER 3200 INDIVIDUAL ITEMS HAVE BEEN PROVIDED TO SWAZILAND RECIPIENTS FROM AUSTRALIAN SUPPORTERS ANOTHER "PARTNER" IS THE SEEDS OF HOPE (SOHO) REGISTERED IN SWAZILAND, AFRICA, GIVING THE ADVANTAGE OF A PHYSICAL PRESENCE ON THE GROUND TO FULFILL THE MISSION SOHO SWAZILAND SERVES AS AN AGENT OF SOHO USA, CARRYING OUT THE SERVICE REQUIREMENTS OF THE VARIOUS PROGRAMS FUNDED BY THE US ORGANIZATION SOHO DOES NOT DIRECTLY CONTROL SOHO-SWAZI BUT THERE IS ONE COMMON BOARD MEMBER AND SOHO PROVIDES FUNDING FOR PROGRAMS AND CONTRACT SUPPORT SOHO SEEKS TO EMPOWER WOMEN, PROVIDING HEALTH SCREENING, EDUCATION AND SKILLS DESIGNED TO HELP THEM BETTER SERVE AND PROTECT THE CHILDREN WHO LIVE IN THEIR VICINITY IN KIND OFFICE SPACE, UTILITIES AND PHONE SERVICES WERE CONTRIBUTED TO SOHO DURING THE YEAR THE IN-KIND OFFICE SPACE, UTILITIES AND FACILITIES ARE VALUED AT 85,372, BUT IS NOT INCLUDED IN THE INCOME OR EXPENSES FOR SOHO THE IRS RECOMMENDS THESE SERVICES NOT BE REPORTED HOWEVER, THE SERVICES ARE INTEGRAL TO THE PROGRAM, ALLOWING SOHO THE ABILITY TO COORDINATE THE PROGRAM SERVICES WORLDWIDE
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☑ **29a** 1,250

30 CHILD HEADED HOUSEHOLDS - AS CHILD HEADED HOUSEHOLDS LACK EFFECTIVE ADULT SUPERVISION, CHILDREN ARE AT RISK OF ABUSE AND EXPLOITATION OR DISEASE EDUCATED AND EQUIPPED, WOMEN CAN BE BETTER CARE GIVERS, COMMUNITY EDUCATORS, MENTORS, INCOME-EARNERS AND ROLE MODELS WOMEN ARE SEEN AS ESSENTIAL ELEMENTS TO REVIVE AND REBUILD COMMUNITIES PLAFAA - PEER LEADERS FOR AIDS-FREE AFRICA AND AMERICA IS A PEER-TO-PEER COLLABORATIVE PROGRAM OF SOHO DESIGNED TO EMPOWER AMERICAN YOUTH BETWEEN THE AGES OF 17 AND 19 TO BECOME ACTIVE PARTICIPANTS IN THE PREVENTION OF HIV/AIDS AND STI'S, AND BE ADVOCATES FOR HEALTHY LIFESTYLES BOTH AT HOME AND ABROAD
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a** 43,981

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 82,046

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
See Additional Data Table				

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	**33**		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	**34**		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	**35a**		No
b	If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O	**35b**		
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	**35c**		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	**36**		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ **37a**			
b	Did the organization file **Form 1120-POL** for this year?	**37b**		No
38a	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? . .	**38a**	Yes	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . **38b** 10,445			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . **39a**			
b	Gross receipts, included on line 9, for public use of club facilities **39b**			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
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	**40b**		No
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 . . . ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____			
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	**40e**		No

41 List the states with which a copy of this return is filed ▶ IN

42a The organization's books are in care of ▶ DEBORAH JAMIESON Telephone no ▶ (615) 598-8468

Located at ▶ 8240 NAAB RD SUITE 320 INDIANAPOLIS, IN ZIP + 4 ▶ 46260

			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)?	**42b**		No
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	**42c**		No
	If "Yes," enter the name of the foreign country ▶ _____			

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 . . . . ▶ **43**

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

			Yes	No
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	46		No

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 ☐

			Yes	No
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	47		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
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	(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 business address of each independent contractor	(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.

Sign Here

****** 2014-11-17
Signature of officer Date

CYNTHIA PRIME CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
LORI PIERSON		2014-11-17		P00358786
Firm's name ▶ LORI A PIERSON CPA			Firm's EIN ▶ 35-2191732	
Firm's address ▶ PO BOX 6466 SPOKANE, WA 992170908			Phone no (509) 465-0762	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☑ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 20-1969248
Name: SAVING ORPHANS THROUGH HEALTHCARE AND OUTREACH INC (SOHO)

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CYNTHIA J PRIME SECRETARY	50 00	0		
JUDITH STORFJELL TREASURER	5 00	0		
DR LOURDES MORALES GUDMUNDSON BOARD MEMBER	5 00	0		
DAVID J CAMPBELL BOARD MEMBER	5 00	0		
LAWRENCE GERATY CHAIR	5 00	0		
CAROL EASLEY ALLEN VICE CHAIR	5 00	0		
REBEKAH WANG BOARD MEMBER	5 00	0		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAVING ORPHANS THROUGH HEALTHCARE AND OUTREACH INC (SOHO)

Employer identification number
20-1969248

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 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

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 it 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?

	Yes	No
(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? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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 col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	157,889	184,523	164,084	73,894	85,808	666,198
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	157,889	184,523	164,084	73,894	85,808	666,198
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						666,198

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	157,889	184,523	164,084	73,894	85,808	666,198
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)	35	1,815	73	389		2,312
11 **Total support** (Add lines 7 through 10)						668,510

12 Gross receipts from related activities, etc (see instructions)	12	1,838

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99 650 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	97 860 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and 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—2012.** 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—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly 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 year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 lines 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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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 ▶☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 2,312

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAVING ORPHANS THROUGH HEALTHCARE AND OUTREACH INC (SOHO)

Employer identification number
20-1969248

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) DAVID CAMPBELL	BOARD MEMBER	ADVANCE FOR PRINTING/PUBLISHG BOOK	X		8,000	8,000		No	Yes			No
(2) CYNTHIA PRIME	BOARD OFFICER	ADVANCE FOR BOOK, CASH FLOW NEEDS	X		2,645	2,445		No	Yes			No
Total		▶ $				10,445						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART V	CYNTHIA WROTE A BOOK ABOUT THE PEOPLE OF SWAZILAND AND THEIR STORIES, WITH PICTURES OF THE CHILDREN TAKEN BY JOSEF KISSINGER, A COFFEE TABLE BOOK CALLED THE HOPE SEEKERS, WHICH WAS PUBLISHED THE HOPE SEEKERS BOOK IS GIVEN AWAY TO DONORS AS A DE MINIMUS GIFT FOR CONTRIBUTIONS OF 100 OR MORE AND ARE ALSO AVAILABLE FOR SALE ALL PROCEEDS BENEFIT SOHO THE INITIAL COST OF THE PUBLICATION WAS 8,000 WHICH WAS PAID BY DAVID AS AN UNSECURED LOAN ON BEHALF OF SOHO SOHO WILL PAY THE LOAN BACK TO DAVID WHEN FUNDS ARE AVAILABLE THERE IS NO FORMAL DUE DATE AND IS UNSECURED CYNTHIA PRIME ALSO ADVANCED FUNDS TO PAY FOR PROMOTIONAL BOOKS AND OTHER CASH FLOW NEEDS DURING THE YEAR SOHO WILL PAY BACK THE LOAN WHEN CASH IS AVAILABLE THERE IS NO INTEREST BEING CHARGED TO THE ORGANIZATION FOR THESE LOANS, AND NONE HAS BEEN IMPUTED

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAVING ORPHANS THROUGH HEALTHCARE AND OUTREACH INC (SOHO)

Employer identification number
20-1969248

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	BOOKS/PROMO PRODUCTS COST OF GOODS SOLD 1,485 EXPENSES OFFICE EXP 162 PO BOX RENTAL 31 BANK SERVICE CHARGES 442 INFORMATION TECH /TELEPHONE 2,535 TRAVEL 44,089 INSURANCE 1,078 PROMOTIONAL GIFTS "DREAM" 165 LICENSE & REGISTRATIONS 50 HHO HHO LEASE 59 SUPPLIES -CLOTHING/MEDIC 123 GENERAL SUPPLIES 64 SOHO NHLAMBENI CARE POINT 2,955 HHOHHO FARM 1,250 CHILD-HEADED HOUSEHOLDS 4,945 PEER EDUCATION/AIDS TRNG 2,500 OTHER SUPPLIES 46 CONTAINER SHIPPING 550 NON-INVESTMENT DEPRECIATION 3,867 TOTAL 66,396

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	PLEDGES RECEIVABLE 200 200 INVENTORIES FOR SALE OR USE 881 3,895 PREPAID EXPENSES AND DEFERRED CHARGES 7,562 7,562 FURNITURE & EQUIPMENT 38,479 38,977 LESS ACCUMULATED DEPRECIATION 26,525 30,393 TOTAL 20,597 20,241

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 10,138 LOANS FROM OFFICERS 8,000 10,445

Return Reference	Explanation
FORM 990-EZ, PART III	THE PRIMARY PURPOSE OF SOHO IS TO HEAL EDUCATE, FEED, PARENT AND NURTURE ORPHANS AND VULNERABLE CHILDREN, PARTICULARLY FROM CHILD HEADED HOUSEHOLDS IN COMMUNITIES DEVASTATED BY HIV/AIDS THE PROGRAMS ADDRESS FOOD, EDUCATION, HEALTH CARE, EMOTIONAL WELLBEING AND LIFE SKILLS, IMPACTING PHYSICAL, AND MENTAL HEALTH AND IMPARTING INNER STRENGTH AND SPIRITUAL NURTURE. THE GOAL IS TO IMPROVE THE QUALITY OF LIFE OF THE POPULATION SERVED AND TO IMPROVE LIFE EXPECTANCY OF THE CHILDREN

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	SOHO PROGRAMS INCLUDE THE ESTABLISHMENT OF WELCOME PLACES, IN COOPERATION WITH SOHO-SWAZILAND, WHICH ARE MULTIPURPOSE CENTERS TO SCHOOL, FEED AND NURTURE ORPHANED CHILDREN AS WELL AS TO SERVE THE BROADER COMMUNITY SOHO PROGRAMS ALSO INCLUDE HOMESTEAD SUPPORT AND COMMUNITY GARDENS THERE IS A WELCOME PLACE IN MHLOSHENI AND A SECOND CLOSE TO COMPLETION IN NHLAMBENI, SWAZILAND MHLOSHENI WELCOME PLACE HAS A PRE-SCHOOL AND A FEEDING PROGRAM FOR ORPHANS FROM SURROUNDING SCHOOLS WEEKLY, CLOSE TO A THOUSAND MEALS ARE PROVIDED TO CHILDREN THERE THERE IS ALSO A FEEDING PROGRAM IN NHLAMBENI WHERE A NEW PRE-SCHOOL OPENED ON JANUARY OF 2013 THERE ARE APPROXIMATELY 50 CHILDREN AT THE SCHOOL APPROXIMATELY 245 MEALS ARE FED TO THESE CHILDREN WEEKLY FUNDS WERE SENT TO THE PRE-SCHOOL DURING 2012 TO ASSIST WITH THE CONSTRUCTION AND OPERATING STARTUP NEEDS THE TOTAL FOOD CONSUMPTION AT THE CENTERS ARE APPROXIMATELY 43,760 MEALS FOR THE YEAR IN ADDITION, FOOD PARCELS ARE PROVIDED FOR FAMILIES AT RISK, CONSISTING OF A MONTH'S SUPPLY OF MAIZE, BEANS, SOUP MIX AND OTHER ESSENTIALS THERE ARE OVER 1000 DELIVERIES TO HOUSEHOLDS ANNUALLY WELCOME PLACES ACCOMMODATE HUNDREDS OF ORPHANS AND PROVIDE INDOOR MULTIPURPOSE SPACE FOR MEALS EDUCATIONAL SUPPORT, HEALTH EVALUATIONS AND SKILLS EDUCATION COMMUNITY GARDENS PROVIDE FRESH VEGETABLES FOR THE ORPHANS AND FRESH PRODUCE FOR SALE SO THAT FUNDS ARE GENERATED TO SUPPORT THE PROGRAM SOHO HAS A TRAINING PROGRAM FOR OLDER COMMUNITY MEMBERS CALLED RURAL HEALTH MOTIVATORS, TO EDUCATE THEM IN AIDS PREVENTION AND DRUG ABUSE PREVENTION THEY ARE THEN EQUIPPED WITH FLIP CHARTS SO THAT THEY CAN MAKE PRESENTATIONS IN AREA PUBLIC SCHOOLS WHERE ADEQUATE AIDS PREVENTION TRAINING IS LACKING TO DATE OVER 3000 CHILDREN HAVE BEEN TAUGHT THROUGH THIS PROGRAM A SECOND CAPACITY BUILDING PROGRAM IS THE CRISIS AND SUICIDE TRAIN THE TRAINER PROGRAM CONDUCTED IN PARTNERSHIP WITH NOVA SOUTHEASTERN UNIVERSITY IN RESPONSE TO THE INCREASE IN JUVENILE SUICIDE SEMINARS WERE PROVIDED TO SCHOOLS, CLERGY, NGOS AND STUDENTS SOHO HAS SHIPPED CONTAINERS WITH MEDICAL SUPPLIES, CLOTHING, SCHOOL SUPPLIES, TOYS AND OTHER ITEMS NEEDED FOR CLINICS OR THE WELCOME PLACE THE SHIPMENT ALSO INCLUDES SCHOOL BOOKS, GARDEN TOOLS, SCHOOL FURNITURE, BIBLES AND INSPIRATIONAL MATERIAL TO SUPPORT THE EMOTIONAL GROWTH OF THE INDIVIDUALS AND TO NURTURE THE SPIRITUALLY VOLUNTEER TEAMS DISTRIBUTE THE CLOTHING, TYPICALLY AT RURAL CLINIC OUTREACH, SCHOOLS,AND DURING HOMESTEAD VISITS A TEAM OF 15 PARTICIPANTS WORKED IN CLINICS, SERVING OVER 3,100 IN 2010 SIX 40-FOOT CONTAINERS OF WHEELCHAIRS, AMBULATORY AIDS, HOSPITAL EQUIPMENT, HYGIENE KITS SHOES, CLOTHING, TOYS AND EDUCATIONAL SUPPLIES WERE PROVIDED DURING 2010, AND OVER 20,800 MEALS WERE SERVED DURING 2010 SOHO PROGRAMS ALSO INCLUDE VOLUNTEER MISSION TRIPS TWO VOLUNTEER MISSION TRIPS HAVE RESULTED IN THE DISTRIBUTION OF THE CONTAINER CONTENTS AS WELL AS HEALTH EXAMINATIONS AND MEDICAL TREATMENTS FOR PHYSICAL WELL BEING THOUSANDS OF ORPHANS HAVE RECEIVED MEDICAL TREATMENTS OR HEALTH EXAMINATIONS UNDER THESE PROGRAMS

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 29	SOHO HAS FORMED A NETWORK TO PARTNER WITH OTHER ORGANIZATIONS WORLDWIDE, WHICH ALLOW SUCH ORGANIZATION TO PROVIDE ADDITIONAL GOODS AND SERVICES, CONSISTENT WITH OUR MISSION, VISION OR EXPERTISE WHICH IMPROVES THE LIVES OF ORPHANS AND THE ELDERLY, ONE COMMUNITY AT A TIME. ONE SUCH "PARTNER" ORGANIZATION IS LOCATED IN AUSTRALIA. GOODS ARE DONATED BY INDIVIDUALS IN AUSTRALIA RESTRICTED FOR SOHO PROGRAMS. VOLUNTEERS WHO ARE GOING TO AFRICA TAKE THE CRATES LOADED WITH DONATED ITEMS WITH THEM TO SWAZILAND. OVER 3200 INDIVIDUAL ITEMS HAVE BEEN PROVIDED TO SWAZILAND RECIPIENTS FROM AUSTRALIAN SUPPORTERS. ANOTHER "PARTNER" IS THE SEEDS OF HOPE (SOHO) REGISTERED IN SWAZILAND, AFRICA, GIVING THE ADVANTAGE OF A PHYSICAL PRESENCE ON THE GROUND TO FULFILL THE MISSION. SOHO SWAZILAND SERVES AS AN AGENT OF SOHO USA, CARRYING OUT THE SERVICE REQUIREMENTS OF THE VARIOUS PROGRAMS FUNDED BY THE US ORGANIZATION. SOHO DOES NOT DIRECTLY CONTROL SOHO-SWAZI BUT THERE IS ONE COMMON BOARD MEMBER AND SOHO PROVIDES FUNDING FOR PROGRAMS AND CONTRACT SUPPORT. SOHO SEEKS TO EMPOWER WOMEN, PROVIDING HEALTH SCREENING, EDUCATION AND SKILLS DESIGNED TO HELP THEM BETTER SERVE AND PROTECT THE CHILDREN WHO LIVE IN THEIR VICINITY. IN KIND OFFICE SPACE, UTILITIES AND PHONE SERVICES WERE CONTRIBUTED TO SOHO DURING THE YEAR. THE IN-KIND OFFICE SPACE, UTILITIES AND FACILITIES ARE VALUED AT 85,372, BUT IS NOT INCLUDED IN THE INCOME OR EXPENSES FOR SOHO. THE IRS RECOMMENDS THESE SERVICES NOT BE REPORTED. HOWEVER, THE SERVICES ARE INTEGRAL TO THE PROGRAM, ALLOWING SOHO THE ABILITY TO COORDINATE THE PROGRAM SERVICES WORLDWIDE.

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 30	CHILD HEADED HOUSEHOLDS - AS CHILD HEADED HOUSEHOLDS LACK EFFECTIVE ADULT SUPERVISION, CHILDREN ARE AT RISK OF ABUSE AND EXPLOITATION OR DISEASE. EDUCATED AND EQUIPPED, WOMEN CAN BE BETTER CARE GIVERS, COMMUNITY EDUCATORS, MENTORS, INCOME-EARNERS AND ROLE MODELS. WOMEN ARE SEEN AS ESSENTIAL ELEMENTS TO REVIVE AND REBUILD COMMUNITIES. PLAFAA - PEER LEADERS FOR AIDS-FREE AFRICA AND AMERICA IS A PEER-TO-PEER COLLABORATIVE PROGRAM OF SOHO DESIGNED TO EMPOWER AMERICAN YOUTH BETWEEN THE AGES OF 17 AND 19 TO BECOME ACTIVE PARTICIPANTS IN THE PREVENTION OF HIV/AIDS AND STI'S, AND BE ADVOCATES FOR HEALTHY LIFESTYLES BOTH AT HOME AND ABROAD

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2013

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
SAVING ORPHANS THROUGH HEALTHCARE AND OUTREACH INC (SOHO)	INDIRECT DEPRECIATION	20-1969248

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	249
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not include listed property.)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	3,491
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		249	5 0	MQ	200 DB	12
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs	S/L	
c	40-year			40 yrs	MM	S/L

Part IV **Summary** (see instructions.)

21	Listed property Enter amount from line 28	21	115
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	3,867
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☑ Yes ☐ No | **24b** If "Yes," is the evidence written? ☑ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)					**25**			
26 Property used more than 50% in a qualified business use								
COMPUTER	2009-12-07	100 00 %	1,330	665	5 0	200 DB-HY	115	
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1					**28**		115	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2013 Compensation Explanation

Name: SAVING ORPHANS THROUGH HEALTHCARE AND OUTREACH INC (SOHO)

EIN: 20-1969248

Person Name	Explanation
CYNTHIA J PRIME	
JUDITH STORFJELL	
DR LOURDES MORALES GUDMUNDSON	
DAVID J CAMPBELL	
LAWRENCE GERATY	
CAROL EASLEY ALLEN	
REBEKAH WANG	

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TY 2013 GeneralDependencySmall

Name: SAVING ORPHANS THROUGH HEALTHCARE AND OUTREACH INC (SOHO)

EIN: 20-1969248

Business Name or Person Name:

Taxpayer Identification Number:

Form, Line or Instruction Reference:

Regulations Reference:

Description: OUT OF BONUS DEPR-ALL PROP

Attachment Information: YEAR ENDED: DECEMBER 31, 2013 20-1969248 SAVING ORPHANS THROUGH HEALTHCARE AND OUTREACH, INC. (SOHO) 8240 NAAB RD. 160 INDIANAPOLIS, IN 46260 ELECTING OUT OF BONUS DEPRECIATION ALLOWANCE FOR ALL ELIGIBLE DEPRECIABLE PROPERTY THE TAXPAYER ELECTS OUT OF FIRST-YEAR BONUS DEPRECIATION ALLOWANCE UNDER IRC SECTION 168(K) FOR ALL ELIGIBLE ASSET CLASSES OF DEPRECIABLE PROPERTY ACQUIRED AFTER DECEMBER 31, 2007. THIS ELECTION APPLIES TO ALL ELIGIBLE DEPRECIABLE PROPERTY PLACED IN SERVICE DURING THE TAX YEAR.