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Form **990-E7**

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning 2013, and ending , 20 C Name of organization B Check if applicable: D Employer identification number Address channe The Hope of Africa, Inc. 80-0861850 Name chance Boom/suite Number and street (or P.O box, if mail is not delivered to street address) E Telephone number Initial return 3295 Bell Mountain Drive 716-912-4470 Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Colorado Springs, CO 80918 Number ▶ Application pending Other (specify) ▶ H Check ▶ ☐ if the organization is not G Accounting Method: Website: ▶ http://hopeofafricayouth.com required to attach Schedule B J Tax-exempt status (check only one) - 🗸 501(c)(3) 🔲 501(c) ((Form 990, 990-EZ, or 990-PF).) ◀ (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 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 . Contributions, gifts, grants, and similar amounts received 1 107887 2 2 Program service revenue including government fees and contracts 0 3 3 0 4 Investment income 4 0 5a Gross amount from sale of assets other than inventory 0 Less: cost or other basis and sales expenses 5b 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . C 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 0 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 n Less: direct expenses from gaming and fundraising events . . . 6с 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances . . . 7a 426 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 344 8 679 **ತಾ Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 108910 Net Assets & CANEMERS JUN (10 Grants and similar amounts paid (list in Schedule O) 10 9685 11 Benefits paid to or for members 11 0

For Paperwork Reduction Act Notice, see the separate instructions.

Other expenses (describe in Schedule @)

Total expenses. Add lines 10 through 16

Salaries, other compensation, and employee benefits

Printing, publications, postage, and shipping

Professional fees and other payments to independent contractors

Other changes in net assets or fund balances (explain in Schedule O) . . .

Net assets or fund balances at end of year. Combine lines 18 through 20

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

Cat. No. 106421

Form **990-EZ** (2013)



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3980

61653

75983

32927

1428

770

35125

665

Pa	rt II	Balance Sheets (see the instructions for	or Part II)				
		Check if the organization used Schedule	O to respond to an	y question in this	Part II		🗸
					(A) Beginning of year		(B) End of year
22	Cas	h, savings, and investments		[1428	22	34355
23	Land	d and buildings		[0	23	0
24	Othe	er assets (describe in Schedule O)		[0	24	770
25	Tota	al assets		[1428	25	35125
26	Tota	al liabilities (describe in Schedule O)		[26	O
27	Net	assets or fund balances (line 27 of column	(B) must agree with	ı line 21) [1428	27	35125
Par	t III	Statement of Program Service Accomp	plishments (see th	e instructions for	Part III)		Expenses
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🗸	(Re	equired for section
Wha	t is the	organization's primary exempt purpose?	Youth development/r	nentorship for Afric	an orphan teens	501	I(c)(3) and 501(c)(4)
Desc	nbe th	ne organization's program service accomplis	shments for each of	its three largest r	rogram services.		anizations and section
as n	neasure	ed by expenses. In a clear and concise manefited, and other relevant information for ea	anner, describe the				47(a)(1) trusts; optional others.)
						_	1
28		development - Provided life skills, mentorship,					1
		poorest regions of South Africa. Conducted yo					
		nentorship, and coordinated community service	- -			20.	
20	(Grant					28	a 44978
29		tion - provided school fees, uniforms and board					
		sity application/registration assistance to 6 orp			tutoring from US		
		eacher to improve grades enough for students					_
	(Gran	ts \$ 6485) If this amount	includes foreign gra	nts, cneck nere .	▶ ☑	29	a 23212
30						l	
		••					
	(Grant		includes foreign gra		▶ ⊔	30	a (
31		program services (describe in Schedule O)				١	
	(Gran		includes foreign gra			31	
		program service expenses (add lines 28a t				32	
Par	τιν	List of Officers, Directors, Trustees, and Key				nstr	uctions for Part IV)
		Check if the organization used Schedule	O to respond to ar	, *		.	<u> L</u>
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	benefit plans, and	T.	e) Estimated amount of other compensation
Lloot		le CEO (in Africa for 10 months and in		(ii tiot paid) oito. U	dolorros componedas	+	
		le - CEO (in Africa for 10 months running	00				•
	nistry h		80		<u> </u>	아	U
Andi	ew Lyu	e - President	2				•
	-in Cau	efield. Vice Descident (lives in Manual	2		<u> </u>	<u>"</u>	
		rfield - Vice President (lives in Kenya;			_		
		es Kenya/Uganda programs)	8	 	0	9	0
Amy	Daytor	ı - Secretary/Treasurer	40	ļ			_
			10		0	0	0
1000	Jonns	on - Board Member			_		_
			2		0	0	0
Maui	ie Bani	nsen - Board Member	_		_		_
			2	-	0	<u> </u>	0
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Part	·			_
•	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part \	_	
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	Yes	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		✓
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		
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		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓,
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	200-		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0	38a		/
39	Section 501(c)(7) organizations. Enter:	1 !		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		l i
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			1
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		
С	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			1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		-
41	List the states with which a copy of this return is filed ▶ None (Colorado does not require tax-exempt organization	ns to f	ile)	
42a		716-91	2-447	0
	Located at ► 3295 Bell Mountain Drive, Colorado Springs, CO 80918 ZIP + 4 ►	809	918	T
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)?	401-	Yes	No
	If "Yes," enter the name of the foreign country:	42b	 	-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	-		
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	L	✓
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ <u> </u>	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		ļ	ļ
	explanation in Schedule O	44d	↓	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Page	4

Form	990-	·ΕΖ	120	13)

	•							Yes	No
46		ne organization engage, directly or in			on behalf of	or in opposi	tion 😰	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	to car	ndidates for public office? If "Yes," of	complete Schedule C,	Partl			. 4	6	✓
Part	VI	Section 501(c)(3) organizations	only				•		
		All section 501(c)(3) organization	s must answer que	stions 47-49b an	d 52, and c	omplete th	e tables	for lin	es
		50 and 51.	•		ŕ	•			
		Check if the organization used Sc	nedule O to respond	to any question in	this Part V	ì			
		Check if the organization asca co	icadio o to respond	to any question in	rano rare v	<u></u>		Yes	No
47	Did ti	ne organization engage in lobbying	activities or house a	acation EO1/b) aloca	tion in offoot	during the	tov [163	140
41		If "Yes," complete Schedule C, Par				during the		_	
	•	•					4		/
48		organization a school as described in					. 4		1
49a	Did th	ne organization make any transfers t	o an exempt non-cha	ritable related orga	nization? .		. 49)a	✓
b		s," was the related organization a se					. 49		<u></u>
50	Comp	plete this table for the organization's	five highest compen	sated employees (d	other than of	ficers, direct	tors, trus	stees ar	nd key
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the org	ganization. If	there is non	e, enter	"None."	n
			(b) Average	(c) Reportable		th benefits,			
	(a)	Name and title of each employee	hours per week	compensation		ns to employee s, and deferred		ated amo compensa	
			devoted to position	(Forms W-2/1099-MIS		ensation	Outer C	ompense	LIOI1
Mana					- 				
None									
		· ···		<u> </u>					
					1				
			. =						
f	Total	number of other employees paid ov	er \$100,000	. • 0)			-	
51		olete this table for the organization		ensated independe	nt contracto	rs who eacl	h receivi	ed more	e than
٠.		,000 of compensation from the orga							
	-	<u> </u>	·-			Ι΄			
	(a)	Name and business address of each independent	dent contractor	(b) Type of s	ervice	(0) Compens	sation	
None	-								
INOTIE									
					•				
				-					
						 			
						1			
]		1			
]					
						<u> </u>			
d	Total	number of other independent contri	actors each receiving	over \$100,000 .	. •		0		
52		ne organization complete Schedule			ns and 4947	(a)(1)			
-		xempt charitable trusts must attach					► 17 Y	es 🗆	No
Linder r		of perjury, I declare that I have examined this				he heet of my k		<u> —</u>	
		d complete. Declaration of preparer (other that					Howleage	aria Delici	, 11 13
	rrect, an		-			5/12	114		
	rrect, an	1 /// // // //				<u>フリの</u> ate	77		
Sian	rrect, an	Signature of officer							
Sign		Signature of officer			_	aic			
Sign Here		Amy L. Dayton, Board Treasurer							
Here		Amy L. Dayton, Board Treasurer	Preparer's signature		Date	Check] 4 PII	N	
Here Paid		Amy L. Dayton, Board Treasurer Type or print name and title	Preparer's signature] ft [N	
Paid Prep	parer	Amy L. Dayton, Board Treasurer Type or print name and title	Preparer's signature		Date	Check] ft [N	
Here Paid	parer	Amy L. Dayton, Board Treasurer Type or print name and title Print/Type preparer's name	Preparer's signature		Date F	Check self-emplo] ft [N	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No. 1545-0047

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

Open to Public Inspection

Name	of the organization						1	Employer id	dentificatio	n number		
	lope of Africa, Inc.									61850		
Pai			rity Status (All orga		-	<u>_</u>			nstruction	ons.		
The 6 1 2 3 4	A church, con A school desc A hospital or a A medical resc	vention of churce inbed in section a cooperative hose earch organization	ntion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches th Schedu tion desc	describe ule E.) cribed in s	ed in sec section	tion 170(170(b)(1)((b)(1)(A)(i (A)(iii).		(iii). Ente	r the	
5	☐ An organization	ne, city, and state on operated for a o)(1)(A)(iv). (Coma	the benefit of a collect	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit d	escribed	in
6 7	☐ A federal, stat ✓ An organization	e, or local gover on that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					nit or fror	n the ger	neral put	olic
8	☐ A community	trust described i	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	ert II.)						
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unrelater June 30, 1975. See	an 331/3% ions—sul lated bus	of its subject to desiness tax	upport fro certain ex xable inc	ceptions	s, and (2) ss sectio	no more	e than 33	31/3% of	ıts
10 11	An organization	on organized ar	l operated exclusively nd operated exclusive blicly supported organ describes the type of	ely for th	e benefi describe	t of, to p	perform tion 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2). S	-	
	a ∐ Type I	b ☐ Type	II c ☐ Type III	-Functio	nally inte	grated	d 🔲 .	Type III—N	Non-func	tionally in	tegrated	i
e f	other than fou or section 509 If the organiz organization, o	indation manage (a)(2). ation received a check this box	that the organization ers and other than one a written determination the organization accep	e or more	e publicly the IRS t	support	ed organ	izations o	described II, or Typ 	d in section	on 509(a)	
Ĭ	following pers		g		g c. c.			,				
	(i) A person	who directly or i	ndirectly controls, eithody of the supported o								 	ło
			on described in (1) abo	-						11g(ii	 	
	(iii) A 35% co	ntrolled entity of	a person described in	(i) or (ii) a	above? .					11g(iii	-	
h	Provide the fo	llowing informati	on about the support	ed organi	zation(s).					•	•	
(i)	Name of supported organization	(īi) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	ın col (i) İs	rganization sted in your document?	the organ col. (i) sup	rou notify nization in of your port?	organizat (i) organi	Is the tion in col. ized in the S.?	(vii) Amou	nt of mone opport	ary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)							_					
(D)												
(E)												
			-						1			

Schedu	le A (Form 990 or 990-EZ) 2013							Page 2
Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(îv) and 1	170(b)	(1)(A)(vi)	
	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n faile	d to qua	lify under
-	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Pa	rt III.)	
	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e)	2013	(f) Total
1	Gifts, grants, contributions, and						ļ	
	membership fees received. (Do not						ŀ	
	include any "unusual grants.")						107887	107887
2	Tax revenues levied for the						j	
	organization's benefit and either paid		1					
•	to or expended on its behalf		ļ			ļ		0
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge						ا	_
4	Total. Add lines 1 through 3						0	0
_	-		<u> </u>			 	107887	107887
5	The portion of total contributions by						i	
	each person (other than a governmental unit or publicly		1					
	supported organization) included on		İ			į		
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							29311
6	Public support. Subtract line 5 from line 4.		1	· · · · · · · · · · · · · · · · · · ·		1 .		79346
Secti	on B. Total Support		<u> </u>	•	•	•		
Caler	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e)	2013	(f) Total
7	Amounts from line 4						107887	107887
8	Gross income from interest, dividends,							
	payments received on securities loans,					ŀ	1	
	rents, royalties and income from similar		ļ					
	sources				ļ		0	0
9	Net income from unrelated business					ł	-	
	activities, whether or not the business							
40	is regularly carried on					├	. 0	0
10	Other income. Do not include gain or							
	loss from the sale of capital assets (Explain in Part IV.)			ŀ				
11	Total support. Add lines 7 through 10		ļ-			\vdash	1023	1023
12	Gross receipts from related activities, etc.	(see instructi	Ons)	<u> </u>	L	12		108910
13	First five years. If the Form 990 is for the	-	•	d third fourth	or fifth tax v	ear as	a section	109336
	organization, check this box and stop her	_						
Secti	on C. Computation of Public Suppor							
14	Public support percentage for 2013 (line 6			1. column (fl)		14	-	%
15	Public support percentage from 2012 Sch					15		%
16a	331/3% support test-2013. If the organiz					/3% Or	more, ch	
	box and stop here. The organization qual	ifies as a pub	licly supported	organization				. ▶ □
b	331/3% support test-2012. If the organ	ization did no	ot check a box	c on line 13 o	r 16a, and line	e 15 is	331/3% d	
	check this box and stop here. The organi	zation qualifie	s as a publicly	supported org	ganization .			. ▶ □
17a	10%-facts-and-circumstances test-20	13. If the orga	anization did n	ot check a box	on line 13, 16	Sa, or 1	6b, and li	ine 14 is
		···· ii die olge	winzauoni ulu m	or oricon a box	. On mic 10, 10	πα, ∪ ι Ι	vu, anu n	11412

3	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years organization, check this box and stop here			·
ecti	on C. Computation of Public Support Percentage			. 🔨
4	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	-	<u>%</u>
5	Public support percentage from 2012 Schedule A, Part II, line 14	15		%
6a	331/2% support test-2013. If the organization did not check the box on line 13, and line 14 is 331		more, check this	
	box and stop here. The organization qualifies as a publicly supported organization		🕨	
b	331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line	15 is	331/3% or more,	_
	check this box and stop here. The organization qualifies as a publicly supported organization .		▶	
7a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box ar Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies organization	d sto l as a p	p here. Explain in ublicly supported	
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check the Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization supported organization	nis box n qual	and stop here.	
8	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, chec		hov and soo	Ш
0	instructions		_	
	Sch	edule A	\ (Form 990 or 990-EZ)	2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	1.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees			,		i	
_	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		!		1		
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			1	ĺ		
6	Total. Add lines 1 through 5		1		<u> </u>		
	Amounts included on lines 1, 2, and 3						
14	received from disqualified persons .						
	• •				 		
Þ	Amounts included on lines 2 and 3				1		
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
							
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			ļ	1		
C4:	line 6.)		L				
	on B. Total Support	4 3 0000	T #10040		4.0.040	4.3.0040	(n =
	dar 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				ļ		
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			1			
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						_
	and 12.)			<u> </u>	<u> </u>		<u> </u>
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he					<u> </u>	> 🗀
Secti	on C. Computation of Public Support	rt Percentag	e				
15	Public support percentage for 2013 (line		•			15	<u>%</u>
16	Public support percentage from 2012 Sci			<u> </u>	<u></u>	16	<u> </u>
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (17	%
18	Investment income percentage from 2012					18	%
19a	331/3% support tests-2013. If the organ	ization did not	check the box	x on line 14, a	nd line 15 is m		
	17 is not more than 331/3%, check this box	and stop here	. The organizati	ion qualifies as	a publicly supp	orted organizat	ion . ▶ 🗌
b	331/3% support tests-2012. If the organiz	zation did not d	check a box on	line 14 or line	19a, and line 10	is more than	
	line 18 is not more than 331/23%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	

Schedule A (Form 990 or 990-EZ) 2013 Page
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
The \$1023	in Part II Line 10 includes a \$679 reward rebate from Chase Bank credit card rewards program and a \$344 profit from sale of
merchandi	se

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

PART I Line 10 - \$2,750 grant to HOPE Amplified ministry in Nairobi, Kenya for living/ministry expenses associated with street boy ministry PART I Line 10 - \$5,085 grant to Siyabonga House in Kampala, Uganda for school fees and ministry expenses for orphan care ministry PART I Line 10 - \$450 grant to primary school/community center in Siyaya, Kenya PART I Line 10 - \$1,400 grant to South African orphans for university registration fees and transport costs PART I Line 14 - \$3,980 expense for rent and utilities for ministry house in South Africa
PART I Line 10 - \$450 grant to primary school/community center in Siyaya, Kenya PART I Line 10 - \$1,400 grant to South African orphans for university registration fees and transport costs
PART I Line 10 - \$1,400 grant to South African orphans for university registration fees and transport costs
PART I Line 14 - \$3,980 expense for rent and utilities for ministry house in South Africa
PART I Line 15 - \$100 for newsletter creation; \$499 for postage/shipping; \$66 for copying/printing
PART I Line 16 - \$1,655 for business expenses (wire fees, check fees, ATM fees, webhosting fees, software/hardware, etc)
PART I Line 16 - \$16,937 Plane tickets, trip insurance, accommodations, rental car, etc for three separate team trips to Africa
PART I Line 16 - \$176 for merchandise inventory purchase
PART I Line 16 - \$42,885 for ministry expenses in South Africa, Kenya & Uganda (includes food and living expenses for team trips, costs to
run ministry house in South Africa, cost to run Vacation Bible School programs, AWANA programs and youth camps in South Africa, food
parcels for poor families, Christmas program for street boys in Kenya, school supplies for orphans in Uganda, construction of porch, garde
and chicken coop and purchase of furnishings for ministry house in South Africa, etc)
PART I Line 20/Part II Line 24 - Purchase of following: \$170 - 1TB travel drive; \$200 - 2TB external hard drive; \$300 - Lenovo laptop; \$100 ten
PART III Line 28 - Youth development - Provided life skills, mentorship, and leadership training to 72 orphaned teenagers in one of poorest
regions of South Africa. Conducted youth camps, rented and furnished ministry house to enable daily mentorship, and coordinated
community service projects for the student to learn servant leadership. Provided funding to support ministry to street boys in slums of
Nairobi, Kenya. 22 street boys now reintegrated back into school. Provided funding to enable ministry in Siyaya, Kenya to add kitchen to
newly built pre-school/community center.
PART III Line 29 - Education - Provided school fees, uniforms and boarding costs for 8 orphaned Ugandan students. Provided university
application/registration assistance to 6 orphaned South African students—these 6 orphans now at university on full-ride scholarships.
Provided tutoring from US math teacher to improve grades enough for students to be eligible for university.
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