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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 foundations)

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.

OMB No 1545-1150

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 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. \$ 133,102

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 | 67,493 |
| | 2 | Program service revenue including government fees and contracts | 2 | 45,809 |
| | 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 \$ 812 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 | 19,800 |
| | c | Less direct expenses from gaming and fundraising events | 6c | 8,656 |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 11,144 |
| | 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 | 124,446 |
| 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 | 27,345 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | 676 |
| | 16 | Other expenses (describe in Schedule O) | 16 | 88,025 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 116,046 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 8,400 |
| | 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 | 13,361 |
| | 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 | 21,761 |

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 | 13,703 | 22 | 20,982 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 20,241 | 24 | 19,962 |
| 25 Total assets | 33,944 | 25 | 40,944 |
| 26 Total liabilities (describe in Schedule O) | 20,583 | 26 | 19,183 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 13,361 | 27 | 21,761 |

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

What is the organization's primary exempt purpose?

SAVING ORPHANS THROUGH HEALTHCARE AND OUTREACH (SOHO) IS A 501(C)(3) NONPROFIT ORGANIZATION THAT EXISTS TO HEAL, EDUCATE, FEED, EMPOWER, AND NURTURE ORPHANS AND VULNERABLE CHILDREN (OVC'S), ESPECIALLY CHILD-HEADED HOUSEHOLDS IN COMMUNITIES DEEPLY AFFECTED BY HIV/AIDS, WHICH WILL IMPROVE THEIR QUALITY OF LIFE AND LIFE EXPECTANCY VISION- SOHO'S LONG TERM VISION FOR OVC'S IN AIDS AFFECTED COMMUNITIES IS A SAFE LIVING ENVIRONMENT WHERE THE PHYSICAL, MENTAL, SPIRITUAL, AND EMOTIONAL WELL-BEING OF CHILDREN ARE ADDRESSED, EDUCATION IS SUPPORTED, AND SKILLS ARE DEVELOPED SO THAT THE CHILDREN EMBRACE THEIR PERSONAL WORTH AND REACH THEIR FULL POTENTIAL 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

See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here

28a

29

(Grants \$)

If this amount includes foreign grants, check here

29a

30

(Grants \$)

If this amount includes foreign grants, check here

30a

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

98,163

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 |
|---|--|---|---|--|
| CYNTHIA J PRIME SECRETARY | 5 00 | 0 | | |
| DR LOURDES MORALES GUDMUNDSON BOARD MEMBER | 5 00 | 0 | | |
| DAVID J CAMPBELL BOARD MEMBER | 5 00 | 0 | | |
| CAROL EASLEY ALLEN VICE CHAIR | 5 00 | 0 | | |
| PAUL DOUGLASS BOARD MEMBER | 5 00 | 0 | | |
| KURT MCKINLEY BOARD MEMBER | 5 00 | 0 | | |
| BRUCE SMITH BOARD MEMBER | 5 00 | 0 | | |
| YOLANDA STONEWALL INTERIM SECR | 5 00 | 0 | | |
| JOHN SMITH INTERIM BOAR | 5 00 | 0 | | |
| | | | | |
| | | | | |
| | | | | |

Form 990-EZ (2014)

Part VOther 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 \$ 9,045 | 38b | |
| 39 | Section 501(c)(7) organizations Enter | 39a | |
| 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 | | |
| 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 ▶ | 42b | No |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | |
| c | At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ | 42c | No |
| 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 |
| 49b | 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 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 | <div>*****</div> <div>Signature of officer</div> | | <div>2015-11-16</div> <div>Date</div> | | |
| | <div>CYNTHIA PRIME CEO</div> <div>Type or print name and title</div> | | | | |
| Paid Preparer Use Only | Print/Type preparer's name LORI PIERSON | Preparer's signature | Date 2015-11-16 | Check <input checked="" type="checkbox"/> if self-employed | PTIN P00358786 |
| | Firm's name <input type="checkbox"/> LORI A PIERSON CPA | | | Firm's EIN <input type="checkbox"/> 35-2191732 | |
| | Firm's address <input type="checkbox"/> 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 III - Statement of Program Service Accomplishments

| Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) | |
|--|--|--|--------|
| <p>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 THE MANAGEMENT TEAM FOR THE WELCOME PLACES LIVE ON SITE IN THE COMMUNITY, BUILDING RELATIONSHIPS AND WORKING COLLABORATIVELY WITH THE LEADERS OF THE COMMUNITY TO IMPROVE THE LIVES OF THE CHILDREN 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 THE MHLOSHENI WELCOME PLACE SERVED 132 CHILDREN IN 2014, INCLUDING A PRESCHOOL THAT SERVES 75 CHILDREN IN ADDITION, THE 4,000 SQUARE FOOT MULTI PURPOSE CENTER SERVES AS THE LOCATION FOR FREE CLINICS, TRAINING, AND CONSULTATION WITH DESTITUTE FAMILIES WEEKLY, OVER 1,200 MEALS WERE SERVED TOTALING CLOSE TO 65,000 MEALS IN 2014 FOOD PARCELS ARE ALSO PROVIDED FOR FAMILIES AT RISK, CONSISTING OF A MONTH'S SUPPLY OF MAIZE, BEANS, SOUP MIX AND OTHER ESSENTIALS WITH OVER 1,000 DELIVERIES TO HOUSEHOLDS ANNUALLY THERE IS A FEEDING PROGRAM AT THE WELCOME PLACE IN NHLAMBENI WHERE APPROXIMATELY 50 CHILDREN ATTEND THIS PRESCHOOL THIS HAS ALSO BEEN THE SITE OF COMMUNITY ENRICHMENT ACTIVITIES AND FREE CLINICS 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 WIRE TRANSFERS HAVE BEEN PAID TO SEEDS OF HOPE OUTREACH IN SWAZILAND TO SUPPORT THE MHLOSHENI WELCOME PLACE, HHOHHO FARMS, NHLAMBENI, AND THE OPERATIONS THERE THESE WIRE TRANSFERS TOTALING ABOUT 20,500, AS WELL AS OTHER DIRECT EXPENSES, ARE INCLUDED IN MHLOSHENI WELCOME PLACE EXPENSES, SOHO NHLAMBENI CARE POINT AND HHOHHO FARM EXPENSES ON SCHEDULE O AS PROGRAM RELATED SUPPORT 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, THIS PROGRAM HAS REACHED OVER 3,000 CHILDREN 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</p> <div>(Grants \$) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></div> | | 28a | 24,943 |
| <p>29 OUR PARTNER ORGANIZATIONS INCLUDE SWAZILAND ACTION GROUP AGAINST ABUSE (SWAGAA), NOVA SOUTHEASTERN UNIVERSITY AND INDIANA UNIVERSITY SCHOOL OF NURSING LOCATED AT INDIANA UNIVERSITY PURDUE UNIVERSITY INDIANAPOLIS (IUPUI) ANOTHER "PARTNER" IS SEEDS OF HOPE OUTREACH (SOHO) WHICH IS 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-USA PROVIDES FUNDING FOR PROGRAMS AND CONTRACT SUPPORT IN 2014, TEAMS FROM TWO OF OUR PARTNERS, TOTALING 38 VOLUNTEERS PROVIDED SERVICES THEY WERE DOCTORAL STUDENTS FROM NOVA SOUTHEASTERN UNIVERSITY PROVIDING MENTAL HEALTH ASSISTANCE AND A NURSING TEAM FROM IUPUI THE IUPUI GROUP OF VOLUNTEERS INCLUDED STUDENTS AND FACULTY FROM THE IUPUI HONORS COLLEGE STUDY ABROAD PROGRAM THE PROGRAM WAS AVAILABLE TO HONORS COLLEGE STUDENTS AND THE STUDENTS OF THE IU SCHOOL OF NURSING AND THE SCHOOL OF PUBLIC HEALTH BEFORE DEPARTURE THE STUDENTS STUDIED ISSUES RELATED TO HEALTHCARE IN SWAZILAND WITH A FOCUS ON HIV CARE, SPECIFICALLY, AS WELL AS THE CULTURAL INFLUENCE OF WORKING IN SOUTHERN AFRICA ONCE IN SWAZILAND, THEY WORKED WITH SOHO TO PROVIDE COMMUNITY HEALTHCARE AND OUTREACH AT CLINICS AT THE WELCOME PLACES, AS WELL AS IN THE COMMUNITY THEY SERVED HUNDREDS OF PATIENTS IN COMMUNITY CLINICS SOHO FACILITATED PARTNERSHIP BETWEEN IUPUI AND LOCAL NURSES AND DOCTORS TO PROVIDE HEALTH CARE IN THE CLINICS THE STUDENTS ASSISTED BY SETTING UP THE NURSING STATIONS, COMPILING INVENTORIES, AND TAKING BASIC MEASUREMENTS INCLUDING WEIGHT AND HEIGHT A LOCAL NUTRITIONIST WORKED WITH THE STUDENTS IN PROVIDING AND ORGANIZING A NUTRITIONAL PLAN FOR THE SOHO FEEDING PROGRAM SOHO ALSO FACILITATED A PARTNERSHIP WITH IUPUI AND THE MANZINI HOSPITAL WHERE THE STUDENTS DID MATERNITY, PEDIATRIC, AND INTENSIVE CARE ROTATIONS 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, THIS PROGRAM HAS REACHED OVER 3,000 CHILDREN 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 VOLUNTEER TEAMS DISTRIBUTE CLOTHING THAT HAS BEEN SENT TO SWAZILAND, TYPICALLY AT RURAL CLINIC OUTREACH SCHOOLS AND DURING HOMESTEAD VISITS SOHO HAS FORMED A NETWORK TO PARTNER WITH OTHER ORGANIZATIONS WORLDWIDE WHICH ALLOWS SUCH ORGANIZATIONS TO PROVIDE ADDITIONAL GOODS AND SERVICES, CONSISTENT WITH OUR MISSION, VISION, OR EXPERTISE, TO IMPROVE 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 DESIGNATED FOR SOHO PROGRAMS VOLUNTEERS WHO ARE GOING TO AFRICA TAKE THE CRATES LOADED WITH DONATED ITEMS WITH THEM TO SWAZILAND OVER 3,200 INDIVIDUAL ITEMS HAVE BEEN PROVIDED TO SWAZILAND RECIPIENTS FROM AUSTRALIAN SUPPORTERS PLAFAA- PEER LEADERS FOR AIDS-FREE AFRICA AND AMERICA IS A PEER-TO-PEER COLLABORATIVE PROGRAM OF SOHO DESIGNED FOR 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 IN 2014, THIRTEEN INDIANA HIGH SCHOOL STUDENTS COMPLETED A YEAR OF BI- WEEKLY TRAINING IN HIV, STI, SUICIDE, AND SUBSTANCE ABUSE PREVENTION TRAINING IN PREPARATION FOR TRAVEL TO SWAZILAND IN 2015 THEIR MISSION WAS TO PROVIDE SERVICE LEARNING IN SMALL PEER TO PEER GROUPS IN SWAZI PARTNER HIGH SCHOOLS AND PRIMARY SCHOOLS UPON RETURNING THE STUDENTS ARE EXPECTED TO BE ACTIVE ROLE MODELS IN THEIR COMMUNITIES, STARTING IN THEIR FAMILIES AND IN THEIR SCHOOLS ART FOR SOCIAL CHANGE- THE HOPE SEEKERS EXHIBIT, FORUM AND RECEPTION IS A MULTI PARTNER COLLABORATION FEATURING PHOTOGRAPHS BY THE DOCUMENTARY PHOTOGRAPHER AND SOHO COLLABORATOR, JOSEF KISSINGER THE EXHIBITION TOOK PLACE AND WAS HOUSED IN HERRON SCHOOL OF ART AND DESIGN, MARSH GALLERY FROM FEBRUARY 5-22, 2014 A FORUM AND RECEPTION TOOK PLACE IN WHICH A PANEL DISCUSSED ISSUES SURROUNDING CHILD-LED HOUSEHOLDS AND THE IMPACT OF THE AIDS PANDEMIC IN SWAZILAND PARTICIPANTS IN THE COLLABORATION INCLUDED INDIANA UNIVERSITY- PURDUE UNIVERSITY MUSEUM STUDIES, HERRON SCHOOL OF ART AND DESIGN, AND THE SOLUTIONS CENTER WHO CONTRIBUTED THE FINANCIAL RESOURCES NECESSARY TO MAKE IT POSSIBLE</p> <div>(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div> | | 29a | 42,695 |
| <p>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 SOHO PROGRAMS AT MULTIPURPOSE CENTERS AND WELCOME PLACES STRIVE TO EDUCATE, FEED AND NURTURE ORPHANED CHILDREN</p> <div>(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div> | | 30a | 30,525 |
| <p>SOHO'S HOPE RISING EMPOWERMENT FORUM AND THIRD AWARDS GALA HELD ON OCTOBER 28TH, 2014, HAD A FORUM AND GALA TO RAISE AWARENESS AND SUPPORT FOR CHILD- HEADED HOUSEHOLDS IN SWAZILAND THE FORUM TOOK PLACE IN EARLY AFTERNOON AT THE INTERFAITH CENTER, INDIANAPOLIS WITH AROUND 60 PEOPLE IN ATTENDANCE THE GALA TOOK PLACE THAT EVENING AND RALLIED THE SUPPORT OF 200 PEOPLE IN ATTENDANCE AT THE MANSION AT OAK HILL IN-KIND OFFICE SPACE, UTILITIES, AND PHONE SERVICES WERE CONTRIBUTED FROM ST VINCENT TO SOHO DURING THE YEAR, 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 VALUABLE TO THE PROGRAM, ALLOWING SOHO THE ABILITY TO COORDINATE THE PROGRAM SERVICES WORLDWIDE</p> <div>(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div> | | | |

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

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

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 listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|-----------------------------------|----------|--|---|----|---|---|
| | | | 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 184,523 | 164,084 | 73,894 | 85,808 | 67,493 | 575,802 |
| 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 | 184,523 | 164,084 | 73,894 | 85,808 | 67,493 | 575,802 |
| 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 | | | | | | 575,802 |

| Section B. Total Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 7 Amounts from line 4 | 184,523 | 164,084 | 73,894 | 85,808 | 67,493 | 575,802 |
| 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 VI) | 1,815 | 73 | 389 | | | 2,277 |
| 11 Total support Add lines 7 through 10 | | | | | | 578,079 |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 65,609 |
| 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 | | | | | | ▶ |

| Section C. Computation of Public Support Percentage | | |
|---|---|--------------------------|
| 14 | Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 99 610 % |
| 15 | Public support percentage for 2013 Schedule A, Part II, line 14 | 15 99 650 % |
| 16a | 33 1/3% support test—2014. 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 | <input type="checkbox"/> |
| b | 33 1/3% support test—2013. 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 | <input type="checkbox"/> |
| 17a | 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/> |
| b | 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |

Part IIISupport 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 VI.) | | | | | | |
| 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 section 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|----|--|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | |

| Section D. Computation of Investment Income Percentage | | |
|--|----|--|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . . | 4b | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) . | 7 | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | 8 | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | 10a | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | 10b | |
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | |
| b A family member of a person described in (a) above? | 11b | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|--|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 <u>Activities Test</u> Answer (a) and (b) below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) _____ | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|--|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | |
| a From 2009. | | | |
| b From 2010. | | | |
| c From 2011. | | | |
| d From 2012. | | | |
| e From 2013. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2014 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a From 2010. | | | |
| b From 2011. | | | |
| c From 2012. | | | |
| d From 2013. | | | |
| e From 2014. | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

PART II, LINE 10

OTHER INCOME 2,277

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

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

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

Employer identification number

20-1969248

Part I Fundraising Activities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total ▶ | | | | | | |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|----|---|---------------------|-----------------------|-------------------------------|
| | | <u>GALA EVENT</u> (event type) | <u>(event type)</u> | <u>(total number)</u> | (add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 19,800 | | 19,800 |
| | 2 | Less Contributions . . . | | | |
| | 3 | Gross income (line 1 minus line 2) | 19,800 | | 19,800 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes . . . | | | |
| | 6 | Rent/facility costs . . . | 8,021 | | 8,021 |
| | 7 | Food and beverages . | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses . | 635 | | 635 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | |
| | 11 | Net income summary Subtract line 10 from line 3, column (d) ▶ | | | |
| | | | | | (8,656) |
| | | | | | 11,144 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|---|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses . . . | | | |
| | 6 | Volunteer labor | <div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div> |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | |
| | 8 | Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes

☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes

☐ No

13

Indicate the percentage of gaming activities conducted in

| | | | |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes

☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party

\$ and the \$

c

If "Yes," enter name and address of the third party

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes

☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

\$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule G (Form 990 or 990-EZ) 2014

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

OMB No 1545-0047

2014

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), section 501(c)(4), and 501(c)(29) 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? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|------------------------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | 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 | 1,045 | | No | Yes | | | No |

| | | | | | |
|-------|------|-------|--|--|--|
| Total | ▶ \$ | 9,045 | | | |
|-------|------|-------|--|--|--|

Part III

Grants or Assistance Benefiting 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 |

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.

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

OMB No 1545-0047

2014

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 435 EXPENSES WEB PROMOTIONS 55 OFFICE EXP 319 PO BOX RENTAL 286 BANK SERVICE CHARGES 1,395 OTHER FEES 50 INFORMATION TECH /TELEPHONE 2,465 TRAVEL 8,604 SERVICE LEARNING TRAVEL 31,459 INSURANCE 2,220 SUPPLIES -CLOTHING/MEDIC 425 GENERAL SUPPLIES 218 SOHO NHLAMBENI CARE POINT 1,000 HHOHHO FARM 1,000 CHILD-HEADED HOUSEHOLDS 5,837 OTHER SUPPLIES 85 CONTAINER SHIPPING 600 MHLOSHENI WELCOME PLACE 24,518 VOLUNTEER SERVICE TRAININ 3,000 SERVICE LEARNING 500 SWAZI ADMIN EXP 82 NON-INVESTMENT DEPRECIATION 3,472 TOTAL 88,025 |

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990-EZ, PART II, LINE 24 | PLEDGES RECEIVABLE 200 0 INVENTORIES FOR SALE OR USE 3,895 14,851 PREPAID EXPENSES AND DEFERRED CHARGES 7,562 0 FURNITURE & EQUIPMENT 38,977 38,976 LESS ACCUMULATED DEPRECIATION 30,393 33,865 TOTAL 20,241 19,962 |

| Return Reference | Explanation |
|-------------------------------|--|
| FORM 990-EZ, PART II, LINE 26 | ACCOUNTS PAYABLE AND ACCRUED EXPENSES 10,138 10,138 LOANS FROM OFFICERS 10,445 9,045 |

| Return Reference | Explanation |
|---------------------------|--|
| FORM 990- EZ, PART III | <p>SAVING ORPHANS THROUGH HEALTHCARE AND OUTREACH (SOHO) IS A 501(C)(3) NONPROFIT ORGANIZATION THAT EXISTS TO HEAL, EDUCATE, FEED, EMPOWER, AND NURTURE ORPHANS AND VULNERABLE CHILDREN (OVC'S), ESPECIALLY CHILD-HEADED HOUSEHOLDS IN COMMUNITIES DEEPLY AFFECTED BY HIV/AIDS, WHICH WILL IMPROVE THEIR QUALITY OF LIFE AND LIFE EXPECTANCY VISION- SOHO'S LONG TERM VISION FOR OVC'S IN AIDS AFFECTED COMMUNITIES IS A SAFE LIVING ENVIRONMENT WHERE THE PHYSICAL, MENTAL, SPIRITUAL, AND EMOTIONAL WELL-BEING OF CHILDREN ARE ADDRESSED, EDUCATION IS SUPPORTED, AND SKILLS ARE DEVELOPED SO THAT THE CHILDREN EMBRACE THEIR PERSONAL WORTH AND REACH THEIR FULL POTENTIAL THE GOAL IS TO IMPROVE THE QUALITY OF LIFE OF THE POPULATION SERVED AND TO IMPROVE LIFE EXPECTANCY OF THE CHILDREN</p> |

| Return Reference | Explanation |
|--------------------------------|--|
| FORM 990-EZ, PART III, LINE 28 | <p>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. THE MANAGEMENT TEAM FOR THE WELCOME PLACES LIVE ON SITE IN THE COMMUNITY, BUILDING RELATIONSHIPS AND WORKING COLLABORATIVELY WITH THE LEADERS OF THE COMMUNITY TO IMPROVE THE LIVES OF THE CHILDREN. 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. THE MHLOSHENI WELCOME PLACE SERVED 132 CHILDREN IN 2014, INCLUDING A PRESCHOOL THAT SERVES 75 CHILDREN. IN ADDITION, THE 4,000 SQUARE FOOT MULTI PURPOSE CENTER SERVES AS THE LOCATION FOR FREE CLINICS, TRAINING, AND CONSULTATION WITH DESTITUTE FAMILIES. WEEKLY, OVER 1,200 MEALS WERE SERVED TOTALING CLOSE TO 65,000 MEALS IN 2014. FOOD PARCELS ARE ALSO PROVIDED FOR FAMILIES AT RISK, CONSISTING OF A MONTH'S SUPPLY OF MAIZE, BEANS, SOUP MIX AND OTHER ESSENTIALS WITH OVER 1,000 DELIVERIES TO HOUSEHOLDS ANNUALLY. THERE IS A FEEDING PROGRAM AT THE WELCOME PLACE IN NHLAMBENI WHERE APPROXIMATELY 50 CHILDREN ATTEND THIS PRESCHOOL. THIS HAS ALSO BEEN THE SITE OF COMMUNITY ENRICHMENT ACTIVITIES AND FREE CLINICS. 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. WIRE TRANSFERS HAVE BEEN PAID TO SEEDS OF HOPE OUTREACH IN SWAZILAND TO SUPPORT THE MHLOSHENI WELCOME PLACE, HHOHHO FARMS, NHLAMBENI, AND THE OPERATIONS THERE. THESE WIRE TRANSFERS TOTALING ABOUT 20,500, AS WELL AS OTHER DIRECT EXPENSES, ARE INCLUDED IN MHLOSHENI WELCOME PLACE EXPENSES, SOHO NHLAMBENI CARE POINT AND HHOHHO FARM EXPENSES ON SCHEDULE O AS PROGRAM RELATED SUPPORT. 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, THIS PROGRAM HAS REACHED OVER 3,000 CHILDREN. 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.</p> |

| Return Reference | Explanation |
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| FORM 990- EZ, PART III, LINE 29 | <p>OUR PARTNER ORGANIZATIONS INCLUDE SWAZILAND ACTION GROUP AGAINST ABUSE (SWAGAA), NOVA SOUTHEASTERN UNIVERSITY AND INDIANA UNIVERSITY SCHOOL OF NURSING LOCATED AT INDIANA UNIVERSITY PURDUE UNIVERSITY INDIANAPOLIS (IUPUI) ANOTHER "PARTNER" IS SEEDS OF HOPE OUTREACH (SOHO) WHICH IS 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-USA PROVIDES FUNDING FOR PROGRAMS AND CONTRACT SUPPORT IN 2014, TEAMS FROM TWO OF OUR PARTNERS, TOTALING 38 VOLUNTEERS PROVIDED SERVICES THEY WERE DOCTORAL STUDENTS FROM NOVA SOUTHEASTERN UNIVERSITY PROVIDING MENTAL HEALTH ASSISTANCE AND A NURSING TEAM FROM IUPUI THE IUPUI GROUP OF VOLUNTEERS INCLUDED STUDENTS AND FACULTY FROM THE IUPUI HONORS COLLEGE STUDY ABROAD PROGRAM THE PROGRAM WAS AVAILABLE TO HONORS COLLEGE STUDENTS AND THE STUDENTS OF THE IU SCHOOL OF NURSING AND THE SCHOOL OF PUBLIC HEALTH BEFORE DEPARTURE THE STUDENTS STUDIED ISSUES RELATED TO HEALTHCARE IN SWAZILAND WITH A FOCUS ON HIV CARE, SPECIFICALLY, AS WELL AS THE CULTURAL INFLUENCE OF WORKING IN SOUTHERN AFRICA ONCE IN SWAZILAND, THEY WORKED WITH SOHO TO PROVIDE COMMUNITY HEALTHCARE AND OUTREACH AT CLINICS AT THE WELCOME PLACES, AS WELL AS IN THE COMMUNITY THEY SERVED HUNDREDS OF PATIENTS IN COMMUNITY CLINICS SOHO FACILITATED PARTNERSHIP BETWEEN IUPUI AND LOCAL NURSES AND DOCTORS TO PROVIDE HEALTH CARE IN THE CLINICS THE STUDENTS ASSISTED BY SETTING UP THE NURSING STATIONS, COMPILING INVENTORIES, AND TAKING BASIC MEASUREMENTS INCLUDING WEIGHT AND HEIGHT A LOCAL NUTRITIONIST WORKED WITH THE STUDENTS IN PROVIDING AND ORGANIZING A NUTRITIONAL PLAN FOR THE SOHO FEEDING PROGRAM SOHO ALSO FACILITATED A PARTNERSHIP WITH IUPUI AND THE MANZINI HOSPITAL WHERE THE STUDENTS DID MATERNITY, PEDIATRIC, AND INTENSIVE CARE ROTATIONS 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, THIS PROGRAM HAS REACHED OVER 3,000 CHILDREN 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 VOLUNTEER TEAMS DISTRIBUTE CLOTHING THAT HAS BEEN SENT TO SWAZILAND, TYPICALLY AT RURAL CLINIC OUTREACH SCHOOLS AND DURING HOMESTEAD VISITS SOHO HAS FORMED A NETWORK TO PARTNER WITH OTHER ORGANIZATIONS WORLDWIDE WHICH ALLOWS SUCH ORGANIZATIONS TO PROVIDE ADDITIONAL GOODS AND SERVICES, CONSISTENT WITH OUR MISSION, VISION, OR EXPERTISE, TO IMPROVE 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 DESIGNATED FOR SOHO PROGRAMS VOLUNTEERS WHO ARE GOING TO AFRICA TAKE THE CRATES LOADED WITH DONATED ITEMS WITH THEM TO SWAZILAND OVER 3,200 INDIVIDUAL ITEMS HAVE BEEN PROVIDED TO SWAZILAND RECIPIENTS FROM AUSTRALIAN SUPPORTERS PLAFAA- PEER LEADERS FOR AIDS-FREE AFRICA AND AMERICA IS A PEER-TO-PEER COLLABORATIVE PROGRAM OF SOHO DESIGNED FOR 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 IN 2014, THIRTEEN INDIANA HIGH SCHOOL STUDENTS COMPLETED A YEAR OF BI-WEEKLY TRAINING IN HIV, STI, SUICIDE, AND SUBSTANCE ABUSE PREVENTION TRAINING IN PREPARATION FOR TRAVEL TO SWAZILAND IN 2015 THEIR MISSION WAS TO PROVIDE SERVICE LEARNING IN SMALL PEER TO PEER GROUPS IN SWAZI PARTNER HIGH SCHOOLS AND PRIMARY SCHOOLS UPON RETURNING THE STUDENTS ARE EXPECTED TO BE ACTIVE ROLE MODELS IN THEIR COMMUNITIES, STARTING IN THEIR FAMILIES AND IN THEIR SCHOOLS ART FOR SOCIAL CHANGE- THE HOPE SEEKERS EXHIBIT, FORUM AND RECEPTION IS A MULTI PARTNER COLLABORATION FEATURING PHOTOGRAPHS BY THE DOCUMENTARY PHOTOGRAPHER AND SOHO COLLABORATOR, JOSEF KISSINGER THE EXHIBITION TOOK PLACE AND WAS HOUSED IN HERRON SCHOOL OF ART AND DESIGN, MARSH GALLERY FROM FEBRUARY 5-22, 2014 A FORUM AND RECEPTION TOOK PLACE IN WHICH A PANEL DISCUSSED ISSUES SURROUNDING CHILD-LED HOUSEHOLDS AND THE IMPACT OF THE AIDS PANDEMIC IN SWAZILAND PARTICIPANTS IN THE COLLABORATION INCLUDED INDIANA UNIVERSITY-PURDUE UNIVERSITY MUSEUM STUDIES, HERRON SCHOOL OF ART AND DESIGN, AND THE SOLUTIONS CENTER WHO CONTRIBUTED THE FINANCIAL RESOURCES NECESSARY TO MAKE IT POSSIBLE</p> |

| Return Reference | Explanation |
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| 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. SOHO PROGRAMS AT MULTIPURPOSE CENTERS AND WELCOME PLACES STRIVE TO EDUCATE, FEED AND NURTURE ORPHANED CHILDREN. |

| Return Reference | Explanation |
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| FORM 990- EZ, PART III, LINE 31 | <p>SOHO'S HOPE RISING EMPOWERMENT FORUM AND THIRD AWARDS GALA HELD ON OCTOBER 28TH, 2014, HAD A FORUM AND GALA TO RAISE AWARENESS AND SUPPORT FOR CHILD- HEADED HOUSEHOLDS IN SWAZILAND THE FORUM TOOK PLACE IN EARLY AFTERNOON AT THE INTERFAITH CENTER, INDIANAPOLIS WITH AROUND 60 PEOPLE IN ATTENDANCE THE GALA TOOK PLACE THAT EVENING AND RALLIED THE SUPPORT OF 200 PEOPLE IN ATTENDANCE AT THE MANSION AT OAK HILL IN-KIND OFFICE SPACE, UTILITIES, AND PHONE SERVICES WERE CONTRIBUTED FROM ST VINCENT TO SOHO DURING THE YEAR, 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 VALUABLE TO THE PROGRAM, ALLOWING SOHO THE ABILITY TO COORDINATE THE PROGRAM SERVICES WORLDWIDE</p> |