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Form **990EZ**

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.**

▶ **Go to *www.irs.gov/Form990EZ* for the latest information.**

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FOUNDATION FOR HIVAIDS RELIEF IN SOUTH AFRICA D/B/A HAND IN HAND IN AFRICA

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
2328 GREYMOORE DRIVE

City or town, state or province, country, and ZIP or foreign postal code
FRISCO, TX 75034

D Employer identification number
83-0432560

E Telephone number
(303) 507-1167

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: ▶HTTP //HANDINHANDINAFRICA 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 . . . . . ▶ $ 170,286

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	163,869
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	161
	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 $ 48,968 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	6,256	
	c	Less direct expenses from gaming and fundraising events	6c	7,575	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	-1,319
	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	162,711
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	112,776
	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	5,853
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	12,601
	16	Other expenses (describe in Schedule O)		16	52,665
	17	**Total expenses.** Add lines 10 through 16 ▶		17	183,895
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-21,184
	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	151,991
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	130,807

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	136,777	22	93,167
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	15,538	24	37,640
25 **Total assets**	152,315	25	130,807
26 **Total liabilities** (describe in Schedule O)	324	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	151,991	27	130,807

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
HAND IN HAND IN AFRICA'S MISSION IS TO ASSEMBLE A NETWORK OF TRUSTWORTHY NATIONAL PARTNERS WHO LIVE AND WORK IN THE MOST VULNERABLE NATIONS ON THE AFRICAN CONTINENT WHO SHARE A PASSION OF THE TIRELESS WORK OF COMBATING THE CONSEQUENCES OF THE HIV/AIDS PANDEMIC AND ITS ERADICATION

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 See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30 See Additional Data Table

(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** 143,672

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
DEBRA J LOWERY PRESIDENT	40 00	0	0	0
CHRIS LOTT VICE PRESIDENT	1 73	0	0	0
JOHN MOORE SECRETARY/TREASURER	2 27	0	0	0
BRET ANDREW WILKINSON DIRECTOR	21 00	0	0	0
REGINA DUNCAN DIRECTOR	4 65	0	0	0
JUDITH GAYLE WILKINSON DIRECTOR	21 00	0	0	0
JOAN LOTT DIRECTOR	1 90	0	0	0
CLIF INGRAM DIRECTOR	0 06	0	0	0
LAURIE INGRAM DIRECTOR	0 06	0	0	0
DANIEL R LOWERY DIRECTOR	13 10	0	0	0
DIANA KELLY DIRECTOR	6 06	0	0	0

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 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? . .	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
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 sections4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed ▶			

42a The organization's books are in care of ▶ DEBRA J LOWERY Telephone no ▶ (303) 507-1167

Located at ▶ 6661 SOUTH HILL WAY LITTLETON , CO ZIP + 4 ▶ 80120

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for 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 ?	42c		No
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 43			

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

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

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

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

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

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b If "Yes," was the related organization a section 527 organization?	49b		

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

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations 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

****** Signature of officer — 2019-11-11 Date

DEBRA J LOWERY PRESIDENT Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KYLE FRITCH CPA		2019-11-11		P01313374

Firm's name ▶ EIDE BAILLY LLP — Firm's EIN ▶ 45-0250958

Firm's address ▶ 2950 E HARMONY RD STE 290 FORT COLLINS, CO 805283429 — Phone no (970) 223-8825

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

Additional Data

Software ID:

Software Version:

EIN: 83-0432560

Name: FOUNDATION FOR HIVAIDS RELIEF IN SOUTH AFRICA D/B/A HAND IN HAND IN AFRICA

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 MMAMETLHAKE FAMILY CARE CENTRE (MFCC) - SOUTH AFRICA MMAMETLHAKE FAMILY CARE CENTRE, FOUNDED IN 2003 WITH A VISION IS TO ERADICATE HIV/AIDS, DAILY FIGHTS THE AIDS PANDEMIC BY SERVING AS A SAFE AND PUBLIC REFUGE FOR PEOPLE OF ALL AGES TO TALK, GAIN AWARENESS OF HIV, GET HELP WITH HOMEWORK, VOLUNTEER ON COMMUNITY PROJECTS THE CENTRE EMPLOYS SIX HOME-BASED CARE WORKERS (HBCW, THREE COUNSELORS, ADULT/YOUTH AWARENESS EDUCATORS, CHILDREN'S PROGRAM DIRECTOR AND PROJECT DIRECTOR COUNSELORS SPEND PRIVATE TIME SESSIONS WITH INDIVIDUALS, CALL ON THE SICK, OR PARTICIPATE IN PUBLIC AWARENESS RALLIES HBCW'S CALL ON THE SICK, SPEAK AT RALLIES, SCHOOLS, CLINICS AND HELP WITH ORPHAN AND VULNERABLE CHILDREN (OVC) CARE AFTER SCHOOL PRESENTLY IT IS ESTIMATED THAT THE CENTRE AND THE NEW OVC EXPANSION SITE SEES 400 OVC'S PER DAY THE COUNSELORS AND HBCW'S SEE APPROXIMATELY 300 CLIENTS/WEEK FUNDING FOR MFCC'S FIRST NUTRITION PROJECT (GARDENING) MAKES AVAILABLE THE BEST PRODUCE TO ENHANCE AIDS SUFFERERS' DIET WHICH ENSURES GOOD FUNCTION FROM THEIR MEDICATIONS IT ALSO DRAWS CURIOUS ONLOOKERS INTO CONVERSATION ABOUT STARTING THEIR OWN GARDEN AND WHAT THE SOIL AND WATER AVAILABLE CAN PROVIDE FOR GARDENING OR WHAT MUST BE DONE TO CONVERT PROBLEM SOIL AND WATER HIHIA SUPPORTS MFCC FINANCIALLY AND WITH VOLUNTEER TEAMS, INCLUDING BOARD MEMBERS, TO PROVIDE SPECIFIC SERVICES (Grants $ 60,892) If this amount includes foreign grants, check here . . . ▶ ☑	**28a**	76,190

Form 990EZ, Part III - Statement of Program Service Accomplishments

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29 OCHORRO SIDAI ENKARE COMMUNITY BASED ORGANIZATION (OSECBO) - MAASAI MARA AND SW KENYA THIS KENYA NON-PROFIT WAS FORMED IN 2015 WITH THE GOAL OF ERADICATING HIV/AIDS IN AN AREA INHABITED BY AN ESTIMATED 1,000,000 MAASAI OSECBO CONTINUES TO BE AN EMERGING LEADER IN EDUCATION AND AWARENESS ABOUT HIV/AIDS FOCUS ON BEHAVIORAL ASPECTS LEADING TO AIDS INCLUDES RALLIES AND CLASSES WHERE AUDIENCE INVOLVEMENT INSTILLS THE WISDOM OF SAFE LIFE CHOICES FIGHTING THE AIDS KILLER TAKES YOUNG PEOPLE MILES ACROSS THE MAASAI MARA ON MOTOR BIKES TO TEACH THE MESSAGE THAT THE AIDS VIRUS MULTIPLIES EXPONENTIALLY AND CALLS FOR INFORMED CHOICES AN ESTIMATED 100,000 MAASAI ARE BEING IMPACTED IN THE MAASAI MARA THE WORK HAS SPREAD SOUTHEAST TO THE REMOTE AREA OF LOITA WHERE ANOTHER 10,000 MAASAI RESIDE FOR THE PAST 28 MONTHS THESE ARE HEARING THE MESSAGE IN SCHOOLS, COMMUNITIES AND HOSPITALS HIHIA PROVIDES FINANCIAL SUPPORT AND LEADERSHIP MENTORING BOARD MEMBERS VISIT OSECBO ON AN ANNUAL BASIS (Grants $ 30,006) If this amount includes foreign grants, check here . . . ▶ ☑	29a	38,130

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
30 MAMA NTOMBI'S COMMUNITY PROJECTS - PIETERMARITZBURG SOUTH AFRICA THIS REGISTERED PUBLIC BENEFIT ORGANIZATION WAS ESTABLISHED IN 2007 AS A RESULT OF IDENTIFYING THE ALARMING POVERTY-STRICKEN LIFESTYLE CHILDREN WERE EXPOSED TO AS A RESULT OF HIV/AIDS IN EPICENTER OF THE WORLD ESTIMATES SHOW THAT 50% OF THE LOCAL POPULATIONS ARE HIV POSITIVE CHILDREN ARE THE MOST VULNERABLE MEMBERS OF SOCIETY MOST OF THE CHILDREN ARE ORPHANED AND LIVING WITH ELDERLY GRANDMOTHERS, CARE GIVERS, OR CHILD-HEADED HOUSEHOLDS WORKSHOPS FOR CHILDREN UP TO THE ELDERLY TO EDUCATE THEM ON HIV/AIDS AND TB THE PURPOSE IS TO INCREASE THEIR KNOWLEDGE AND CREATE AWARENESS OF THESE DISEASES AND HOW TO MANAGE THEM IF A FAMILY MEMBER HAS CONTRACTED IT THIS IS IN PARTNERSHIP WITH HEALTHCARE WORKERS MNCP OFFERS CHILDREN PROFESSIONAL PLAY THERAPY AS A FORM OF TRAUMA COUNSELING TO CHILDREN WHO REQUIRE THE SERVICE AND CURRENTLY ASSISTING 129 CHILDREN MNCP OFFERS VARIOUS FORMS OF SUPPORT TO THEIR GREATER COMMUNITY PROVIDING HOPE FOR A BRIGHTER FUTURE (Grants $ 7,835) If this amount includes foreign grants, check here . . . ▶ ☑	**30a**	9,864

Form 990EZ, Part III - Statement of Program Service Accomplishments

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ITUMIESEW - SOWETO SOUTH AFRICA FORMERLY WESEW PADS, ITUMIESEW, IS MAKING AND SELLING SHIELDS FOR LIFE FEMININE KITS WHICH CONSISTS OF SUSTAINABLE, REUSABLE, WASHABLE, CHEMICALS AND PARABENS FREE SANITARY PADS PLUS DRAWSTRING BAGS WHICH WILL BE USED TO CARRY FEMININE KIT GOOD QUALITY MATERIAL IS UTILIZED TO MAKE SURE THAT THE FEMININE KIT WILL LAST A SCHOOLGIRL FOR 2-3 YEARS THIS JOB CREATION SEWING PROJECTS HAS IDENTIFIED ABOUT 4 MILLION SCHOOLGIRLS WHO DO NOT HAVE ACCESS TO BASIC SANITARY PADS AND END UP MISSING 3-5 DAYS OF SCHOOL EVERY MONTH OR EVEN DROPPING OUT OF SCHOOL THIS GREAT NEED IS AFFECTING THEIR PERFORMANCE IN SCHOOL SINCE THEY MISS SOME LESSONS OR EVEN TESTS DURING THEIR MONTHLY PERIODS IT ALSO AFFECTS THEIR FUTURE SINCE THEY CANNOT PERFORM WELL HENCE THEY MISS SCHOOL EVERY MONTH AND THAT COULD BE A HINDRANCE TO THEM BEING EDUCATED AND MISSING THE OPPORTUNITY OF BREAKING POVERTY CYCLE WHICH IMPLIES THAT EVEN THE GENERATION AFTER THEM MIGHT ALSO STRUGGLE TO MEET THEIR BASIC NEEDS THIS INITIATIVE PROVIDES SCHOOLGIRLS THE OPPORTUNITY TO COMPLETE THEIR ACADEMIC CAREERS WITH DIGNITY, CLEANLINESS, COMFORT AND WITHOUT DESTRUCTIONS DURING THEIR PERIODS FURTHERMORE, TO MAKE AND SELL POTENTIALLY OTHER ITEMS SUCH AS CLOTHING AND JEWELRY CHARMS TABITHIA MINISTRIES - PIETERMARITZBURG & SWEETWATERS SOUTH AFRICA TABITHA OPERATES ONE ORPHANAGE IN THE AID'S EPICENTER OF THE WORLD ESTIMATES SHOW THAT 50% OF THE LOCAL POPULATIONS ARE HIV POSITIVE TABITHA RECEIVES ORPHANS LEFT BEHIND BECAUSE OF AIDS, BOTH BABIES AND CHILDREN, INTO ITS FACILITIES AND PROVIDES LONG TERM, LOVING CARE AND EDUCATION, INSTILLING HOPE FOR LITTLE ONES WHO OTHERWISE HAVE BEEN DISCARDED BY SOCIETY APPROXIMATELY 42 BABIES/CHILDREN AND YOUTH RESIDE IN ITS FACILITIES AND ATTEND PUBLIC SCHOOLS THEREBY BEING MAINSTREAMED INTO SOCIETY HIHIA SUPPORTS TABITHA FINANCIALLY AND WITH VOLUNTEER TEAMS FOR SPECIAL NEEDS EDUCATION-TRAINING - KENYA SOUTH AFRICAOFFERING EFFECTIVE CURRICULUM EDUCATING AND TRAINING IN BASICS OF HIV/AIDS, TRUE LOVE WAITS, ONE LOVE, THERE IS HOPE & SHIELDS FOR LIFE TO STOP THE SPREAD OF HIV/AIDS IN AFRICA WITH TRAINED, INFLUENTIAL LEADERS EDUCATING THEIR COMMUNITIES SHIELDS FOR LIFE SHIELDS FOR LIFE IS A PACKAGED HYGIENE KIT PATTERNED AFTER DAYS FOR GIRLS NON-PROFIT THIS KIT IS GIVEN TO YOUNG GIRLS IN SUB-SAHARAN AFRICA ALONG WITH A HEALTH AND HYGIENE SESSION IN THE SESSIONS, TEEN AGE GIRLS LEARN WHAT IS HAPPENING TO THEIR YOUNG BODIES AS THEY MATURE AND HOW TO TAKE CARE OF THEIR MONTHLY CYCLE HIHIA SUPPLIES THE KITS AND TRAINING AS A MEANS TO KEEP GIRLS IN SCHOOL WHERE THEY RECEIVE A FREE MEAL A DAY BY STAYING IN SCHOOL AS THEY MATURE AND GROW OLDER, THEY CAN MAKE SAFER DECISIONS CONCERNING SEX AND THEIR FUTURE THEIR SCHOOL EDUCATION ENABLES THEM TO SECURE BETTER JOBS AND MAKE SUCCESSFUL DECISIONS FOR THEIR LIVES THIS YEAR HIHIA TOOK OVER 250 KITS AND TRAINED OVER 250 YOUNG WOMEN WORKING DILIGENTLY TO PARTNER WITH AFRICAN LOCAL TO MAKE KITS CREATING JOBS ORPHAN & VULNERABLE CHILDREN (OVC) ORPHANS IN THE HARD-HIT RURAL VILLAGES AS WELL AS CHILDREN WHOSE PARENTS HAVE TAKEN JOBS IN THE METROPOLITAN AREAS AND LEFT HOUSEHOLDS OF SIBLINGS TO MAKE A WAY ALONE ARE BEING CARED FOR AFTER SCHOOL AND HELPED TO STAY IN SCHOOL WHERE THEY RECEIVE ONE MEAL A DAY HELP WITH HOMEWORK AND LIAISON WITH THE SCHOOLS AS WELL AS TEACHING HYGIENE AND OTHER AIDS RELATED LESSONS HELP THESE CHILDREN LIVE WITH HOPE FOR A BETTER FUTURE TRUE LOVE WAITS (TLW) TRUE LOVE WAITS IS AN ABSTINENCE-BASED PROGRAM PRESENTED TO AUDIENCES TO TEACH THE BEHAVIORAL PITFALLS WHICH HAVE LED TO THE AIDS PANDEMIC IN SUB-SAHARAN AFRICA THIS PROGRAM USES AUDIENCE PARTICIPATION TO ILLUSTRATE NUMERICAL MULTIPLICATION PREVALENT IN CULTURE WHERE MULTIPLE SEXUAL PARTNERS ARE THE NORM IT ALSO DEFINES LOVE AS A HEALTHY PRECURSOR TO SEX AND SEX AS BELONGING INSIDE A FAITHFUL MARRIAGE ONE LOVE THE ONE LOVE CURRICULUM PRODUCED BY SAMARITAN'S PURSE & USAID FOCUSES ON HELPING MARRIED COUPLES STRENGTHEN THEIR RELATIONSHIPS THROUGH COMPASSION, COMPROMISE, AND COMMUNICATION THIS PROGRAM PROMOTES FAITHFULNESS AND SHOWS HOW THIS BEHAVIOR CAN REDUCE THE RISK OF HIV INFECTION PARTICIPANTS ALSO ARE GIVEN THE SKILLS THEY NEED TO TEACH THESE VALUABLE LESSONS TO OTHERS BY REINFORCING THE PRINCIPLES OF COMMITTED MARRIAGE, WE HOPE TO HELP REDUCE INFIDELITY AND LOWER HIV INFECTION RATES SEMA LEATHERWORKS - NAIROBI KENYA SEMA IS A PROJECT IN NAIROBI, KENYA IT WAS BEGUN TO GIVE INCOME TO A GROUP OF SEVEN MEN WHO PASTOR CHURCHES IN THE SLUMS OF NAIROBI THE POVERTY LEVEL PEOPLE ARE NOT ABLE TO GIVE ANY SUPPORT TO THEIR PASTORS HIHIA HAS FOUND CHURCHES TO BE SOME OF OUR BEST PROJECT PARTNERS BECAUSE THEY ALREADY COMMITTED TO GOOD WORKS THE MEN AT SEMA LEARN LEATHER WORKING, SIPPER, INSTALLATION, BEADING AND OTHER CRAFT SKILLS THEY MARKET THEIR CRAFTS TO LOCAL CRAFT SELLERS AS WELL AS OTHER GLOBAL MARKETS THE SKILLS THEY PERFECT GIVE THEM RESOURCES TO DO THE WORK OF TEACH IN SCHOOLS AND RALLIES TO INCREASE AWARENESS OF HIV/AIDS READING GLASS OUTREACH - MAASAI MARA, KENYA THIS OUTREACH PROVIDED TRAINING, EDUCATION AND DISTRIBUTION OF 500 PAIRS OF READING GLASSES TO THE MAASAI IT IS SAID THE 1 IN 7 PEOPLE IN THIS WORLD LACK VISION CARE MAKING IT A STRUGGLE FOR THOSE WHO NEED GLASSES TO MEET THE MOST BASIC NEEDS OF LIVING HIHIA WATCHED FACE AFTER FACE LIGHT UP WITH JOY AND HOPE AFTER EVERY PATIENT RECEIVED A FREE VISION SCREENING AND CARE ACCOMPANIED BY A NEW PAIR OF READING GLASSES WIDOW CARE KOEDOESPOORT, SOUTH AFRICA - VEHICLE REPAIR FOR WIDOW OF FORMER HUSBAND WHO PASSED AWAY FOR HIV/AIDS TO PROVIDE HER TRANSPORT TO AND FROM WORK	19,488
(Grants $ 14,043) If this amount includes foreign grants, check here . . . ▶ ☑	

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: FOUNDATION FOR HIVAIDS RELIEF IN SOUTH AFRICA D/B/A HAND IN HAND IN AFRICA

EIN: 83-0432560

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FOUNDATION FOR HIVAIDS RELIEF IN SOUTH AFRICA D/B/A HAND IN HAND IN AFRICA

Employer identification number
83-0432560

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	89,627	101,899	128,295	191,534	163,869	675,224
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	89,627	101,899	128,295	191,534	163,869	675,224
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)						256,454
6 **Public support.** Subtract line 5 from line 4						418,770

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	89,627	101,899	128,295	191,534	163,869	675,224
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3	5	10	97	161	276
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)		30				30
11 **Total support.** Add lines 7 through 10						675,530

12 Gross receipts from related activities, etc (see instructions)	12	26,327

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 2018 (line 6, column (f) divided by line 11, column (f))	14	61 990 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	64 750 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2017.** 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 ▶ ☐

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

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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*	1		
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*	2		

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)*	1		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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)*	2		
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*	3		

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** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **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*	2a		
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*	2b		
3	Parent of Supported Organizations **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.***	3a		
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*	3b		

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 (explain in Part VI) **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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	REBATES - 2015 AMOUNT $ 30

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492317045549

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FOUNDATION FOR HIVAIDS RELIEF IN SOUTH AFRICA D/B/A HAND IN HAND IN AFRICA

Employer identification number
83-0432560

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on 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
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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? Yes	No	**(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
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" on 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 DUTCH OVEN (event type)	(b) Event #2 TACO STACK UP (event type)	(c) Other events 9 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	26,164	8,137	20,923	55,224
	2 Less Contributions	25,827	6,675	16,466	48,968
	3 Gross income (line 1 minus line 2)	337	1,462	4,457	6,256
Direct Expenses	4 Cash prizes			300	300
	5 Noncash prizes	136		99	235
	6 Rent/facility costs			822	822
	7 Food and beverages			526	526
	8 Entertainment				
	9 Other direct expenses	337	1,463	3,892	5,692
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				7,575
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-1,319

Part III **Gaming.** Complete if the organization answered "Yes" on 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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	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 activity 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 ▶ $ _____

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FOUNDATION FOR HIVAIDS RELIEF IN SOUTH AFRICA D/B/A HAND IN HAND IN AFRICA

Employer identification number
83-0432560

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 161

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION HELP AND SUPPORT TO PEOPLE SUFFERING FROM HIV/AIDS GRANTEE NAME MMAMETLHAKE FAMILY CARE CENTRE GRANTEE ADDRESS P O BOX 894 BA-MOKGOKO POST OFFICE BUIL DING MMAMETLHAKE, MPUMALANGA, SOUTH AFRICA 0434 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 60,892

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SUPPORT TO HELP ERADICATING HIV/AIDS IN AN AREA OF SOUTHWESTERN K ENYA GRANTEE NAME OCHORRO SIDAI ENKARE COMMUNITY BASED ORGANIZATION GRANTEE ADDRESS P O BOX 1260-20500 NAROK, KENYA GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 30,006

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION FUNDING TO PURCHASE USED VEHICLE FOR STAFF, EDUCATION/TRAIN ON HI V AWARNESS GRANTEE NAME MAMA NTOMBI'S COMMUNITY PROJECTS GRANTEE ADDRESS P O BOX 2181 0 MAYORS WALK, KWAZULU-NATAL, SOUTH AFRICA 3028 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 7,835

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SHIELDS FOR LIFE JOB CREATION IN SOWETO, PROVIDED SEWING TOOLS/MATERIALS GRANTEE NAME ITUMIESEW GRANTEE ADDRESS 22638 COMFREY CLOSE, PROTEA GLEN EXT 2 2 SOWETO, GAUTENG, SOUTH AFRICA 1834 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 5,052

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EMERGENCY FUNDING OF 3 MONTHS SCHOOL FEES FOR 11 CHILDREN, EDUCAT ION AND BEN GRANTEE NAME TABITHA MINISTRIES GRANTEE ADDRESS 30 DOULL ROAD PIETERMARITZ BURG, SOUTH AFRICA 3210 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 5,550

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION, TRAINING, DISTR OF READING GLASSES, ETC UCATION, TRA INING, DIST GRANTEE NAME OTHER ORGANIZATIONS NOT INDIVIDUALLY OVER $5,000 GRANTEE ADDRE SS P O BOX 894 BA-MOKGOKO POST OFFICE BUILDING MMAMETLHAKE, MPUMALANGA, SOUTH AFRICA 043 4 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 3,441 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 112,776

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSES AMOUNT 182 DESCRIPTION OTHER PROGRAM EXPENES AMOUNT 2,609 DESCRIPTION INFORMATION TECHNOLOGY AMOUNT 3,539 DESCRIPTION TRAVEL AMOUNT 28,287 DESCRIPTION FUNDRAISING & DEVELOPMENT EXPENSES AMOUNT 11,298 DESCRIPTION DONOR APPRECIATION/ACKNOWLEDGEMENT AMOUNT 4,906 DESCRIPTION OTHER MISCELLANEOUS EXPENSES AMOUNT 829 DESCRIPTION STORE MATERIALS AMOUNT 1,015 TOTAL TO FORM 990-EZ, LINE 16 52,665

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION INVENTORY BEG OF YEAR AMOUNT 8,698 END OF YEAR AMOUNT 15,105 DESCRIPTIO N ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 6,840 END OF YEAR AMOUNT 0 DESCRIPTION LO AN-VEHICLES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 22,535

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION CREDIT CARD PAYABLE BEG OF YEAR AMOUNT 324 END OF YEAR AMOUNT 0