African Vision of Hope

Return of Organization Exempt From Income Tax December 31, 2016

OPEN TO PUBLIC INSPECTION

EXTENDED TO NOVEMBER 15, 2017

990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2016 calendar year, or tax year beginning and e	ending	_			
В	Check if applicable	C Name of organization		D Employer identifi	cation number		
	Addre	AFRICAN VISION OF HOPE					
	Name chang			**_*	**9252		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	r			
	Final return/		618-	288-7695			
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,249,761.		
L	Ameno		H(a) Is this a group re				
	Application pendir			for subordinates			
_	•	SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) ()	or 527	†	list. (see instructions)		
		te: WWW.AFRICANVISIONOFHOPE.ORG	1	H(c) Group exemptio			
		organization: X Corporation	L Year	of formation: 2003 N	M State of legal domicile: IL		
Р	art I	Summary	77NT T/T	CTON OF HOD	דר א		
Se	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{AFRIC}}$	TING T	NA TUATURE	D I.A CTTNC		
nan	2	Check this box if the organization discontinued its operations or dispos					
Governance	3	Number of voting members of the governing body (Part VI, line 1a)			9		
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7		
Š	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			8		
vitie	6	Total number of volunteers (estimate if necessary)			262		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34			0.		
				Prior Year	Current Year		
ě	8	Contributions and grants (Part VIII, line 1h)		958,138.	1,171,191.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	262.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-7,134. 951,004.	20,457. 1,191,910.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		543,695.	591,187.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		116,411.	141,026.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	· · · · · · · · · · · · · · · · · · ·		
per	. 'b	Total fundraising expenses (Part IX, column (D), line 25) 69,79	98.	• •			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		246,637.	195,957.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		906,743.	928,170.		
		Revenue less expenses. Subtract line 18 from line 12		44,261.	263,740.		
Net Assets or	200		Ве	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		374,160.	650,839.		
at As	21	Total liabilities (Part X, line 26)		7,909.	20,848.		
		Net assets or fund balances. Subtract line 21 from line 20		366,251.	629,991.		
	art II	Signature Block					
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of whi		•	y knowledge and beller, it is		
uu	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all illiornation of will	icii preparei	lias any knowledge.			
Sig	ın.	Signature of officer		I Date			
He		JUDITH BERTELS, PRESIDENT/CEO					
110	10	Type or print name and title					
		Print/Type preparer's name Preparer's signature Kann	Munn	Date Check	PTIN		
Pai	id	KARYN A. NUNN KARYN A. NUNN	1	1/07/17 of self-employ	P00958489		
Pre	parer	Firm's name MUELLER PROST LC	I	Firm's EIN ▶	**-**4752		
	e Only	Firm's address 7733 FORSYTH BLVD., SUITE 1200					
		ST. LOUIS, MO 63105		Phone no. (3			
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)		-	X Yes No		

Briefly describe the organization's mission: AFRICAN VISION OF HOPE IS A CHRISTIAN ORGANIZATION COMMITTED TO BRINGING IMMEDIATE AND LASTING SOLUTIONS TO CHILDREN AND FAMILIES LIVING IN EXTREME POVERTY. WE CONFRONT THE ROOT CAUSES OF POVERTY BY PROVIDING OPPORTUNITIES TO BE EDUCATED, GROW UP HEALTHY, DEVELOP 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If 'Yes,' describe these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services? Yes X No. 16 'Yes,' describe these changes on Schedule O. 4 Describe these changes on Schedule O. 4 Describe these changes on Schedule O. 5 AFRICAN VISION OF HOPE (AVCH) FOCUSES ITS EFFORTS ON EDUCATION FOR THE POOREST AND MOST MARGINALIZED CHILDREN AND YOUTH IN THE DEVELOPING COUNTRY OF ZAMBIA, AFRICA. AFRICAN VISION OF HOPE SCHOOL SUPPLIES, TESTING, COUNSELING AND TRAINING, THERE ARE 2,500 VULNERABLE AND ORPHANED CHILDREN WHO RECEIVE FREE ED	Pai	t III Statement of Program Service Accomplishments
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AFRICAN VISION OF HOPE (AVOH) FOCUSES ITS EFFORTS ON EDUCATION FOR THE POOREST AND MOST MARGINALIZED CHILDREN AND YOUTH IN THE DEVELOPING COUNTRY OF ZAMBIA, AFRICA. AFRICAN VISION OF HOPE SUPPORTS FIVE SCHOOLS IN ZAMBIA WITH TEACHERS, CURRICULUM, INFRASTRUCTURE, SCHOOL SUPPLIES, TESTING, COUNSELING AND TRAINING. THERE ARE 2,500 VULNERABLE AND ORPHANED CHILDREN WHO RECEIVE FREE EDUCATION THROUGH THE AFRICAN VISION OF HOPE SCHOOL PROGRAM. THESE CHILDREN LIVE IN COMPOUNDS AND VILLAGES WHERE THEY WOULD NOT HAVE ACCESS TO SCHOOL OR PAY THE FEES BEING CHARGED BY 98% OF SCHOOLS IN ZAMBIA. THE AVOH SCHOOLS ALSO IMPROVE THE COMMUNITIES WHERE THESE CHILDREN AND FAMILIES LIVE AS CHILDREN ARE ABLE TO TEACH THEIR PARENTS AND GUARDIANS. AFRICAN VISION OF HOPE PARTNERS WITH CHURCHES IN ZAMBIA THROUGH A PROGRAM CALLED THE SONSHINE KIDZ KLUB AFRICAN VISION OF HOPE PROVIDED HOT NUTRITIOUS MEALS FOR 2,500 SCHOOL CHILDREN EVERY SCHOOL DAY. THE AFRICAN VISION OF HOPE PROVIDED HOT NUTRITIOUS MEALS FOR 2,500 SCHOOL CHILDREN EVERY SCHOOL DAY. THE AFRICAN VISION OF HOPE ORPHANAGE PROVIDED A SAFE HOME FOR 65 CHILDREN ALONG WITH 3 MEALS EVERY DAY. 589,000 MEALS WERE SERVED IN 2016 TO CHILDREN IN THE SCHOOLS, ORPHANAGE, AND SONSHINE KIDZ KLUB. AFRICAN VISION OF HOPE PROVIDED MEDICAL CARE THROUGH THEIR ONSITE MEDICAL CLINIC AND AN ON STAFF NURSE WHO TRAVELED BETWEEN SCHOOLS. 8,000 CHILDREN, GUARDIANS, AND STAFF WERE EDUCATED ON HYGIENE TRAINING, SANITATION AND HIV EDUCATION. 2,500 CHILDREN RECEIVED BASIC MEDICAL CARE FOR TREATABLE LINESSES SUCH AS VACCINATIONS AND MALARIA TESTING. 500 CHILDREN, TEACHERS AND STAFF WERE FROVIDED PRIVATE MEDICAL CARE FOR TILDRESSES THAT NEEDED ADVANCED MEDICAL CARE. 20 CHILDREN WERE PROVIDED AIRFARE TO NEW DEHLI FOR AFRICAN VISION OF HOPE SCHOOLS AND MEANE PROVIDED FOR STUDENTS, WOMEN, AND MEN. AFRICAN VISION OF HOPE EMPLOYS TRAINERS THAT TEACH SEWING, KNITTING, SMALL BUSINESS, AND CRAFT SKILLS TO THOSE ADULTS WHO ARE LIVING IN POVERTY AND HAVE NOT COMPLETED THEIR EDUCATION. 50 MEN AND SOLD EVERY ARICAN VISI		revenue, if any, for each program service reported.
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Abrican Vision of Hope Provided Hot Nutritions Meals for 2,500 school Children Every school Day. The African Vision of Hope Provided Hot Nutritions Meals for 2,500 school Children Every School Day. The African Vision of Hope Orphanage Provided a Safe Home for 65 children along with 3 meals every Day. 589,000 Meals were served in 2016 to Children in the schools, Orphanage, and Sonshine Kidz Klub. African Vision of Hope Provided Medical Care through their onsite Medical Clinic and an on Staff Nurse Who traveled between schools. 8,000 children, Guardians, And Staff Were Educated on Hygiene training, Sanitation and hiv education. 2,500 children received basic Medical Care for treatable illnesses such as Vaccinations and Malaria testing. 500 children, teachers and Staff Were Provided Private Medical Care for Illnesses that needed Advanced Medical Care. 20 children were Provided Airfar to New Dehli for Medical Care. 138,148. including grants of 79,512.) (Revenue \$ VOCATION, Technical, And Leadership Training Was Provided For Students, Women, and Men. African Vision of Hope Employs Trainers that teach Sewing, Knitting, Small Business, and Craft Skills to Those Adults Who Are Living in Poverty and have not completed their Education. 50 Men And Women Were Trained in these areas. They have Made 500 Uniforms for African Vision of Hope School Children and 300 Sweaters that Were Sold To Build Sustainability for their families and for the Benefit of Other Adults Learning a Skill. African Vision of Hope Chikumbi farm Raised And Sold 2,000 Chickens and Also Produced Maize, Vegetables, And Provided An Active Hammer Mill for the Community To Grind Corn. The Provided An Active Hammer Mill for the Community To Grind Corn. The Produce is used by African Vision of Hope Schools and Sold For Profit		
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4d Other program services (Describe in Schedule O.)	4d	
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► 791,707.	40	E01 E0E
		Form 990 (2016)

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Part IV Checklist of Required Schedules

			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				
	If "Yes," complete Schedule A	1	Х		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for				
	public office? If "Yes," complete Schedule C, Part I	3		X	
4	Section 501(c)(3) organizations. 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	4		Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or				
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to				
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х	
7					
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?				
	If "Yes," complete Schedule D, Part IV	9		Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10			
••	as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,				
_	Part VI	11a	Х		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII	12a		Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?				
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any				
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٦,	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		3,7		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37	
	complete Schedule G, Part III	19		X	

Form **990** (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		25
20				
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	- 21	Х
	An entity of which a current or former officer, director, trustee, or key employee? If res, complete schedule E, Part W	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		X
20		28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	- 21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		1
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		04		х
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Α.
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	OE!		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a		Check if Schedule O contains a response or note to any line in this Part V										
be Enter the number of Forms W 26 included on line 1a. Enter or Jin roll applicable Dist the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W.3., Transmittad of Wage and Tax Statements. Ited for the calending year ending with or within the year covered by this return B It at least one is reported on line 2a, did the organization file all required federal employment tax returns? Abote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b. If Yes, 1 and 1 filed a form 990 17 for this year? If Y/6, 1 for line 3a, provide an explanation in Schedule O 4c. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry of the 3a organization in a foreign country, lew as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry for the 3a organization and provided that organization shall be an accountable of the securities account or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financials accountry) 5c. Was the organization appray to a prohibited tax shelter transaction at any time during the tax year? 5c. Was if Yes, 1 and the properties of Foreign Bank and Financial Accounts (FBAR). 5c. Was the organization appray to a prohibited tax shelter transaction? 5c. Was if Yes, 1 and the account of Yes, 1 and						Yes	No					
be Enter the number of Forms W26 included in line 1a. Enter of India applicable 10 10 10 10 10 10 10 1	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3								
c Did the organization comply with backup withholding rules for reportable gamming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have winners? 3a I Was because it littled a Form 990°T for this year? If "No," to file 30, provide an explanation in Schedule O 3b I "Yes," has it littled a Form 990°T for this year? If "No," to file 30, provide an explanation in Schedule O 3b I "Yes," has it littled a Form 990°T for this year? If "No," to file 30, provide an explanation in Schedule O 3b I "Yes," to file a form 990°T for this year? If "No," to file 30, provide an explanation in Schedule O 3b I "Yes," and the foreign country (such as a bank account, securities account, or other financial account in a foreign country. 5c I "Yes," to line so or 5b, clid the organization that it was or is a party to a prohibited tax whether transaction? 5c I "Yes," to line so or 5b, clid the organization file Form 8986·T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 5c Different organization than the variety of the value of the goods or services provided? 6c Does the organization than the value of the goods or services provided? 6d Designation and the organization than the value of the goods or services provided? 6d Designation for the common than the value of the goods or services provided? 6d Designation for the common than the value of the goods or services provided? 6d Designation for the designation of the value of the goods or services provided? 6d Designation for the provided organization organization makes and schild than the common than than the value of the goods o			1b	0								
22 Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this required sederal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Lift the organization have unrelated business gross incrome of \$1,000 or more during the year? 3 Lift the organization have unrelated business gross incrome of \$1,000 or more during the year? 3 Lift Wes, "has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3 Lift Wes," and the form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3 Lift Wes," and the form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3 Lift Wes," the second of the foreign country (such as a bank account, securities account, or other financial account)? 4 Lift Wes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5 Lift Wes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5 Lift Wes," to line 5 Lift Lift Wes, and the security of a prohibitor state where the name of the foreign country. 5 Lift Wes," to line 5 Lift Lift Lift Wes, and the security of a prohibitor state where the security of a prohibitor state was or is a party to a prohibitor state sheltor transaction? 5 Lift Wes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 1 Lift Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 1 Lift Wes," did the organization between apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 1 Lift Wes," did the organization between apyment in excess of \$75 made party as a con			eporta	ble gaming								
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3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	X						
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a 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. 4a X b If "Yes," enter the name of the foreign country. 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization tile Form 88861? 6c Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c Did the organization netwed eductible contributions under section 170(c). 8d Did the organization netwel as payment in excess of \$75 made party as contribution and party for goods and services provided to the payor? 7b X 7c X 7c X 7b X 7c X 7c X 7c X 7c X 7d Y 7s X 7c X 7d Y 7s X 7d Y 7s X 7s A 8 Shonsoring organization onely the donor of the value of the goods or services provided? 7c X 7d Y 7d												
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6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To X X b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X Y g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organization make any taxable distributions under section 4966? B Sponsoring organization make any taxable distributions under section 4966? B Color the sponsoring organization make any taxable distributions under section 4966? B Color the sponsoring organization make any taxable distributions under section 4966? B Color the sponsoring organization make any taxable distributions under section 4966? B Color the sponsoring organization make any taxable distributions under section 4966? B Color the sponsoring organization make any taxable distributions under section 4966? B Color the sponsoring organization make any taxable distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distribution to a donor, donor a							X					
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				Λ				
Sec	tion A. Governing Body and Management								
			_	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other	_						
_	officer, director, trustee, or key employee?		2	х					
3	Did the organization delegate control over management duties customarily performed by or under the								
3					Х				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form		4						
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	6		X				
6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or							
	more members of the governing body?		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or							
	persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:							
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R				<u> </u>				
	1101 211 0110100 (This coolion & requeste information about politice not required by the internal re	overiae eede.,		Yes	No				
100	Did the organization have local chapters, branches, or affiliates?		10a	163	X				
			IUa						
D	If "Yes," did the organization have written policies and procedures governing the activities of such c		401						
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		Х				
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37					
12a			12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe							
	in Schedule O how this was done		12c	X					
13	Did the organization have a written whistleblower policy?		13	Х					
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and approv	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		15a	Х					
	Other officers or key employees of the organization		15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a							
	taxable entity during the year?		16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	•							
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure		100						
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed NONE								
 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Section 501(c)(3)s only	availah	ole					
	for public inspection. Indicate how you made these available. Check all that apply.	(_30							
		in Schedule O)							
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		nd finan	cial					
19		minut of interest policy, at	iu iiliali	ulal					
20	statements available to the public during the tax year.	solve and reserved - : N							
20	State the name, address, and telephone number of the person who possesses the organization's bound ${\tt JUDITH}$ BERTELS $-618-288-7695$	ooks and records:							
	8 PROFESSIONAL PARK DRIVE, MARYVILLE, IL 62062								

Form **990** (2016)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JUDITH BERTELS	60.00			v				60 606	0.	0
PRESIDENT/CEO (2) ROBERT BERTELS	20.00	Х		Х				60,686.	0.	U
(2) ROBERT BERTELS VICE PRESIDENT	20.00	X		x				0.	0.	0
(3) MARTHA HEAPE	10.00	^		^				0.	0.	0
SECRETARY	10.00	X		X				0.	0.	0
(4) ASHLEY DAY	5.00	 								
DIRECTOR		Х						0.	0.	0
(5) BONNI BURNS-SCHUETTE	5.00									
DIRECTOR		Х						0.	0.	0
(6) STEVEN DARR	5.00							_		_
DIRECTOR		Х						0.	0.	0
(7) DAVID STOGNER	5.00	ļ							•	•
DIRECTOR		Х						0.	0.	0
(8) DON MUSKOPF TREASURER	5.00	X		x				0.	0.	0
(9) WARD MCMILLEN	20.00	122						0.	0.	0
DIRECTOR	2000	X						0.	0.	0

Form **990** (2016)

Pai	T VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C						
	(A)	(B)			Pos	C) ition	,		(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation			timate nount o	
		week					or/trus		from	from related			other	ול
		(list any	ector						the	organization		com	pensa	tion
		hours for related	or dir	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om the	
		organizations	trustee	al trust		yee	mpen		(88-271099-181130)				anizati d relate	
		below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	ner				orga	anizatio	วทร
		line)	Indi	lust	Officer	Key	High	P.						
-														
	Sub-total								60,686.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								60,686.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportab	le			^
	compensation from the organization												Yes	0 N o
3	Did the organization list any former officer,				•	•	•		•					
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	=		-					•	the organization		4		Х
5	Did any person listed on line 1a receive or a									dual for services		4		71
_	rendered to the organization? If "Yes," com					•			•			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation 1	rom	
	(A)	ino caloridar y				VICI 1	0		(B)			(0		
	Name and business	address	N	INC	Ξ				Description of s	ervices	С	ompe	nsatior	1
2	Total number of independent contractors (i		ot li	mite	d to		se li:	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation >										Form	990 (2	2016)

Check if Schedule O contains a response or note to any line in this Part VIII (A) (A) (A) (B) (B) (B) (B) (B)	Pa	rt VI		in a in this Dort VIII			
Business Code 2 a			Спеск if Schedule O contains a response or note to any I	(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
2 a 2 b 2 c c 2 c c 2 c c 2 c c 2 c c c 2 c c c c	Contributions, Gifts, Grants and Other Similar Amounts	k c c f	Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ 1b 1c 1111,966 1e 1f 1,059,225 52,933	- - -			
Total, Add lines 2a-27 Total, Add lines 2a-27				е			
Total, Add lines 2a-27 Total, Add lines 2a-27	rogram Service Revenue	k c c					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents (i) Real (ii) Personal 6 a Gross rents (ii) East (iii) Personal 6 a Gross rents (ii) East (iii) Personal 6 a Gross assets other than inventory 6 13 a a a a a a a a a	т.						
(i) Real (ii) Personal		3	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds				
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 111, 966. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income from gaming activities. See Part IV, line 19 b Less: cirrect expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE b C d All other revenue e Total. Add lines 11a-11d 2 2,841.		k	(i) Real (ii) Personal a Gross rents b Less: rental expenses c Rental income or (loss)				
assets other than inventory b Less: cost or other basis and sales expenses							
b Less: cost or other basis and sales expenses 351. c Gain or (loss) 262. d Net gain or (loss) > 262. 8 a Gross income from fundraising events (not including \$ 111,966. of contributions reported on line 1c). See Part IV, line 18		7 a	C13	4			
8 a Gross income from fundraising events (not including \$ 111,966. of contributions reported on line 1c). See Part IV, line 18		c	b Less: cost or other basis and sales expenses 351 c Gain or (loss) 262	•	262.		
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE b c d All other revenue e Total. Add lines 11a-11d 17, 616. 17, 616. 17, 616. 17, 616. 17, 616. 17, 616. 17, 616. 17, 616.	Other Revenue		including \$ 111,966. of contributions reported on line 1c). See Part IV, line 18 a 75,116	•			
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE 900099 2,841. 2,841.	O	(c Net income or (loss) from fundraising events	17,616.			17,616.
10 a Gross sales of inventory, less returns and allowances		k	Part IV, line 19 a b Less: direct expenses b				
Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE 900099 2,841. 2,841. b C C C d All other revenue E Total. Add lines 11a-11d ► 2,841.		10 a	a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b				
11 a MISCELLANEOUS REVENUE 900099 2,841. 2,841. b							
d All other revenue e Total. Add lines 11a-11d			MISCELLANEOUS REVENUE 900099		2,841.		
e Total. Add lines 11a-11d 2,841.				1			
				2 Ω/11			
12 Total revenue. See instructions. ► [1,191,910.] 3,103. U. 1/,616.			Total revenue. See instructions.	1,191,910.	3,103.	0.	17,616.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 591,187. 591,187. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 60,686. 24,274. 18,206. 18,206. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 66,126. 26,038. 20,044. 20,044. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,798. 933. 932. 933. Other employee benefits 9 11,416. 3,425. 3,425. 4,566. Payroll taxes 10 Fees for services (non-employees): a Management 331. 331. Legal 3,100. 3,100. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 1,275 1,275 column (A) amount, list line 11g expenses on Sch O.) 2,288. 22,384. 20,096. Advertising and promotion 12 31,047. 27,332. 1,260. 2,455. Office expenses 13 Information technology 14 Royalties 15 32,412. 13,879. 9,267. 9,266. 16 Occupancy 20,967. 19,715. 626. 626. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 2,347. 532. 1,283. 532. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 9,636. 3,854. 2,891. 2,891. Depreciation, depletion, and amortization 22 1,520. 1,520. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) MISSION TRIP EXPENSES 54,883. 54,883. VOLUNTEER APPRECIATION 8,836. 4,418. 2,209. 2,209. DONOR DEVELOPMENT 6,923. 6,923. LICENSE AND FEES 160. 160. 136. 136. e All other expenses 928,170. 791,707. 66,665. 69,798. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Form **990** (2016)

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2016) Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			359,539.	1	645,375
	2	Savings and temporary cash investments			351.	2	0
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,340.	4	3,090
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated emplo	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	n 4958(c)(3	B)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)	(9) voluntary			
ι		employees' beneficiary organizations (see instr)		6			
Assets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	37,664.			
	b	Less: accumulated depreciation		37,664. 35,370.	11,930.	10c	2,294
	11	Investments - publicly traded securities	_			11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15	80	
	16	Total assets. Add lines 1 through 15 (must equ	ı	374,160.	16	650,839	
	17	Accounts payable and accrued expenses		7,909.	17	20,848	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Ş	22	Loans and other payables to current and forme					
≝		key employees, highest compensated employee	es, and dis	qualified persons.			
Liabilities		Complete Part II of Schedule L				22	
5	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). C	omplete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			7,909.	26	20,848
		Organizations that follow SFAS 117 (ASC 958	3), check h	nere X and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
ဋ	27	Unrestricted net assets			345,233.	27	621,882
3ali	28	Temporarily restricted net assets			21,018.	28	8,109
Net Assets or Fund Balances	29					29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 958), c	check here			
þ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
0	31	Paid-in or capital surplus, or land, building, or ed	quipment fu	und		31	
et ,	32	Retained earnings, endowment, accumulated in	come, or c	other funds		32	
Z	33	Total net assets or fund balances			366,251.	33	629,991
	34	Total liabilities and net assets/fund balances		ı	374,160.	34	650,839

Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,			10.	
2	Total expenses (must equal Part IX, column (A), line 25)	2				70.	
3	Revenue less expenses. Subtract line 2 from line 1	3				40.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		36	5,2	51.	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10		62	9,9	91.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,				
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (D.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit				
	Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► 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

Open to Public Inspection

Name of the organization

AFRICAN VISION OF HOPE

Employer identification number **-***9252

Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instructions.						
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
3		A hospital or a cooperative		· ·			ii).						
4		A medical research organiz					•	the hospital's name					
•		city, and state:	anon operated in co.	njanotion with a moopital	GOOGIIDO			ino noopital o namo,					
5		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a g	overnmental unit describ	ood in					
3				nege of university owner	u or opera	led by a g	overnmentar unit descrit	Jea III					
_		section 170(b)(1)(A)(iv). (C	· · · · ·				()						
6		A federal, state, or local gov											
7	X	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	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or					
		university:											
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from					
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.					
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).						
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or					
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in					
		lines 12a through 12d that	•										
а		Type I. A supporting orga	• •			-	· · · · · ·	v aivina					
		the supported organization	· ·	· ·	•	•							
		organization. You must o											
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s), by ha	vina					
~		control or management o	•					•					
		organization(s). You mus			arrie perse	nis triat co	ontrol of manage the sup	ported					
_		Type III functionally inte			in connoc	tion with	and functionally intograt	ad with					
·		its supported organization					• •	ea with,					
d		Type III non-functionally		•				ization(a)					
u													
		that is not functionally int	-		•		-	iveriess					
		requirement (see instruct	·	-									
е		☐ Check this box if the orga					ı Type I, Type II, Type III						
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.							
f		er the number of supported of											
g		vide the following information i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other					
	•	organization	(11) 2.11	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)					
				above (see instructions))	163	140	,	, , , , , , , , , , , , , , , , , , ,					
Γ <u>α</u> 4-													
Γota								ı					

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.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	, ,	. ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	607,805.	763,069.	750,936.	958,138.	1,171,191.	4,251,139.
2	Tax revenues levied for the organ-						
	ization'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	605 005	T.C. 0.C.0		050 100		
4	Total. Add lines 1 through 3	607,805.	763,069.	750,936.	958,138.	1,171,191.	4,251,139.
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)						428,890.
	Public support. Subtract line 5 from line 4.						3,822,249.
	ction B. Total Support		-				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014 750, 936.	(d) 2015 958,138.	(e) 2016	(f) Total
	Amounts from line 4	607,805.	763,069.	/50,936.	958,138.	1,171,191.	4,251,139.
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					2 041	2 0 4 1
	assets (Explain in Part VI.)					2,841.	2,841.
	Total support. Add lines 7 through 10		,				4,253,980. 401,073.
12	Gross receipts from related activities,					[12]	401,073.
13	First five years. If the Form 990 is for				•		. □
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2016 (I			column (f))		14	89.85 %
	Public support percentage from 2015					15	96.10 %
	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies	•		,		,	
b	33 1/3% support test - 2015. If the c						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	J					•
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						>
18	Private foundation. If the organizatio						s ▶□

Schedule A (Form 990 or 990-EZ) 2016

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.)

Se	ction A. Public Support	clow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	<u> </u>	``
	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						
2	* ' '						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
<u></u>	check this box and stop here						> L
	ction C. Computation of Publ						
	Public support percentage for 2016 (I			column (f))			%
	Public support percentage from 2015 ction D. Computation of Inves					16	%
	•					147	0/
17	Investment income percentage for 20						<u>%</u>
18	Investment income percentage from 2					18	% 47 : t
198	a 33 1/3% support tests - 2016. If the						
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly sup	ported organization	▶□
20	Private foundation. If the organizatio	n did not check a	hox on line 14 10	a or 19h check t	his hox and see ir	estructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- **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.
- **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.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- **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.**
- **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.**
- 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.
- 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 10b below.
 - **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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9c		
10a		
10b		

Pa	t IV Supporting Organizations (continued)			
	(donumod)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	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		
	tion 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		
Sec	tion 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		
Sec	tion 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		
Sec	tion 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 yea(see instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.			
а	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	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		
е	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		
Sect	ion 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-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
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	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
0 4:	in E. Diskelbuding Allegations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

AFRICAN VISION OF HOPE

OMB No. 1545-0047

Name of the organization

Employer identification number

-*9252

Organiz	Organization type (check one):						
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	•	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\pi}{2} \]					

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AFRICAN VISION OF HOPE

Employer identification number **-***9252

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2 200
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
			·
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	*	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization's accounting for
_	conservation easements.		
Pai		-	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	·	gain, provide
	the following amounts required to be reported under SFAS 1		. .
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

632051 08-29-16

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	rt III Organizations Maintaining Co	ollections of Ar	t, Histori	cal Treasures,	or Othe	r Similar	Asset	S (continu	ued)
3	Using the organization's acquisition, accession	n, and other record	s, check any	of the following th	at are a si	gnificant use	of its c	ollection	items
	(check all that apply):								
а	Public exhibition	d	Loar	or exchange prog	rams				
b	Scholarly research	е	Othe	r					
С	Preservation for future generations								
4	Provide a description of the organization's coll	lections and explair	n how they f	urther the organiza	tion's exer	mpt purpose	in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, histori	cal treasures, or ot	her similar	assets			
	to be sold to raise funds rather than to be main	ntained as part of t	he organizat	ion's collection?				Yes	No_
Pai	t IV Escrow and Custodial Arrang	ements. Comple	te if the orga	anization answered	I "Yes" on	Form 990, P	art IV, li	ne 9, or	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for cont	ributions or other a	ssets not	included			
	on Form 990, Part X?						🔲	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing table	•					
								Amount	
С	Beginning balance					1c			
	Additions during the year								
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For	rm 990, Part X, line	21, for escre	w or custodial acc	ount liabili	ity?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII. C								
Pai	t V Endowment Funds. Complete if t	the organization an	swered "Yes	" on Form 990, Pa	rt IV, line 1	0.			
		(a) Current year	(b) Prior	rear (c) Two yes	ars back ((d) Three year	s back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, co	lumn (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possess	sion of the organiza	ation that are	held and administ	tered for th	ne organizati	on	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati							3b	
4 Do:	Describe in Part XIII the intended uses of the o		wment fund	S					
Pai	t VI Land, Buildings, and Equipme		D 10/1	44 0 5 00		l' 40			
	Complete if the organization answered				1				
	Description of property	(a) Cost or ot basis (investm		b) Cost or other basis (other)	1 '	ccumulated preciation		(d) Book	value
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment			15,971.		13,677		2	2,294.
	Other			21,693.	,	21,693	•		0.
Tota	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part .	X, column (E), line 10c.))	•	2	2,294.

Part VII	Investments - Other Securities.

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part > (c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part >	K, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(-)		+	
(9)			
Part IX Other Assets.			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I	on Form 990, Part IV, line	a 11d. See Form 990, Part)	X, line 15. (b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) [a 11d. See Form 990, Part X	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2)		a 11d. See Form 990, Part >	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3)		11d. See Form 990, Part >	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4)		11d. See Form 990, Part >	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5)		a 11d. See Form 990, Part X	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part >	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7)		2 11d. See Form 990, Part >	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part >	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description	e 11e or 11f. See Form 990,	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description	e 11e or 11f. See Form 990,	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description	e 11e or 11f. See Form 990,	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description	e 11e or 11f. See Form 990,	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description	e 11e or 11f. See Form 990,	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) Federal income taxes (2) (3)	Description	e 11e or 11f. See Form 990,	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (1) Federal income taxes (2) (3) (4)	Description	e 11e or 11f. See Form 990,	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	e 11e or 11f. See Form 990,	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	e 11e or 11f. See Form 990,	(b) Book value
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632053 08-29-16

rai	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	**-***9252 nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pai	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5)	5	
Pai	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	,	; Part V, line 4; Part X, line 2; Part X	XI,
ines				
	RT X, LINE 2:			

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, AVOH MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE TAX-EXEMPT STATUS OF AVOH AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF

Part XIII Supplemental Information (continued)
UNRELATED BUSINESS INCOME. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL
STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT
THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE
SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED
AS LIABILITIES FOR THE YEARS ENDED DECEMBER 31, 2016.
AVOH FILES INCOME TAX RETURNS IN THE UNITED STATES FEDERAL JURISDICTION.
THE FEDERAL INCOME TAX RETURNS OF AVOH FOR 2016 (ONCE FILED), 2015, 2014,
AND 2013, ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITY GENERALLY FOR
THREE YEARS AFTER THEY WERE FILED.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

Employer identification number

AFRICAN VISION	OF HOPE				**-***925	2
		ctivities Ou	tside the United States. Comple	ete if the organ	ization answered "\	es" on
Form 990, Part I	V, line 14b.			_		
			ds to substantiate the amount of its gra			
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	stance? X	Yes No
2 For grantmakers. Described United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance out	side the
3 Activities per Region. (T	he following Parl	I, line 3 table ca	an be duplicated if additional space is i	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA -				PROVIDE FOO	D, MEDICAL	
NGOLA, BENIN,				CARE, CLEAN	WATER,	
BOTSWANA, BURKINA				EDUCATION,	ECONOMIC	
ASO,	0	0	PROGRAM SERVICES	DEVELOPMENT	AND SHELTER	564,987.
3 a Sub-total	0	0				564,987.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a		0				564 987

632071 09-21-16

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2016

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	PROVIDE FOOD, MEDICAL				MEDICAL & SCHOOL	
		AFRICA - ANGOLA,	CARE, CLEAN WATER,				SUPPLIES, SCHOOL	
			EDUCATION, ECONOMIC		WIRE TRANSFER		EQUIPMENT,	
		BURKINA FASO,	DEVELOPMENT AND	512,744.	OF FUNDS	52,243.	CLOTHING, MISC.	FMV
_								
			recognized as charities by the					1
			n 501(c)(3) equivalency letter					1
3 Enter total number of	other organizations	or entities						U

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		

Part IV | Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) ______ Yes 🗓 Yes 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713; do not file with Form 990)

the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2016

6

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE BOARD TREASURER AND CEO TRACK THE USE OF FUNDS BY OBTAINING MONTHLY
REPORTS DETAILING THE MANNER IN WHICH SUCH FUNDS ARE UTILIZED BY THE
COLLABORATING ORGANIZATIONS. THE REPORTS ARE ACCOMPANIED BY RECEIPTS FOR
ALL MATERIAL EXPENDITURES AND PHOTOGRAPHS OF ITEMS PURCHASED OR
CONSTRUCTED. BOARD MEMBERS AND VOLUNTEERS TRAVEL TO AFRICA TO INSPECT THE
FACILITIES AND PROGRAMS FUNDED BY THE ORGANIZATION, AND TO REVIEW FUTURE
POTENTIAL PROJECTS AND NEEDS OF THE COMMUNITIES.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FOOD, MEDICAL CARE,

CLEAN WATER, EDUCATION, ECONOMIC DEVELOPMENT AND SHELTER TO VULNERABLE

CHILDREN AND FAMILIES IN ZAMBIA, AFRICA.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(D) PURPOSE OF GRANT: PROVIDE FOOD, MEDICAL CARE, CLEAN WATER,

EDUCATION, ECONOMIC DEVELOPMENT AND SHELTER TO VULNERABLE CHILDREN AND

FAMILIES IN ZAMBIA, AFRICA. HEALTH EDUCATION PROGRAMS, VOCATIONAL

PROGRAMS, AND PASTORAL TRAINING ARE ALSO SUPPORTED.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization AFRICAN	VISION OF HOPE					Employer ide * * - * * * 9	ntification number 252
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.							
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	sed funds through any of the following and sed funds through any of the following and solicitates are solicitated as a special sequence of the following and sequence are solicitated as a special sequence and sequence are solicitated as a special sequence and sequence are solicitated as a special sequence are solicitated as a special sequence are solicitated as a special sequence and sequence are solicitated as a special sequence are special sequence as a special sequence are special sequence as a special sequence are special sequence are special sequence as a special sequence are special sequence	tion of tion of fundra (includerofess	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	fundraiser have custody or control of (iv) Gross receipts to		to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					<u> </u>		
					_		
					_		
Total			. ▶				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

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

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.

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CHARITY GOLF		NONE	(add col. (a) through
			TOURNAMENT	DINNER & GAL		col. (c))
(I)			(event type)	(event type)	(total number)	COI. (C))
ř						
Revenue	1	Gross receipts	48,656.	138,426.		187,082.
Œ						
	2	Less: Contributions	33,540.	78,426.		111,966.
	3	Gross income (line 1 minus line 2)	15,116.	60,000.		75,116.
	4	Cash prizes				
	5	Noncash prizes	2,528.			2,528.
ses						
oeu	6	Rent/facility costs	5,410.	12,750.		18,160.
Direct Expenses				40		
ect	7	Food and beverages	2,185.	12,750.		14,935.
ā				==0		
	8	Entertainment	2 5 2 5	750.		750.
	9	Other direct expenses	3,537.	17,590.		21,127.
						57,500.
Do	rt I	Net income summary. Subtract line 10 from li		. 000 D-+ IV II 10		17,616.
Г	ונו		answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Ī	(b) Pull tabs/instant		(d) Tatal manaina (a dal
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				9-, p		Con (a) a moagn con (c)
æ	4	Gross revenue				
		GIOSS Teveride				
	2	Cash prizes				
ses	_	Cash ph.255				
Direct Expenses	3	Noncash prizes				
Ř						
<u>Se</u>	4	Rent/facility costs				
莅						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu	· · · · —			
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes Mo
b	IT "	Yes," explain:				
	_					

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 AFRICAN VISION OF HOPE	^ ^ ^ 9	252	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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
12	Indicate the percentage of gaming activity conducted in:			
		140-	ı	0/
	The organization's facility			<u>%</u>
	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 > \$			
С	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			
47	Many distance distance at the second			
	Mandatory distributions:			
а	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 to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9,	9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
	, , , , , , , , , , , , , , , , , , , ,			

Schedule G	(Form 990 or 990-EZ)	AFRICAN	VISION OF	HOPE	**-***9252	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continu	ed)			
		(/			

SCHEDULE L

Name of the organization

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

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

OMB No. 1545-0047

Inspection

2016 Open To Public

Employer identification number

		ISION OF								*92	52				
Part I Excess Benefit Trans	sacti	ons (section 50)1(c)(3), sect	ion 501(c)(4), and 50)1(c)	(29) organization	ns only	/).						
Complete if the organization	n ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25l	b, or	Form 990-EZ, P	art V,	line 40)b.					
1 , , , , , , , , , , , , , , , , , , ,	(b) F	Relationship betv	veen d	disqual	lified ,						(d)	(d) Corrected			
(a) Name of disqualified person		person and or	ganiza	ation	(6	(c) Description of transaction			n		Ye	es	No		
2 Enter the amount of tax incurred by	the o	rganization man	agers	or disc	qualified persons du	ring	the year under								
section 4958									> \$						
3 Enter the amount of tax, if any, on I									▶ \$						
Part II Loans to and/or From	n Int	erested Per	sons	•											
Complete if the organization	n ansv	vered "Yes" on I	Form 9	990-EZ	, Part V, line 38a or	Forn	n 990, Part IV, lin	ie 26;	or if th	ie orga	anizati	on			
reported an amount on For	m 990		or 22	2.						V					
(a) Name of (b) Relation		(c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due		e) Original (f) B cipal amount		(g) In		(h) App by boa	ard or	(i) W	ritten
interested person with organ	ızalıon	of loan		zation?	principal amount					defa	ult?	cómm	ittee?	agree	ment?
			То	From				Yes	No	Yes	No	Yes	No		
										igsquare					
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Total Part III Grants or Assistance	Ror	efiting Inter	acta	d Da	\$										
		_													
Complete if the organization							(al) Time				\ D				
(a) Name of interested person	'	b) Relationship interested pers			(c) Amount of assistance		(d) Type assistan) Purp assista				
		the organiza		ŭ											
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involv	ving Interested Persons. d "Yes" on Form 990, Part IV, line 28a, 2	28b. or 28c		
(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing of organization's
	person and the organization	transaction	transaction	revenues?
ROBERT BERTELS	VICE PRESIDENT OF B	24 000.	RENT FOR OF	Yes No
NOBERT BERTEES	VICE INDEEDED OF E	24,000.	KLIVI TOK OI	122
Part V Supplemental Information				
Provide additional information for resp	onses to questions on Schedule L (see	instructions).		
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:	
2011 27 11111 117 20211222				
(A) NAME OF PERSON: ROBERT	r bertels			
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	ID ORGANTZAT	TON:	
		01:01111111		
VICE PRESIDENT OF BOARD				
(D) DESCRIPTION OF TRANSAC	TON. RENT FOR OFFT	CE SPACE IN	THE US	
(b) biberillion of littlebit	STION: RENT TOR OTTE	CL DITICL III	11111 00	

SCHEDULE M (Form 990)

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Noncash Contributions

Employer identification number

	AFRICAN VISI	ON OF	HOPE		*:	*-***9	252	!
Pai					I			
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash coi	(d) of determir ntribution a	_	ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		7,981.	VALUE SOI	LD FOR	<u>a</u>	AUC
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	340		VALUED A			
20	Drugs and medical supplies	X		2,465.	VALUED A	r cost		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (EQUIPMENT)	X	27	13,475.	VALUED AT	r cost		
26	Other ► (GIFT CERTIFIC)	X	41	2,528.	VALUED AT	r cost		
27	Other ▶ (OFFICE SUPPLI)	X	4	964.	VALUED A	r cost		
28	Other ► (MISSION TRIP)	X	4	428.	VALUED A	r cost		
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be ι	ised for			
	exempt purposes for the entire holding period					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	utions?	31		X
32a	Does the organization hire or use third parties							
	contributions?		_	· •		32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	y for which column (a) is che	ecked,			
	describe in Dort II			• •				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

Schedule M (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2016 Open to Public

OMB No. 1545-0047

Open to Pu

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number **-***9252

AFRICAN VISION OF HOPE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOLUTIONS TO CHILDREN AND FAMILIES LIVING IN EXTREME POVERTY. WE

CONFRONT THE ROOT CAUSES OF POVERTY BY PROVIDING OPPORTUNITIES TO BE

EDUCATED, GROW UP HEALTHY, DEVELOP LEADERSHIP AND ECONOMIC SKILLS AND

LEARN ABOUT GOD'S LOVE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LEADERSHIP AND ECONOMIC SKILLS AND LEARN ABOUT GOD'S LOVE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WHICH SERVES 350 VULNERABLE CHILDREN AND THEIR FAMILIES. THESE CHILDREN ARE PROVIDED LIFE SKILLS, BASIC EDUCATION, AND GIVEN HOT MEALS ALONG WITH TRAINING AND COUNSELING FOR PARENTS AND GUARDIANS. AFRICAN VISION HOPE CONSTRUCTED 3 NEW CLASSROOMS IN KAFUE, ZAMBIA AND 1 NEW ZAMBIA INCREASING ENROLLMENT BY 250 CHILDREN. CLASSROOM IN CHONGWE, WORKSHOPS PROVIDED TRAINING FOR 60 TEACHERS TO IMPROVE LEARNING OUTPUT AND REDUCE CHILD DROPOUT RATES IN ZAMBIA. AFRICAN VISION OF HOPE ALSO PURCHASED 800 NEW TEXTBOOKS FOR STUDENTS TO INCREASE THE COUNTRY RATIO OF 1 SET OF BOOKS FOR EVERY 5 STUDENTS. A SHIPPING CONTAINER WITH 10,000 BOOKS WERE SHIPPED TO ZAMBIA AND USED TO SET UP 4 LIBRARIES ON THE AFRICAN VISION OF HOPE CAMPUSES. ADDITIONALLY, SECONDARY AND COLLEGE READING RESOURCES WERE SHIPPED TO EMPOWER THE NEXT GENERATION OF LEADERS IN ZAMBIA. THERE HAVE BEEN 62 HIGH SCHOOL GRADUATES FROM THE AVOH SCHOOLS. COLLEGE AND UNIVERSITY SCHOLARSHIPS WERE GIVEN TO 45 STUDENTS TO FURTHER THEIR EDUCATION AND 6 COMPLETED A HIGHER EDUCATION DEGREE. LAND WAS PURCHASED TO BUILD A HOME FOR ORPHANED AND VULNERABLE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization

AFRICAN VISION OF HOPE

Employer identification number **-***9252

GIRLS AND WILL PROVIDE SAFE HOUSING FOR 50 GIRLS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

LIFESAVING HEART SURGERY. AFRICAN VISION OF HOPE PROVIDES CLEAN WATER

POINTS AT ALL PROGRAM LOCATIONS REACHING 10,000 CHILDREN AND FAMILIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

200 STUDENTS AND ADULTS WITH COMPUTER SKILLS. 6 NEW COMPUTERS WERE

BUILT FOR THE CENTER AND A SERVER WAS INSTALLED. 300 MEN, WOMEN, AND

HIGH SCHOOL STUDENTS WERE TAUGHT LEADERSHIP SKILLS. TECHNOLOGY IS VITAL

TO THE DEVELOPMENT OF ZAMBIA, BUILDING A WORKFORCE OF DOCTORS,

ENGINEERS, LAWYERS, AND ENTREPRENEURS WHICH REQUIRE DRIVERS AND

FLEXIBLE LEARNING PROGRAMS THAT GO BEYOND BASIC LITERACY.

FORM 990, PART VI, SECTION A, LINE 2:

JUDITH BERTELS (PRESIDENT/CEO) AND ROBERT BERTELS (VICE PRESIDENT) ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS HAS AUTHORIZED THE TREASURER AND THE PRESIDENT/CEO

TO REVIEW THE FORM 990 AND THE PUBLIC INSPECTION COPY OF THE FORM 990 IS

GIVEN TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUESTS INFORMATION AT EACH BOARD MEETING REGARDING

POTENTIAL CONFLICT OF INTEREST SITUATIONS. THE MEETING MINUTES DOCUMENT THE

DISCUSSION AND OUTCOME OF THE REVIEW.

AFRICAN VISION OF HOPE	**-***9252
FORM 990, PART VI, SECTION B, LINE 15A:	
A COMMITTEE OF FOUR BOARD MEMBERS REVIEWS THE RECOMMENDED	PAY FOR THE
PRESIDENT/CEO. COMPENSATION IS THEN DETERMINED BASED ON P	REVIOUS YEARS'
PAY, THE GROWTH OF THE ORGANIZATION, AND JOB PERFORMANCE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY
AND ANNUAL FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FORM 990, PART XII, LINE 2C	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT O	F THE
COMPILIATION AND SELECTION OF INDEPENDENT ACCOUNTANT. THI	S IS THE FIRST
YEAR COMPILING THE FINANCIAL STATEMENTS.	