COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

PUBLIC INSPECTION ONLY

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- > Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- > Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

Penalties: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

** Public Disclosure Copy **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	OI LITE	2021 Calefidat year, or tax year beginning	a enumy					
B	Check if applicable	C Name of organization		D Employer identi	fication number			
	Addres							
	Name change	Doing business as		71-0929252				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er			
	Final return/	8 Professional Park Drive		618-288-769	5			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,950,988.			
	Ameno			H(a) Is this a group				
F	Applic			for subordinate				
	pendir	same as C above		H(b) Are all subordinates	·····- —			
$\overline{}$	Γαν.ανα	empt status:	or 527		a list. See instructions			
		e: https://africanvisionofhope.org/	, 0 02.	H(c) Group exempti				
		organization: X Corporation Trust Association Other	I Year	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	M State of legal domicile: IL			
	art I	Summary	L 10a1	or formation, 2000	W State of logal doffficite, 22			
		Briefly describe the organization's mission or most significant activities: Care:	for orpha	ned & vulnerable				
Se		children in Zambia to alleviate poverty & promote love & dig						
nar		Check this box if the organization discontinued its operations or disp		o than 25% of its not	accate			
Ver	1			3	I			
ဇ္	1	Number of independent voting members of the governing body (Part VI, line 1b)						
დ თ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)						
iţie		Total number of violunteers (estimate if necessary)						
Activities & Governance		Total runnel of Volunteers (estimate in necessary) Total unrelated business revenue from Part VIII, column (C), line 12						
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11						
	_ b	Net differenced business taxable income north offit 990-1, Fait 1, life 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		1,958,355				
ne	1			2,330,333				
Revenue	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,567	*			
Be				-27,648	<u> </u>			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,935,274	,			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,137,218				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,137,218				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		279,552	<u> </u>			
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		279,552				
en		Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.			
Ä				241,292	204 596			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,658,062	,			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		277,212				
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12						
Net Assets or Fund Balances		Tabel accepts (Dart V. Para 40)	В	eginning of Current Year 1 , 346 , 274				
Sse Bal	20	Total assets (Part X, line 16)		37,845				
Vet /	21	Total liabilities (Part X, line 26)		1,308,429	,			
P:	22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,300,423	1,075,270.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedu	lac and ctatan	nante and to the heet of i	my knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of v			Thy knowledge and belief, it is			
uuu	, 601166	t, and complete. Declaration of preparer (other than officer) is based on an information of v	vilicii proparo	i ilas arīy kilowicuge.				
C:~	_	Signature of officer		I Date				
Sig		Judith Bertels, President/CEO						
Her	е	Type or print name and title						
		<u> </u>		Date Check	PTIN			
Paid	d l	Print/Type preparer's name Luke Burnett Preparer's signature		11/11/2022 if				
	parer	17-0	N)	self-empl	Firm's EIN 36-3990892			
	Only	Firm's name Capin Crouse LLP Firm's address 1255 Lakes Parkway, Suite 105		TITITI S EIN	. 30 3770072			
036	Jiny	Lawrenceville, GA 30043		Dhone no 50	5-502-2746			
N 4 = :	, +b = 15	·		FIIOHE 110.50				
ivia	y une it	RS discuss this return with the preparer shown above? See instructions			X Yes Mo			

4d Other program services (Describe on Schedule O.)

retail customers.

welding and carpentry vocational training programs, also

self-sustaining, are teaching young men and women hands-on job skills. This team is making high-quality desks for the classrooms and welding strong, beautiful gates for African Vision of Hope campuses and other

) (Revenue \$ including grants of \$ 2,168,503. Total program service expenses

Form 990 (2021) African Vision of Hope 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? See instructions	2	Х	
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		Х
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 Rev. Proc. 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	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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,			
	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			x
اہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	114		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
		1 Ie		Α .
•	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			
124	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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	Х	
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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,"			
	complete Schedule G, Part III	19		Х
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?	20 b		
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	L	X

Form 990 (2021) African Vision of Hope Part IV Checklist of Required Schedules (continued)

			Yes	No
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		Х
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	١		
	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? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_v
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	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?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number reported in box 2 of Form 1006. Enter 0, if not applicable		Yes	No
ıa L	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
D	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	1c	х	
	· · · · · · · · · · · · · · · · · · ·			

021) African Vision of Hope Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No				
2 a	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	2a	11							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х					
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			0-		Х				
				3a 3b						
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a			SD						
44	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		х				
h	If "Yes," enter the name of the foreign country	iccou	iity:	 a						
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	COUR	nts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
	a Does 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?			6a		Х				
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and contribution			7a	Х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs req	uired							
	to file Form 8282?		 I	7с		Х				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		Х				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711						
٠				8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Ditt.			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
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:		•							
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
40	amounts due or received from them.)	11b		46						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		r 	12a						
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.			Ioa						
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
-	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or							
	excess parachute payment(s) during the year?			15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

African Vision of Hope Form 990 (2021) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent _____ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Х Х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Х 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be	be filed 🏲 🖺	Ь
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exempt status with respect to such arrangements?

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

b Other officers or key employees of the organization

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

taxable entity during the year?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

3	Professional	Park	Drive,	Maryville,	$_{ m IL}$	62062
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Х

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15b

16a

16b

Form 990 (2021) African Vision of Hope 71-0929252 Page **7**

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	Pos heck ss pe	ition more rson	than is bot or/trus	h an	from	Reportable compensation from related	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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Judith Bertels	60.00									
President/CEO				Х				92,106.	0.	13,838.
(2) Ward McMillen	40.00									
Director & Program Dire		Х						55,260.	0.	6,549.
(3) Ashley Day	5.00									
Director		Х						0.	0.	0.
(4) Kent Schuette	5.00									
Director		Х						0.	0.	0.
(5) Steve Darr	5.00									
Director		Х						0.	0.	0.
(6) Bruno Nobre	5.00									
Director		х						0.	0.	0.
(7) Dennis Muilenburg	5.00									_
Director		х						0.	0.	0.
(8) Robert Bertels	40.00									
Secretary & Acting Treasurer				х				0.	0.	0.
		_								

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Form 990 (2021) Africa:	n Vision of Hope								71-0929	252		Р	age 8
Part VII Section A. Officers, Directo	ors, Trustees, Key Em	ploy	ees	, and	l Hiç	ghes	st C	Compensated Employe	es (continued)				
(A) Name and title	Name and title Average hours per week							(D) Reportable compensation from	(E) Reportable compensation from related		l	(F) stimate nount other	of
	(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/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		fr org an	pensa rom th panizat d relat anizati	ie tion ted
		-											
		_											
		$\left \cdot \right $											
1b Subtotal		<u></u>					<u> </u>	147,366.		0.		20	,387.
c Total from continuation sheets to d Total (add lines 1b and 1c)	o Part VII, Section A)]	<u>></u>	0. 147,366.		0. 0.		20	0. ,387.
Total number of individuals (includ compensation from the organization)	•	nose	liste	ed ab	ove	e) wh	o r	received more than \$100),000 of reportable)		Yes	No.
3 Did the organization list any forme line 1a? If "Yes," complete Schedu	·		•	•	•		_	ghest compensated emp	•		3	162	X
4 For any individual listed on line 1a, and related organizations greater t	is the sum of reportab	le co	mpe	ensa	tion	and	ot	ther compensation from			4		х
5 Did any person listed on line 1a red rendered to the organization? If "Y	•				•			•			5		х
Section B. Independent Contractors 1 Complete this table for your five hi	-	-								oens	ation	from	
the organization. Report compensation.	ation for the calendar y (A) ousiness address	ear e		ng w	ith c	or wi	ithir	n the organization's tax (B) Description of s			(Compe		n .
		NOI	ME										•••
2 Total number of independent cont	,	not lir	nite	d to	thos	se lis	stec	d above) who received n	nore than				
\$100,000 of compensation from the	e organization				(U					Form	990 ((2021)

Form 990 (2021) African Vis
Part VIII Statement of Revenue

			Check if Schedule O	cont	ains a ı	response	or note to any lir	ne in this Part VIII			
			Griddik ii Gdriddaid G k	00111	unio u i	ооролоо	or rioto to arry iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
s so	_					. 1					30000013 312 314
֓֓֓֓֓֓֓֓֓֓֟֓֓֓֓֓֓֓֓֓֡֟֓֓֓֓֡֡֡֡֡֡֡֡֡֡֡	1		Federated campaigns		1	1a					
اع ق			Membership dues			1b					
A,		С	Fundraising events			1c	312,444.				
直		d	Related organizations			1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contr	ributi	ions)	1e	50,265.				
ΪS		f	All other contributions, gifts,	grant	ts, and						
탈			similar amounts not included	abov	/e	1f	2,491,188.				
ĘÓ.		g	Noncash contributions included in		1	1g \$	126,775.				
a S		_	Total. Add lines 1a-1f					2,853,897.			
			rotan / taa iii loo fa fi				Business Code	, , ,			
a l	2	a					Buomoso Goue				
Š	2										
je j		b									
e a		С									
Re		d									
Program Service Revenue		е									
۱ ۳	All other program service revenue										
		g	Total. Add lines 2a-2f								
	3	3	Investment income (include								
			other similar amounts)					4,761.			4,761.
	4	ļ	Income from investment of	of tax	k-exem	pt bond p	roceeds				
	5	;	Royalties	. <u></u>							
					(i)	Real	(ii) Personal				
	6	a	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)			>				
	7		Gross amount from sales of	′		ecurities	(ii) Other				
	•	_	assets other than inventory	7a		3,244.	()				
		h	Less: cost or other basis	14		-,					
<u>o</u>		b	and sales expenses	7b		3,244.					
eur		_		7c		0.					
ther Revenue			Gain or (loss)					0.			
<u>*</u>	_		Net gain or (loss)				>	0,			
뀵	8	а	Gross income from fundraising	-	•						
0					,444.						
			contributions reported on		,						
			Part IV, line 18				86,714.				
			Less: direct expenses				104,459.				
		С	Net income or (loss) from	fund	Iraising	events	<u></u>	-17,745.			-17,745.
	9	a	Gross income from gamin	ig ac	tivities	. See					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from								
	10		Gross sales of inventory, I								
			and allowances				2,372.				
		b	Less: cost of goods sold								
			Net income or (loss) from					1,426.	1,426.		
<u>_</u>					2. m.v		Business Code	,	,		
Miscellaneous Revenue	11	а									
ne ne	• •	b									
ela ×el		C									
<u> </u>			All other royanus								
Σ			All other revenue								
	40		Total rayanua Saa instructio					2,842,339.	1,426.	0.	-12,984.
	12	:	Total revenue. See instruction	פווע				4,044,333.	1,420.	ı	12,304.

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 respons	se or note to any line in	this Part IX	, ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,756,532.	1,756,532.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	161,491.	128,290.	22,480.	10,721.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	147,927.	122,561.	15,127.	10,239.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,254.		2,254.	
9	Other employee benefits	942.	763.	115.	64.
10	Payroll taxes	1,758.	1,424.	214.	120.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	7,085.		7,085.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	13,631.	12,758.	620.	253.
12	Advertising and promotion	25,592.	14,846.	4,096.	6,650.
13	Office expenses	47,884.	31,885.	8,650.	7,349.
14	Information technology				
15	Royalties				
16	Occupancy	35,532.	29,609.	3,533.	2,390.
17	Travel	54,773.	53,125.	784.	864.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	227.		227.	
22	Depreciation, depletion, and amortization	4,259.	2,751.	798.	710.
23	Insurance Other expenses. Itemize expenses not covered	4,239.	2,751.	730.	710.
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)				
a					
b					
c d					
	All other expenses	15,603.	13,959.	1,022.	622.
	Total functional expenses. Add lines 1 through 24e	2,275,490.	2,168,503.	67,005.	39,982.
25 26	Joint costs. Complete this line only if the organization	2,273,430.	2,100,303.	07,003.	35,502.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	in following 501 50-2 (A50 550-720)				- 000

Form 990 (2021)
Part X Balance Sheet

		Check if Schedule O contains a response or not	te to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			512,297.	1	914,002.
	2	Savings and temporary cash investments			808,522.	2	913,293.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			23,388.	8	57,511.
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	2,976.			
	b	Less: accumulated depreciation		1,136.	2,067.	10c	1,840.
	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	
	16	Total assets. Add lines 1 through 15 (must equ			1,346,274.	16	1,886,646.
	17	Accounts payable and accrued expenses			37,845.	17	11,368.
	18	Grants payable			·	18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete			21		
Ś	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
abi		controlled entity or family member of any of the				22	
=	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). Complete Part X			
		of Schedule D				25	
	26	T. 10 1000 A 110 470 1.05			37,845.	26	11,368.
		Organizations that follow FASB ASC 958, che					
Ses		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27	Net assets without donor restrictions			1,289,101.	27	1,300,316.
Ва	28	Net assets with donor restrictions			19,328.	28	574,962.
ဋ		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Ne.	32	Total net assets or fund balances			1,308,429.	32	1,875,278.
	33	Total liabilities and net assets/fund balances			1,346,274.	33	1,886,646.

Form **990** (2021)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

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2c | X

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 71-0929252 African Vision of Hope Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,110,994.	1,271,540.	1,646,301.	1,958,355.	2,853,897.	8,841,087.
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						
4	Total. Add lines 1 through 3	1,110,994.	1,271,540.	1,646,301.	1,958,355.	2,853,897.	8,841,087.
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)						900,851.
	Public support. Subtract line 5 from line 4.						7,940,236.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,110,994.	1,271,540.	1,646,301.	1,958,355.	2,853,897.	8,841,087.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	317.	429.	3,191.	4,567.	4,761.	13,265.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8,854,352.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	6,063.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publ						
	Public support percentage for 2021 (14	89.68 %
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	88.50 %
16a	33 1/3% support test - 2021. If the	•		•		•	
	stop here. The organization qualifies						\ X
k	33 1/3% support test - 2020. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	ts-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiza	tion
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	organization		▶∟
k	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and st o	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u></u>

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						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons						
k	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.)						
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(i) iotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	assuited offer lune 00 1075						
	acquired after June 30, 1975						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						_
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504()(0)	<u>.</u>
14	First 5 years. If the Form 990 is for the	-			-		ion,
50	check this box and stop here ction C. Computation of Publ	io Support Do	roontogo				P
						Laci	0.4
	Public support percentage for 2021 (15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	•					T .= T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶Ш

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	401		
lo	10b	~ 000	

Sche	adio / (i oiiii ooo) 202 i	71-0929252	Pá	age 5
Pa	t IV Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of 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 officers, directors, or trustees were allocated amor supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	officers, opported		
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			
800	the supported organization(s).	1		<u></u>
Sec	tion D. All Type III Supporting Organizations		1.,	·
			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	4		
•	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 on line 2, above, 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			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee ins	 tructions)		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	titv (see instructio	ons).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	<u>izations</u>	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections 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		
С	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 0.015 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 0.035.	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 0.85 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	ally integrate	d Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ed)					
Secti	on D - Distributions		•		Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes 1								
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity	2							
3	Administrative expenses paid to accomplish exempt purpose	ns	3						
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	he organization is responsive	е						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2021 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
а	From 2016								
b	From 2017								
С	From 2018								
d	From 2019								
е	From 2020								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2021 distributable amount								
i_	Carryover from 2016 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2021 distributable amount								
С	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2017								
b	Excess from 2018								
С	Excess from 2019								
d	Excess from 2020								
е	Excess from 2021								

Schedule A (Form 990) 2021

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.

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

2021

Open to Public Inspection

Name of the organization

Employer identification number

African Vision of Hope 71-0929252 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,976.	1,136.	1,840.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colur	mn (B), line 10c.)		1,840.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	Part VII Investments - Other Securities.	on Form 990 Part IV line	11h See Form 990 Part V line 12	
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				d-of-vear market value
(2) Closely held equity interests		(b) Book value	(e) Wether of Valuation. Cost of the	a or your market value
(3) Other				
(A) (B) (C) (C) (D) (D) (E) (F) (G) (G) (H) (G) (F) (G) (F) (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B				
(B) (C) (C) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D				
(C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D				
(E) (E) (F) (G) (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 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (9) (7) (8) (9) (9) (9) (1) Federal income taxes (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) Federal income taxes (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (4) (5) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (4) (5) (5) (6) (7) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
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If				
(6) (9) (91) (101a) (Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Compete if the organization answered Yes on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if				
Part VIII Investments - Program Related.				
Part VIII Investments - Program Related.				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (6) (6) (7) (8) (9) (7) (8) (9) (9) (10) (10) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (6) (6) (7) (8) (9) (9) (10) must equal Form 990, Part X, col. (8) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) (9) (9) (1) Federal income taxes (9) (9) (1) Federal income taxes (1) (9) (1) Federal form 990, Part X, col. (8) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) Fotal. (Column (b) must equal Form 990, Part X, col. (8) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) Fotal. (Column (b) must equal Form 990, Part X, col. (8) line 25.)				
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	(9)			
	Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	
	2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements	that reports the

Complete if the organization answered "Yes" on Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		············· '
Amounts included of line 1 but not off off 1 990, Part viii, line 12. Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
Subtract line 2e from line 1		
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	•	4c
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
art XII Reconciliation of Expenses per Audited Financial Sta		
Complete if the organization answered "Yes" on Form 990, Part IV, line	-	·
Total expenses and losses per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
Prior year adjustments		
Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
Subtract line 2e from line 1		
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	<u>-</u>	4c
o / taa mico la aira la		
Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. Evide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	.); Part IV, lines 1b and 2b;	5
art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	.); Part IV, lines 1b and 2b;	5
art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	.); Part IV, lines 1b and 2b;	5
art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	.); Part IV, lines 1b and 2b;	5
art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	.); Part IV, lines 1b and 2b;	5
art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	.); Part IV, lines 1b and 2b;	5
art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	.); Part IV, lines 1b and 2b;	5
art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	.); Part IV, lines 1b and 2b;	5

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.

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

2021
Open to Public Inspection

Name of the organization

Employer identification number

.fr	ican V	Jision of Hope				71-0929252	
Pa	rt I	General Infor	mation on A	ctivities Out	tside the United States. Comple	ete if the organization answered "	Yes" on
	•	Form 990, Part IV	/, line 14b.				
1	For g	rantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra		
	the g	rantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? X	Yes No
2			ribe in Part V the	e organization's _l	procedures for monitoring the use of its	s grants and other assistance out	side the
2		d States.	aa fallawina Dart	I line O table of	on he dunlicated if additional anges is	anded)	
3		ities per Region. (11 a) Region	(b) Number of		an be duplicated if additional space is r (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	(6	ay megion	offices in the region	employees,	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	expenditures for and investments in the region
				in the region			
Sub	-Sahaı	ran Africa	0	0	Program services	Travel and site visits	40,392.
					-		, -
Sub	-Sahaı	can Africa	0	0	Grants to recipients		1,756,532.
3 a	Subto	otal	0	0			1,796,924.
	Total	from continuation					
		s to Part I	0	0			0.
С	Total and 3	s (add lines 3a	0	0			1,796,924.
	and 3	וטו	ı	ı			1 1,130,344.

Schedule F (Form 990) 2021 African Vision of Hope 71-0929252 Page 2

Part II 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)
			Provide food, medical care, clean water, education, economic				Medical & school supplies, school equipment,	
			development and	1,671,875.	Wire transfer			FMV
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country,	recognized as a tax			

3	Enter total number of other orga	anizations or entities	
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See Part V for Column (d) descriptions

 Schedule F (Form 990) 2021
 African Vision of Hope
 71-0929252
 Page 3

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)

Schedule F (Form 990) 2021 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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 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; don't file with Form 990)	Yes	X No
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)	Yes	X No
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)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	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 Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

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.

(commence in the provided in the part to provide any desired in the part to par
Part I, Line 2:
The organization works in close collaboration with its partnering grantee
organization in Zambia. 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 organization. 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:
Expenditures are accounted for using the accrual method of accounting.
angenerated are accounted for again, one account meaned or accounting.
Part II, Column (d):
Region: Sub-Saharan Africa
(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 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open to Public

Inspection

Schedule G (Form 990) 2021

Name of the organization Employer identification number 71-0929252 African Vision of Hope Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

_		,	sion of Hope			929252 Page 2
Pa	ırt I					
		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					None	(add col. (a) through
			Gala	Ink House Event		col. (c))
a)			(event type)	(event type)	(total number)	Coi. (C)
ž						
Revenue	1	Gross receipts	381,998.	17,160.		399,158.
ď						
	2	Less: Contributions	297,104.	15,340.		312,444.
	3	Gross income (line 1 minus line 2)	84,894.	1,820.		86,714.
		,				
	4	Cash prizes				
		1				
	5	Noncash prizes				
es						
Sus	6	Rent/facility costs				
ž	ľ	There is a contract of the con				
Direct Expenses	7	Food and beverages		2,971.		2,971.
ji reć	l ′	1 ood and beverages		2,572.		2,572.
		Entortainment		200.		200.
	8	Entertainment Other direct expenses		ļ		101,288.
	_	Other direct expenses		•		104,459.
	10	Direct expense summary. Add lines 4 through				-17,745.
Pa		Net income summary. Subtract line 10 from I Gaming. Complete if the organization				-17,745.
ГС		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	11 990, Part IV, line 19, or	reported more trian	
		\$15,000 off1 off11 990-LZ, lifte da.	1	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				19-, p 9		oon (a) amoagn oon (o),
Re	١.					
	1	Gross revenue				
	_	Ocale asing				
ses	2	Cash prizes				
ens						
Expenses	3	Noncash prizes				
ect	١.					
Ö	4	Rent/facility costs				
	_					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	∟ No		└── No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		_	
9		ter the state(s) in which the organization condi	_			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		. L Yes No
b	If "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	. Yes No

Sch	nedule G (Form 990) 2021 African Vision of Hope 71-093	29252		Pad	ge 3
	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
	Indicate the percentage of gaming activity conducted in:	1425	l		0/
	a The organization's facility a An outside facility	13a 13b			<u>%</u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100			
	Name ▶				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗆	Yes		No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
	of gaming revenue retained by the third party > \$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	. 📖	Yes		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				
Da	organization's own exempt activities during the tax year > \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	. ПП 1:	n a a 0	0h 1	Oh
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, r. iii, ii	nes e,	9D, 1	UD,
	,,,,				

Schedule (Form 990) African Vision of Reps 71-929252 Page 4 Part IV Supplemental Information (continued)	Schedule G	(Form 990)	African Vision of H	ope	71-0929252	Page 4
	Part IV	Supplemental Infor	mation (continued)			

SCHEDULE M (Form 990)

Noncash Contributions

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.

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

African Vision of Hope

Employer identification number 71-0929252

Pa	rt I Type	s of Property				71 03232		
ı- a	iti iype	3 of 1 Topelty	(a)	(b)	(c)	(d)		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of deter noncash contributio	-	ıts
				items contributed	Form 990, Part VIII, line 1g			
1		art						
2		l treasures		6	4 700	Coat		
3		al interests		0	- /	Cost		
4		ublications			52,493.			
5		household goods		2	· · · · · · · · · · · · · · · · · · ·			
6		er vehicles		4	1,000.	Cost		
7		anes						
8		operty			2 244	Galling Daises		
9		ublicly traded		2	3,244.	Selling Prices		
10		losely held stock						
11	trust interests	artnership, LLC, or						
12	Securities - M							
13	Qualified cons	servation contribution -						
	Historic struc	tures						
14		servation contribution - Othe						
15	Real estate - I	Residential						
16	Real estate - 0	Commercial						
17		Other						
18								
19		ry						
20		edical supplies						
21	Taxidermy							
22		facts						
23		cimens						
24		artifacts						
25		(School Suppli) X	66	43,184.	Cost		
26	Other -	(STEM) X	9	13,561.	Cost		
27	Other -	(Medical Suppl) X	16	7,984.	Cost		
28	Other -	()					
29	Number of Fo	orms 8283 received by the o	rganization durin	g the tax year for o	contributions			
	for which the	organization completed For	m 8283, Part V, I	Donee Acknowledg	gement 29			0
							Yes	No
30a	During the year	ar, did the organization rece	eive by contributi	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it		
	must hold for	at least three years from the	e date of the initi	al contribution, and	d which isn't required to be ι	used for		
	exempt purpo	oses for the entire holding p	eriod?			30	Da	Х
b		ribe the arrangement in Par						
31	Does the orga	anization have a gift accepta	ance policy that r	equires the review	of any nonstandard contribu	utions? 3	1 X	
32a	Does the orga	anization hire or use third pa	arties or related o	rganizations to soli	icit, process, or sell noncash			
	contributions	?				32	2a	Х
b	If "Yes," desc	ribe in Part II.						
33	If the organiza	ation didn't report an amour	nt in column (c) fo	or a type of propert	y for which column (a) is che	ecked,		
	describe in Pa	art II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Open to Public

Inspection

Name of the organization

African Vision of Hope

Employer identification number 71-0929252

Form 990, Part III, Line 4a, Program Service Accomplishments: and printing supplies computers and other chemistry lab supplies. Robotics clubs continue to grow and thrive at three campuses. Also, in 2021, African Vision of Hope employed 163 caring teachers and staff who provided physical, intellectual and spiritual guidance. In 2021, 135 students completed their high school education bringing the total high school graduates to over 900. Higher education & amp; technology are vital to the development of Zambia, building a workforce of doctors, engineers, lawyers, and entrepreneurs, requiring drivers and flexible learning programs going beyond basic literacy. In 2021, 47 students were provided college scholarships, bringing the total to 172 college scholarships awarded. Nine men and women were given scholarships for seminary training and three more graduated bringing the total to 59. Form 990, Part III, Line 4b, Program Service Accomplishments: than dropping out to look for ways to acquire food. These nutritious meals allow them to concentrate on their studies and are life changing on their overall health. In 2021, African Vision of Hope provided basic medical care to 3,873 children for treatable illnesses such as vaccinations and malaria testing through an onsite medical clinic and an on-staff nurse who traveled between schools. Healthy kids learn better and these children are the future of Zambia.

Schedule O (Form 990) 2021 Page **2**

African Vision of Hope	Employer identification number 71-0929252
marroum vazon or nope	72 3525232
Form 990, Part III, Line 4c, Program Service Accomplishments:	
African Vision of Hope's Rescue Care expansion continued with phase 1	
construction of four rescue homes to provide shelter and care for 96	
orphaned and vulnerable children. The construction also included two	
bath houses (one for females, one for males) with private showers and	
toilets, house parent quarters, kitchen and community building.	
Appliances and generators were purchased for several Rescue Homes.	
Beside the physical buildings for the children in Rescue Care, African	
Vision of Hope hired and trained 8 Child Protection Officers to	
advocate for and rescue vulnerable children from child trafficking,	
child marriage, child labor and horrific abuse and neglect. These Child	
Protection Officers establish relationships with community social	
services, police and local leaders to bring immediate action and	
protection of children in need.	
African Vision of Hope services impact surrounding communities with a	
total population of over 418,800.	
Form 990, Part VI, Section A, line 2:	
Robert Bertels and Judith Bertels have a family relationship.	
Form 990, Part VI, Section A, line 8b:	
The organization has no committees with authority to act on behalf of the	
governing body. Therefore, this line was answered no in accordance with	
the instructions.	

Schedule O (Form 990) 2021 Page **2**

Name of the organization	Employer identification number 71-0929252
African Vision of Hope	71-0929232
Form 990, Part VI, Section B, line 11b:	
Form 990 is prepared by an independent CPA firm. The President/CEO reviews	
the Form 990 in detail. A copy of the Form 990 is given to the Board for	
review prior to filing with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
The organization has a written conflict of interest policy. Directors and	
officers complete a signed conflict of interest disclosure annually. The	
Board is responsible for the review of the statements and enforcement of	
the policy. If a person has a conflict with a matter at hand, they are	
asked to refrain from participation in meetings and/or voting when the item	
in conflict will be discussed and decided. During 2020, the leadership	
strengthened the policy and improved the review and oversight process for	
potential conflicts of interest.	
Form 990 Part VI Section B Line 15a.	
Form 990, Part VI, Section B, Line 15a:	
The Board of Directors appoints a compensation team of independent members	
to set the compensation of the President/CEO. The team conducts a review of	
annual goal achievements and utilizes compensation guides for non profits	
and Guidestar reports when establishing compensation for the next year.	
The compensation team submits a report to the Board that describes	
highlights from the review and the compensation they have set for the next	
calendar year, pending final Board approval. The deliberation and decision	
process is documented.	
Form 990, Part VI, Section B, Line 15b:	
The organization does not compensate any other officers or key employees.	
Therefore, this line was answered no in accordance with the instructions.	

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 71-0929252 African Vision of Hope File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 8 Professional Park Drive return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Maryville, IL 62062 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 Judith Bertels The books are in the care of ▶ 8 Professional Park Drive - Maryville, IL 62062 Telephone No. ► 618-288-7695 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. November 15, 2022 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning ___ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)