African Vision of Hope

Return of Organization Exempt From Income Tax December 31, 2017

OPEN TO PUBLIC INSPECTION

Form	990	

EXTENDED TO NOVEMBER 15, 2018

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

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

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2017 calendar year, or tax year beginning and	ending						
B a	Check if Ipplicab	le: C Name of organization		D Employer identifie	cation number				
		Address AFRICAN VISION OF HOPE							
	Name Chang	Doing business as		**_*	**9252				
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe					
	Final return	8 PROFESSIONAL PARK DRIVE		618-	288-7695				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,170,897.				
	Amen	MARIVILLE, IL 02002	H(a) Is this a group re	eturn					
	Applied tion	F Name and address of principal officer: JUDITH BERTELS		for subordinates	? Yes X No				
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No				
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) d	or 📃 527	If "No," attach a	list. (see instructions)				
		te: WWW.AFRICANVISIONOFHOPE.ORG		H(c) Group exemptio	n number 🕨				
κF	orm o	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2003 N	$f I$ State of legal domicile: ${\tt IL}$				
Pa	art I	Summary							
e	1	Briefly describe the organization's mission or most significant activities: CARE	FOR T	HE ORPHANED	AND				
Ĵ		VULNERABLE CHILDREN IN ZAMBIA THROUGH SEI	RVICES	THAT ALLEV	IATE				
srne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.				
0 Vě	3	Number of voting members of the governing body (Part VI, line 1a)		3	8				
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			б				
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	11				
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	285				
Activities & Governance	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
~		Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
Ð	8	Contributions and grants (Part VIII, line 1h)		1,171,191.	1,110,944.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		262.	317.				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,457.	22,217.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,191,910.	1,133,478.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		591,187.	755,336.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		141,026.	168,455.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
, we we		Total fundraising expenses (Part IX, column (D), line 25)	47.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		195,957.	191,869.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		928,170.	1,115,660.				
	19	Revenue less expenses. Subtract line 18 from line 12		263,740.	17,818.				
ces			Be	ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		650,839.	658,464.				
dBs	21	Total liabilities (Part X, line 26)		20,848.	10,655.				
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		629,991.	647,809.				
Pa	art II	Signature Block							
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is				

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JUDITH BERTELS, PRESID Type or print name and title	ENT/CEO		Date				
Paid	Print/Type preparer's name KARYN A. NUNN	Preparer's signature Kayn Tunn KARYN A. NUNN	Date 11/13/	/18 Check If self-employed	PTIN P00958489			
Preparer	Firm's name ▶ MUELLER PROST LC			Firm's EIN 🕨 📩	*-***4752			
Use Only	Firm's address 7733 FORSYTH BLV ST. LOUIS, MO 63			Phone no. (314) 862-2070			
May the IRS discuss this return with the preparer shown above? (see instructions)								
732001 11-2	732001 11-28-17LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2017)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2017) AFRICAN VISION OF HOPE	**-***9252	Page
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	AFRICAN VISION OF HOPE CONFRONTS THE ROOT CAUSES OF PO		
	PROVIDING OPPORTUNITIES TO BE EDUCATED, GROW UP HEALT		
	LEADERSHIP AND ECONOMIC SKILLS AND LEARN ABOUT GOD'S	LOVE	
2	Did the organization undertake any significant program services during the year which were not listed on th		
	prior Form 990 or 990-EZ?	Yes	s X N
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?Yes	s X N
	If "Yes," describe these changes on Schedule O.		
1	Describe the organization's program service accomplishments for each of its three largest program services	s, as measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses	, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 484,767. including grants of \$ 407,800.) (F	evenue \$	
	PROVIDED PRIMARY AND HIGH SCHOOL EDUCATION TO 3,000 V		LDREN
	ENROLLED IN AFRICAN VISION OF HOPE SCHOOLS. CONSTRUCT		
	CLASSROOMS, PURCHASED 450 CURRICULUM BOOKS AND 68 NEW		DED
	700,000 HOT LUNCHES TO STUDENTS. NEW PIT LATRINES AND		~_
	STATIONS WERE INSTALLED AT EACH SCHOOL TO COMBAT CHOL		SE.
	LEADERSHIP AND TEACHERS TRAINING WAS PROVIDED TO 120 1		
	FOCUSED ON REDUCING CHILD MARRIAGE, GENDER CHALLENGES	-	
	SCHOOLS. LARGE WATER TANKS WERE INSTALLED AT 2 SCHOOL		
	HOLES AND WELLS WERE UPDATED THAT PROVIDE WATER TO 10	-	15
	CHILDREN RECEIVED LIFESAVING HEART SURGERY OUT OF THE		
	MEDICAL CARE WAS PROVIDED TO 3,500 CHILDREN AND ADULT		
	COMPLETED THEIR HIGH SCHOOL EDUCATION IN NOVEMBER BRI		AL
b	(Code:) (Expenses \$ 323,065. including grants of \$ 250,539.) (R		201
	AFRICAN VISION OF HOPE PROVIDED HOT NUTRITIOUS MEALS		JOL
	CHILDREN EVERY SCHOOL DAY. THE AFRICAN VISION OF HOP		
	PROVIDED A SAFE HOME FOR 65 CHILDREN ALONG WITH 3 MEAN		
	589,000 MEALS WERE SERVED IN 2017 TO CHILDREN IN THE RORPHANAGE, AND SONSHINE KIDZ KLUB. AFRICAN VISION OF	-	
	MEDICAL CARE THROUGH THEIR ONSITE MEDICAL CLINIC AND Z		
	WHO TRAVELED BETWEEN SCHOOLS. 8,000 CHILDREN, GUARDIA		
	EDUCATED ON HYGIENE TRAINING, SANITATION AND HIV EDUCA	-	WERE
	CHILDREN RECEIVED BASIC MEDICAL CARE FOR TREATABLE IL		۸C
	VACCINATIONS AND MALARIA TESTING. 500 CHILDREN, TEACH		
	PROVIDED PRIVATE MEDICAL CARE FOR ILLNESSES THAT NEED		WEILE
	MEDICAL CARE. 20 CHILDREN WERE PROVIDED AIRFARE TO NEW		
с	(Code:) (Expenses \$ 168,463. including grants of \$ 96,997. (Fill		
rC	VOCATION, TECHNICAL, AND LEADERSHIP TRAINING WAS PROV		ENTS
	WOMEN, AND MEN. AFRICAN VISION OF HOPE EMPLOYS TRAIN		
	SEWING, KNITTING, SMALL BUSINESS, AND CRAFT SKILLS TO		
	ARE LIVING IN POVERTY AND HAVE NOT COMPLETED THEIR ED		
	AND WOMEN WERE TRAINED IN THESE AREAS. THEY HAVE MADE		
	AFRICAN VISION OF HOPE SCHOOL CHILDREN AND 300 SWEATED		
	TO BUILD SUSTAINABILITY FOR THEIR FAMILIES AND FOR TH		
	ADULTS LEARNING A SKILL. AFRICAN VISION OF HOPE CHIKU		
	AND SOLD 2,000 CHICKENS AND ALSO PRODUCED MAIZE, VEG		
	PROVIDED AN ACTIVE HAMMER MILL FOR THE COMMUNITY TO G		HE
	PRODUCE IS USED BY AFRICAN VISION OF HOPE SCHOOLS AND		
	TO RUN THE FARM. THE AFRICAN VISION OF HOPE TECHNOLOG		
		JI CHNIEK IKA.	
łd	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 976,295.)	
e	Total program service expenses 976, 295.		000 /25
	SEE SCHEDULE O FOR CONTINUATION		990 (201
2002	2 11-28-17 SEE SCHEDULE O FOR CONTINUATION 2 11-28-17 2		
71	113 792632 18042001 2017.04030 AFRICAN VISION OF	HODE 100	4200
1 1	TTO 122022 TO04200T Z011.04020 ALKICAN VIDION OF	TOL TOL	± 4 0 0.

Form	990	(2017)	i

Part IV Checklist of Required Schedules

AFRICAN VISION OF HOPE

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 6	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	21	<u> </u>
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	1	<u> </u>
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	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		x

Form **990** (2017)

732003 11-28-17

Form	000	(2017)
Form	990	(2017)

AFRICAN VISION OF HOPE

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04-	Schedule J	23		
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			
		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10		
Ū	any tax-exempt bonds?	24c		
d	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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	х	
b		28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
35а ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
U	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	1	
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

732004 11-28-17

Form	990 (2017) AFRICAN VISION OF HOPE		**_***9	252	Pa	age 5
Pa	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					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ble gaming			
•	(gambling) winnings to prize winners?			1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	11			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	L		2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction			2.5		
3a				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			0.0		
τu	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
h	If "Yes," enter the name of the foreign country:	accou		ти		
D D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	te (FBAR)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
Ja				5a 5b		X
U O	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans- If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			50 50		- 11
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			50		
Ua	any contributions that were not tax deductible as charitable contributions?			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribu			Ua		
b			0	6b		
7				do		
7	Organizations that may receive deductible contributions under section 170(c).	rvicoc r	vrovidad to the pavor?	7a	х	
a h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b	X	
				70	- 23	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-		70		x
ا م	to file Form 8282?	7d		7c		- 23
	If "Yes," indicate the number of Forms 8282 filed during the year			70		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont					- 23
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g 7b		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			•		
0	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a k				9a 0h		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	100	l			
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
b 11						
11	Section 501(c)(12) organizations. Enter:	440	l			
a k	Gross income from members or shareholders	11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	<u> </u>	10-		
			<u> </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			12-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
Ŀ-	Note. See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	104				
-	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	L	14-		X
				14a	<u> </u>	
α	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	eU		14b	990	(00.17

732005 11-28-17

AFRICAN VISION OF HOPE

Form	990	(2017)
------	-----	--------

Section A. Governing Body and Management

AFRICAN VISION OF HOPE

Х

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a {	3		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b (2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			
	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				_
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes? \ldots		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				
	in Schedule O how this was done		12c	X	
3	Did the organization have a written whistleblower policy?		13	X	
4	Did the organization have a written document retention and destruction policy?		14	X	
5	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16b		
iec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	۲ (Section 501(c)(3)s only)	availab	ble	
	for public inspection. Indicate how you made these available. Check all that apply.				
		in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy, ar	d finan	icial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo JUDITH BERTELS - 618-288-7695	ooks and records:			
	8 PROFESSIONAL PARK DRIVE, MARYVILLE, IL 62062				
32006	§ 11-28-17		Form	1 990	(2017
	6				
71	113 792632 18042001 2017.04030 AFRICAN VISION	OF HOPE	180	0420	001

Part VII	Compensation of Officers,	Directors,	Trustees,	Key I	Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	(do box	not c	(C Pos heck ss pe	C) ition more rson i		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JUDITH BERTELS	60.00	x		x				75,650.	0.	0.
PRESIDENT/CEO (2) ROBERT BERTELS	40.00	^		<u>^</u>				75,050.	0.	0.
VICE PRESIDENT	40.00	x						0.	0.	0.
(3) WARD MCMILLEN	20.00							0.	0.	
CHAIRPERSON	20000	x		x				0.	0.	0.
(4) ASHLEY DAY	5.00								•••	
DIRECTOR		x						0.	Ο.	0.
(5) KENT SCHUETTE	5.00									
DIRECTOR		X						0.	0.	0.
(6) STEVEN DARR	5.00									
DIRECTOR		Х						0.	0.	0.
(7) DAVID STOGNER	5.00									_
DIRECTOR		х						0.	0.	0.
(8) DON MUSKOPF	5.00									•
TREASURER		X		X				0.	0.	0.
		1								
		<u> </u>								
		-								
732007 11-28-17	I	I	L	L	L	L	L			Form 990 (2017)

732007 11-28-17

7

18042001

	990 (2017) AFRICAN									**_*	**9	252	Pa	age 8
Par			ploy	vees			ighe	st C						
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	Pos heck	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	on d	an	(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)	organization (W-2/1099-MIS		fr org an	pensa om the anizati d relate anizatio	e ion ed
1b	Sub-total	I	I	I	I	I	I		75,650.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 75,650.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			0
3	Did the organization list any former officer,	director, or tru	ustee	e, ke	ey er	nplc	oyee	or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d otl	-	the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services	5	4		x
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .					5		Х
1	Complete this table for your five highest co the organization. Report compensation for	-									npens	ation 1	rom	
	(A) Name and business			ONE					(B) Description of s		с) ompe	;) nsatio	n
								-						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				(0					Form	990 (2017)

732008 11-28-17

Form **990** (2017)

Text VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Total revenue Colspan="2">Colspan="2"C	Form	n 990	0 (;	2017) AFRIC	CAN VISIC	N OF HOP	Ξ		**_***	9252 Page 9
Operation Opera										3
(A) In a Federated campaign In Test Act Im a Federate Federate Act Im a Federate Act Im Act Im A Federate A						or note to any lin	e in this Part VIII			
gg orgeneration 2 a							(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
gg or general income (incluing dividends, interest, and other similar amounts) Image: similar amounts) Image: similar amounts) 4 income from investment of tax exempt bord proceeds Image: similar amounts) Image: similar amounts) 5 Royalise Image: similar amounts) Image: similar amounts) Image: similar amounts) 6 a cross rents Image: similar amounts) Image: similar amounts) Image: similar amounts) 6 a cross rents Image: similar amounts) Image: similar amounts) Image: similar amounts) 7 a cross rents Image: similar amounts) Image: similar amounts) Image: similar amounts) 9 a cross rents Image: similar amounts) Image: similar amounts) Image: similar amounts) 16 a cross income from similar amounts) Image: similar amounts) Image: similar amounts) Image: similar amounts) 17 a cross income from fundrabing events (not including \$	nts nts	1	а	Federated campaigns	1a					
gg or general income (incluing dividends, interest, and other similar amounts) Image: similar amounts) Image: similar amounts) 4 income from investment of tax exempt bord proceeds Image: similar amounts) Image: similar amounts) 5 Royalise Image: similar amounts) Image: similar amounts) Image: similar amounts) 6 a cross rents Image: similar amounts) Image: similar amounts) Image: similar amounts) 6 a cross rents Image: similar amounts) Image: similar amounts) Image: similar amounts) 7 a cross rents Image: similar amounts) Image: similar amounts) Image: similar amounts) 9 a cross rents Image: similar amounts) Image: similar amounts) Image: similar amounts) 16 a cross income from similar amounts) Image: similar amounts) Image: similar amounts) Image: similar amounts) 17 a cross income from fundrabing events (not including \$	àraı our		b	Membership dues	1b					
gg or general income (incluing dividends, interest, and other similar amounts) Image: similar amounts) Image: similar amounts) 4 income from investment of tax exempt bord proceeds Image: similar amounts) Image: similar amounts) 5 Royalise Image: similar amounts) Image: similar amounts) Image: similar amounts) 6 a cross rents Image: similar amounts) Image: similar amounts) Image: similar amounts) 6 a cross rents Image: similar amounts) Image: similar amounts) Image: similar amounts) 7 a cross rents Image: similar amounts) Image: similar amounts) Image: similar amounts) 9 a cross rents Image: similar amounts) Image: similar amounts) Image: similar amounts) 16 a cross income from similar amounts) Image: similar amounts) Image: similar amounts) Image: similar amounts) 17 a cross income from fundrabing events (not including \$	s, G					94,031.				
gg orgeneration 2 a	Gift lar									
gg orgeneration 2 a	inil inil		е	Government grants (contribut	ions) 1e					
gg orgeneration 2 a	tion r S		f	All other contributions, gifts, gran	ts, and					
gg orgeneration 2 a	the			similar amounts not included abo	ve 1f 1 ,	016,913.				
gg orgeneration 2 a	dt		g	Noncash contributions included in lines	; 1a-1f: \$	67,668.				
gg orgeneration 2 a	aCo						1,110,944.			
g Total Add lines 2a.21 g Total Add lines 2a.21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royattis 6 a Gross rents (i) Real b Less: rental expenses (ii) Personal c Rental income or (loss) (iii) Securities 7 a Gross amount from sales of rotes asis and sales expenses (iii) Securities c Gain or (loss) (iii) Securities b Less: cost or other basis and sales expenses (iii) Securities a Gross income from fundraising events (not including \$ 94, 031. or contributions reported on line 10; See Part IV, line 18 59, 6366. b Less: direct expenses (iiii) 37, 419. 22, 217. 9 a Gross income from gaming activities. See Part IV, line 19 (ivertices a) b Less: cost of goods sold (ivertices a) i D a Gross sold of from gaming activities. See Part IV, line 19 (ivertices a) i D a Gross sold of from gaming activities. See Part IV, line 19 (ivertices a) i D a Gross sold of inventory, less returns and allowances (ivertices a) i D a Gross income from sales of inventory (ivertices a) i D a I										
g Total Add lines 2a.21 g Total Add lines 2a.21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royattis 6 a Gross rents (i) Real b Less: rental expenses (ii) Personal c Rental income or (loss) (iii) Securities 7 a Gross amount from sales of rotes asis and sales expenses (iii) Securities c Gain or (loss) (iii) Securities b Less: cost or other basis and sales expenses (iii) Securities a Gross income from fundraising events (not including \$ 94, 031. or contributions reported on line 10; See Part IV, line 18 59, 6366. b Less: direct expenses (iiii) 37, 419. 22, 217. 9 a Gross income from gaming activities. See Part IV, line 19 (ivertices a) b Less: cost of goods sold (ivertices a) i D a Gross sold of from gaming activities. See Part IV, line 19 (ivertices a) i D a Gross sold of from gaming activities. See Part IV, line 19 (ivertices a) i D a Gross sold of inventory, less returns and allowances (ivertices a) i D a Gross income from sales of inventory (ivertices a) i D a I	e	2	а							
g Total Add lines 2a.21 g Total Add lines 2a.21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royattis 6 a Gross rents (i) Real b Less: rental expenses (ii) Personal c Rental income or (loss) (iii) Securities 7 a Gross amount from sales of rotes asis and sales expenses (iii) Securities c Gain or (loss) (iii) Securities b Less: cost or other basis and sales expenses (iii) Securities a Gross income from fundraising events (not including \$ 94, 031. or contributions reported on line 10; See Part IV, line 18 59, 6366. b Less: direct expenses (iiii) 37, 419. 22, 217. 9 a Gross income from gaming activities. See Part IV, line 19 (ivertices a) b Less: cost of goods sold (ivertices a) i D a Gross sold of from gaming activities. See Part IV, line 19 (ivertices a) i D a Gross sold of from gaming activities. See Part IV, line 19 (ivertices a) i D a Gross sold of inventory, less returns and allowances (ivertices a) i D a Gross income from sales of inventory (ivertices a) i D a I	e vic		b							
g Total Add lines 2a.21 g Total Add lines 2a.21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royattis 6 a Gross rents (i) Real b Less: rental expenses (ii) Personal c Rental income or (loss) (iii) Securities 7 a Gross amount from sales of rotes asis and sales expenses (iii) Securities c Gain or (loss) (iii) Securities b Less: cost or other basis and sales expenses (iii) Securities a Gross income from fundraising events (not including \$ 94, 031. or contributions reported on line 10; See Part IV, line 18 59, 6366. b Less: direct expenses (iiii) 37, 419. 22, 217. 9 a Gross income from gaming activities. See Part IV, line 19 (ivertices a) b Less: cost of goods sold (ivertices a) i D a Gross sold of from gaming activities. See Part IV, line 19 (ivertices a) i D a Gross sold of from gaming activities. See Part IV, line 19 (ivertices a) i D a Gross sold of inventory, less returns and allowances (ivertices a) i D a Gross income from sales of inventory (ivertices a) i D a I	s Se		с							
g Total Add lines 2a.21 g Total Add lines 2a.21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royattis 6 a Gross rents (i) Real b Less: rental expenses (ii) Personal c Rental income or (loss) (iii) Securities 7 a Gross amount from sales of rotes asis and sales expenses (iii) Securities c Gain or (loss) (iii) Securities b Less: cost or other basis and sales expenses (iii) Securities a Gross income from fundraising events (not including \$ 94, 031. or contributions reported on line 10; See Part IV, line 18 59, 6366. b Less: direct expenses (iiii) 37, 419. 22, 217. 9 a Gross income from gaming activities. See Part IV, line 19 (ivertices a) b Less: cost of goods sold (ivertices a) i D a Gross sold of from gaming activities. See Part IV, line 19 (ivertices a) i D a Gross sold of from gaming activities. See Part IV, line 19 (ivertices a) i D a Gross sold of inventory, less returns and allowances (ivertices a) i D a Gross income from sales of inventory (ivertices a) i D a I	am eve		d							
g Total Add lines 2a.21 g Total Add lines 2a.21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royattis 6 a Gross rents (i) Real b Less: rental expenses (ii) Personal c Rental income or (loss) (iii) Securities 7 a Gross amount from sales of rotes asis and sales expenses (iii) Securities c Gain or (loss) (iii) Securities b Less: cost or other basis and sales expenses (iii) Securities a Gross income from fundraising events (not including \$ 94, 031. or contributions reported on line 10; See Part IV, line 18 59, 6366. b Less: direct expenses (iiii) 37, 419. 22, 217. 9 a Gross income from gaming activities. See Part IV, line 19 (ivertices a) b Less: cost of goods sold (ivertices a) i D a Gross sold of from gaming activities. See Part IV, line 19 (ivertices a) i D a Gross sold of from gaming activities. See Part IV, line 19 (ivertices a) i D a Gross sold of inventory, less returns and allowances (ivertices a) i D a Gross income from sales of inventory (ivertices a) i D a I	lgo H		е							
3 investment income (including dividends, interest, and other similar amounts) 317. 317. 4 income from investment of tax-exempt bond proceeds 317. 317. 5 Royatties 0) Real 0) Personal 6 a Gross rents 0) Real 0) Other b Less: rental expenses 0 0 c Rental income or (loss) 0 0 7 a Gross amount from sales of there than inventory 0 0 b Less: cost or other basis and sales expenses 0 0 c Gain or (loss) 0 0 0 8 a Gross income from fundraising events (not including \$94,031. of cont including \$\overline{94,031. of cont contributions reported on line to; See Part IV, line 19 0 22,217. 22,217. 9 a Gross income from gaming activities. See Part IV, line 19 0 0 0 0 22,217. 22,217. 9 a Gross income or (loss) from gaming activities. See There or (loss) from sales of inventory. 0 0 0 0 0 10 a Gross sales of inventory. 0 0 0 0 0 <	P		f	All other program service reve	enue					
other similar amounts) 317. 317. 4 income from investment of tax-exempt bond proceeds 5 Royatites 6 Gross rents b Less: rental expenses c Rental income or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) e S S Gross income from from fundraising events b Less: direct expenses c Net income or (loss) from (loss) from fundraising events a Cross sale of inventory, less returns a a dilowances c Net income or (loss) from gaming activities </td <td></td> <td></td> <td>g</td> <td>Total. Add lines 2a-2f</td> <td></td> <td> ►</td> <td></td> <td></td> <td></td> <td></td>			g	Total. Add lines 2a-2f		►				
4 Income from investment of tax-exempt bond proceeds 5 Royatties 6 a Gross rents 0) Real b Less: rental expenses 0) Real c Rental income or (loss) 0) Securities d Net gain or (loss) 0 d Net gain or (loss) 0 b Less: cost or other basis and sales expenses 59, 636. s Cross income from gaming activities. See Part IV, line 18 59, 636. b Less: cirect expenses 0 b Less: cirect expenses 0 c Net income or (loss) from gaming activities. See Part IV, line 19 0 a d alowances 0 b Less: cost of goods sold 0 c Net income or (loss) from sales of inventory 0 mid alowances 0 a Loss incous Revenue 0		3		Investment income (including	dividends, inter	est, and				
5 Royatties (i) Real (ii) Personal 6 a Gross rents (ii) Real (ii) Personal b Less: rental expenses (iii) Other c Rental income or (loss) (iii) Securities (iii) Other a Gross amount from sales of (iii) Securities (iii) Other a Gross action throm sales of (iii) Securities (iii) Other a Gross income from fundraising events (not including \$94,031. of contributions reported on line 1c). See 59,636. b Less: direct expenses (b) 59,636. c Net income or (loss) from fundraising events 22,217. 22,217. 9 a Gross income from gaming activities. See (ii) Other (iii) Cons sales of inventory, less returns and allowances (iii) Cons sales of inventory, less returns and allowances (iii) Cons sales of inventory, less returns and allowances (iii) Cons from sales of inventory, less returns and allowances (iii) Cons from sales of inventory, less returns and allowances (iii) Cons from sales of inventory, less returns and allowances (iii) Cons from sales of inventory, less returns and allowances (iii) Cons from sales of inventory, less returns and allowances (iii) Cons from sales of inventory, less returns and allowances (iii) Cons from sales of inventory, less returns and allowances (iii) Cons from sales of inventory, less returns and allowances (iii) Cons				other similar amounts)		►	317.	317.		
6 a Gross rents (i) Real (ii) Personal b Less: rental income or (loss) (iii) Other c Rental income or (loss) (iii) Securities d Net rental income or (loss) (iii) Other a Gross amount from sales of (iii) Securities b Less: cost or other basis (iii) Other a Gross income from fundraising events (not including \$94, 031. of contributions reported on line tc). See > Patt IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 59, 636. b Less: direct expenses b c Net income or (loss) from fundraising events 22, 217. g Gross income from gaming activites. > b Less: direct expenses b c Net income or (loss) from gaming activites. > c Net income or (loss) from gaming activites. > d allowances a a Less: cost of gods sold b c Net income or (loss) from gaming activites. > in a dallowances a b Less: cost of gods sold b c Net income or (loss) from gaming activites. > d All other revenue<		4		Income from investment of tax	x-exempt bond p	oroceeds 🕨 🕨				
6 a Gross rents a b Less: rental expenses a c Rental income or (loss) a d Net gain or (loss) a d Net gain or (loss) b b Less: direct expenses b c Ross income from fundraising events 59, 636. 37, 419. 22, 217. 9 a Gross income from gaming activities. See b part IV, line 19 a b Less: direct expenses b b c o Gross income from gaming activities. b loss cost of goods sold b b Less: cost of goods sold b c Net income or (loss) from sales of inventory. c Miscellaneous Revenue Business Code 11 a		5		Royalties	· <u></u>	►				
b Less: rental expenses					(i) Real	(ii) Personal				
c Rental income or (loss) Image: state of the transmission of transmissin of transmission of transmission of transmission of transmissio		6	а	Gross rents						
d Net rental income or (loss)										
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other assets other than inventory Less: cost or other basis and sales expenses (iii) Cher c Gain or (loss)										
assets other than inventory						🕨				
b Less: cost or other basis and sales expenses		7	а		(i) Securities	(ii) Other				
and sales expenses										
c Gain or (loss)			b							
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 94,031. of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b Less: control (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Less: cont of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Less: 11a 11d c Less: Lass: Las										
8 a Gross income from fundraising events (not including \$94,031. of contributions reported on line 1c). See Part IV, line 18 b 59,636. 9 a Gross income from gaming activities. See Part IV, line 19 a b 22,217. 9 a Gross sincome from gaming activities. See Part IV, line 19 a b b b c b c b c c c c										
including \$94, 031. of contributions reported on line 1c). See Part IV, line 18a 59, 636. 37, 419. b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19a > 22, 217. 9 a Gross income from gaming activities. See Part IV, line 19a > 22, 217. b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19a > b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19a > 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory > Miscellaneous Revenue Business Code 11 a						▶				
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Miscellaneous Revenue Business Code 11 a b C All other revenue e Total revenue. See instructions. 12 Total revenue. See instructions. 22,217. 22,217. 22,217. 22,217. 22,217. 22,217.	nue	8	а							
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Miscellaneous Revenue Business Code 11 a b C All other revenue e Total revenue. See instructions. 12 Total revenue. See instructions. 22,217. 22,217. 22,217. 22,217. 22,217. 22,217.	eve									
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Miscellaneous Revenue Business Code 11 a b C All other revenue e Total revenue. See instructions. 12 Total revenue. See instructions. 22,217. 22,217. 22,217. 22,217. 22,217. 22,217.	r B					59,636.				
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Miscellaneous Revenue Business Code 11 a b C All other revenue e Total revenue. See instructions. 12 Total revenue. See instructions. 22,217. 22,217. 22,217. 22,217. 22,217. 22,217.	the		b			37,419.				
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a	0					►	22,217.			22,217.
b Less: direct expenses b b b b b b b b b b b b b b b b b b										
b Less: direct expenses b b b b b b b b b b b b b b b b b b				Part IV, line 19	а					
10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.			b							
and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1 1 1 a b c d All other revenue 1 1 1 a b c d late <			с	Net income or (loss) from gam	ning activities	►				
b Less: cost of goods soldb c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.		10	а	•						
c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code Image: Code state				and allowances	а					
Miscellaneous Revenue Business Code Image: Code Image: Code 11 a						<u> </u>				
11 a			С							
b				Miscellaneous Revenu	le	Business Code				
c		11								
d All other revenue			b							
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions. ▶ 1,133,478. 317.										
12 Total revenue. See instructions. ▶ 1,133,478. 317. 0. 22,217.										
							1 133 179	217	0	22 217
	70000					🕨	-,,+/0•		0	

11071113 792632 18042001

9 2017.04030 AFRICAN VISION OF HOPE

18042001

Part IX Statement of Functional Expenses

AFRICAN VISION OF HOPE

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	755,336.	755,336.		
4	Benefits paid to or for members	,	,		
5	Compensation of current officers, directors,				
5	trustees, and key employees	75,650.	37,824.	18,913.	18,913
6	Compensation not included above, to disqualified	/3/0301	5770210	10,9101	10,910
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
-		74,378.	36,930.	18,647.	18,801
7	Other salaries and wages	/4,3/0.	30,930.	10,04/.	10,001
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		1 202	1 0 2 6	1 020
9	Other employee benefits	3,454.	1,382.	1,036.	1,036 4,492
10	Payroll taxes	14,973.	5,989.	4,492.	4,492
11	Fees for services (non-employees):				
а	Management				
b	Legal	326.		326.	
С	Accounting	8,620.		8,620.	
d	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.)	325.		325.	
12	Advertising and promotion	20,749.	17,330.		3,419
13	Office expenses	58,328.	41,748.	9,892.	6,688
14	Information technology				
15	Royalties				
16	Occupancy	32,475.	24,357.	4,059.	4,059
17	Trough	5,212.	2,085.	1,564.	4,059 1,563
18	Payments of travel or entertainment expenses	•,	_,		_,
10					
10	for any federal, state, or local public officials Conferences, conventions, and meetings	369.	124.	123.	122
19 00		505.		125.	100
20	Interest				
21	Payments to affiliates	2,294.	918.	688.	688
22	Depreciation, depletion, and amortization	1,615.	910.	1,615.	000
23		1,015.		1,015.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISSION TRIP EXPENSES	40,723.	40,723.		
b	REPAIRS & MAINTENANCE	8,250.	6,188.	1,031.	1,031
с	DONOR DEVELOPMENT	6,661.			6,661
d	VOLUNTEER APPRECIATION	3,741.	3,180.	187.	374
е	All other expenses	2,181.	2,181.		
25	Total functional expenses. Add lines 1 through 24e	1,115,660.	976,295.	71,518.	67,847
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

732010 11-28-17

Check here

11071113 792632 18042001

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

10 2017.04030 AFRICAN VISION OF HOPE Form **990** (2017)

11071113 792632 18042001

AFRICAN VISION OF HOPE

		Check if Schedule O contains a response or not	e to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			645,375.	1	657,804.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,090.	4	660.
	5	Loans and other receivables from current and fo				_	
		trustees, key employees, and highest compensation					
		Part II of Schedule L	-			5	
	6	Loans and other receivables from other disqualit				_	
		section 4958(f)(1)), persons described in section	-				
		employers and sponsoring organizations of sect					
3		employees' beneficiary organizations (see instr).		6			
	7	Notes and loans receivable, net		7			
ć	8	Inventories for sale or use				8	
	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	37,664.			
	b	Less: accumulated depreciation		37,664.	2,294.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			80.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		650,839.	16	658,464.
	17	Accounts payable and accrued expenses			20,848.	17	10,655.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of S	chedule D		21	
ß	22	Loans and other payables to current and former	officers, d	irectors, trustees,			
		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
•	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	•				
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X of			
	~	Schedule D			20,848.	25	10,655.
	26	Total liabilities. Add lines 17 through 25			20,040.	26	10,055.
		Organizations that follow SFAS 117 (ASC 958					
Š	27	complete lines 27 through 29, and lines 33 an			621,882.	27	638,700.
5	27 28	Unrestricted net assets			8,109.	27	9,109.
Š	20 29	Democratic methods and set of a state			0,105.	20 29	5,105.
	29	Organizations that do not follow SFAS 117 (A		heck here		29	
-		and complete lines 30 through 34.					
3	30	Capital stock or trust principal, or current funds			30		
2000	31	Paid-in or capital surplus, or land, building, or eq			31		
	32	Retained earnings, endowment, accumulated in				32	
	33	Total net assets or fund balances			629,991.	33	647,809.
	34	Total liabilities and net assets/fund balances			650,839.	34	658,464.
					-		

Form **990** (2017)

Form 990 (2017)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

Form	AFRICAN VISION OF HOPE	**.	-***9252	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,133	3,4	78.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,11		
3	Revenue less expenses. Subtract line 2 from line 1	3			18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	629	9,9	91.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	647	7,8	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2017)

732012 11-28-17

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	EZ)
-------	-----	----	------	-----

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
I	2017
	Open to Public Inspection
Employer	identification number

Name of the organization

			ΔFRT	CAN VISION	OF HOPF				*	*-**9252	
Pa	Irt		Reason for Public (molete th	is nart) Se	e instruction		5252	-
			zation is not a private found						5.		-
1 1	l l		A church, convention of ch								
2			A school described in secti					·)(A)(I)·			
2			A hospital or a cooperative					::)			
			• •					•	Viii) Entor	the beenitel's name	
4			A medical research organiz	ation operated in co	njunction with a nospital	described	in sectio		Jun). Enter	the hospital's hame,	
F			city, and state: An organization operated for	ar the benefit of a co		d or opored	tod by a a	overnmentel	unit dooorik	and in	
5	L		section 170(b)(1)(A)(iv). (C		lege of university owned	u or opera	leu by a y	overnmentart			
e		٦		• •	aantal unit daaarihad in d	nation 17	0/L\/4\/A\	(A)			
6 7	X	•	A federal, state, or local gov	-					ha aanaral	nublic described in	
'	23		An organization that norma	-	inial part of its support i	rom a gov	ennentai		ne general		
0			section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete Dar						
8			A community trust describe				d in aanii	upotion with a	land grant		
9			An agricultural research org								
			or university or a non-land-c	grant college of agric	ulture (see instructions).	Enterthe	name, city	y, and state of	r the colleg	le or	
10			university:	II	the set 0.0 1 (00) (4 - 11 41		1	and an an an a single form	
10			An organization that norma								
			activities related to its exen							-	π
			income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	lired by the or	ganization	atter June 30, 1975.	
11			See section 509(a)(2). (Cor	-	walk to toot for public or	fatu Caa	nontion E(O(a)(4)			
12			An organization organized a An organization organized a	-	•	•			orry out the	nurneses of one or	
12	L		more publicly supported or	-	-				•		
			lines 12a through 12d that	-							
а	Г		Type I. A supporting orga				-		-	<i>i</i> aivina	
u			the supported organization		-	•					
			organization. You must c		• • • •	, majority (sapporting	
b	, F		Type II. A supporting org	-		tion with it	s support	ed organizatio	on(s), by ha	avina	
~	_		control or management o	-				-		-	
			organization(s). You mus						.9		
с	. [Type III functionally inte	-		in connec [.]	tion with, a	and functiona	lly integrate	ed with,	
			its supported organization						, 0	,	
d	ı E		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	with its support	rted organi	ization(s)	
			that is not functionally int	egrated. The organiz	ation generally must sat	isfy a dist	ribution re	quirement and	d an attent	iveness	
			requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .			
е	. [Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III		
			functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.				_
f	Er	nte	r the number of supported o	organizations							
g	I PI		ide the following information			(
		(i)	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions	-)
			organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions	ہ
											_
Tota	al										-
											_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

2017.04030 AFRICAN VISION OF HOPE

Schedule A (Form 990 or 990-EZ) 2017 AFRICAN VISION OF HOPE

_92<u>52_Page</u>2

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

(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.)

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	763,069.	750,936.	958,138.	1,171,191.	1,110,994.	4,754,328.			
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 \dots									
4	Total. Add lines 1 through 3	763,069.	750,936.	958,138.	1,171,191.	1,110,994.	4,754,328.			
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)						519,775.			
6	Public support. Subtract line 5 from line 4.						4,234,553.			
See	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
7	Amounts from line 4	763,069.	750,936.	958,138.	1,171,191.	1,110,994.	4,754,328.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots									
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.)				2,841.		2,841.			
11	Total support. Add lines 7 through 10						4,757,169.			
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	385,776.			
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
	organization, check this box and stop									
See	ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2017 (14	89.01 %			
	Public support percentage from 2016					15	89.85 %			
1 6a	33 1/3% support test - 2017. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or r	nore, check this bo				
	stop here. The organization qualifies									
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	nis box			
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶∟			
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cł	neck this box and s	stop here. Explair	n in Part VI how the				
	organization meets the "facts-and-cire	cumstances" test.	The organization o	qualifies as a public	cly supported orga	anization				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ►			
					Scho	dule A (Form 990	or 990-E7) 2017			

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

Schedule A (Form 990 or 990 EZ) 2017 AFRICAN VISION OF HOPE

-*9252 Page 3

(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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (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						
Ū	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) o	rganization,
	check this box and stop here	-			•		
Sec	ction C. Computation of Publi	ic Support Pe	ercentage				
	Public support percentage for 2017 (I			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Invest					1.01	,,
	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2017. If the						
190		-					
b	more than 33 1/3%, check this box as 33 1/3% support tests - 2016. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1	/3% , and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t			
3202	23 10-06-17				Sch	edule A (For	m 990 or 990-EZ) 2017
			10 04000	15			10040001
11	113 792632 18042001	. 20:	17.04030	AFRICAN V	ISION OF	HOPE	18042001

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

732024 10-06-17

11071113 792632 18042001

16 2017.04030 AFRICAN VISION OF HOPE

Schedule A (Form 990 or 990-EZ) 2017

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	stion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	5).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9	90 or 99	90-EZ)	2017

11071113 792632 18042001

2017.04030 AFRICAN VISION OF HOPE 18042001

17

Schedule A (Form 990 or 990-EZ) 2017 AFRICAN VISION OF HOPE

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

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

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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ad Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 AFRICAN VISION OF HOPE

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
-	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 AFRICAN VISION OF HOPE

	Section D, lines 5, (See instructions.)	6, and 8; and Part V,	Section E, lines	32, 5, and	a 6. Also comple	ete this part fo	r any additional inf	ormation.
20020 10 00	17						Schodula A /F	orm 990 or 990-EZ)
32028 10-06-1					20		Schedule A (F	0111 990 OF 990-EZ)
71113	792632 180	042001	2017 0	1030		VISTON	OF HOPE	180420

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

Name	of the	organization
------	--------	--------------

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						

AFRICAN VISION OF HOPE

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form	990)
-------	------

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.



Name of the	organization
-------------	--------------

Employer identification number **-***9252

	AFRICAN VISION OF HOPE		**-**9252
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds	s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		•
	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advis	sed funds	
Ŭ	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be		
Ũ	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose		
	impermissible private benefit?	•	
Pa			
1	Purpose(s) of conservation easements held by the organization (check all that apply).	r arc rv, into 7	•
	Preservation of land for public use (e.g., recreation or education)	orically impo	rtant land area
	Protection of natural habitat		
	Preservation of open space		Structure
2		of a concorr	etion accoment on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form		Held at the End of the Tax Year
_	day of the tax year.	20	neiu at the Eliu of the Tax Teal
a L	- · · · · · · · · · · · · · · · · · · ·		
D	Total acreage restricted by conservation easements		
с.	Number of conservation easements on a certified historic structure included in (a)		
a	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic struct		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by th	e organizatio	n during the tax
	year		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
~	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	servation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations	tion occome	nto during the year
7		ation easeme	and during the year
•	\$	(h)(4)(D)(i)	
8			Yes No
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense		······· — ··· — ···
9			
	include, if applicable, the text of the footnote to the organization's financial statements that describes	the organiza	accounting for
Pa	conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or C	ther Simi	lar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	mont and ha	ance sheet works of art
Ia	historical treasures, or other similar assets held for public exhibition, education, or research in furthera		
	the text of the footnote to its financial statements that describes these items.		service, provide, in Part Alli,
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statemen	t and balanc	a shoat works of art historical
D	treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu		
		IDIIC SEIVICE,	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 financia the following amounts required to be reported under SEAS 116 (ASC 058) relating to these items:	a gain, provid	Je
-	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	•	¢
	Revenue included on Form 990, Part VIII, line 1		\$
-	Assets included in Form 990, Part X	····· P	\$ Sebedule D (Form 000) 2017
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2017

25

732051 10-09-17

2017.04030 AFRICAN VISION OF HOPE

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) a Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items a Depatition is applying the solution of the organization's collection items b Scholarly research e c Drug the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 Uming the year, did the organization is collections and explain how they further the organization's collection? Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization collection? Ves No response of a mount on them 80. Part X in es 21. Its is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 800, Part X Ves No b If "Yes," explain the arrangement in Part XIII and complets the following table: Its Its Amount Its 2a bit the organization an amount on form 600, Part X, hee 21, for escrow or custodial accent liability? Yes No b If "Yes," explain the arrangement in Part XIII and complets the following table: Its Its Its Part V Endowment Funds. Complete if the organization anoword of Yes' on Form 900, Part X, ine 10. </th <th>Sche</th> <th>· · · · · · · · · · · · · · · · · · ·</th> <th>VISION OF</th> <th></th> <th></th> <th></th> <th></th> <th>-***925</th> <th></th> <th>age 2</th>	Sche	· · · · · · · · · · · · · · · · · · ·	VISION OF					-***925		age 2	
icheck all tait apply: icheck all tait apply: a Deble exhibition icheck b Scholarly research icheck c Provide adscription of the organization science collections and explain how they further the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization science collections and explain how they further the organization assests to the science and the organization and collection? Yes No Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or resported an anount on Form 990, Part X, line 21, line and line and line and line year Icheck Amount c Beginning balance Intervention Intervention 10, line 10, lin	Par	rt III Organizations Maintaining C	Collections of A	rt, Historical	Treasures, or	r Other	Similar A	ssets(conti	nued)		
a Public exhibition d l	3	Using the organization's acquisition, access	ion, and other record	ls, check any of t	he following that	are a sigr	nificant use o	of its collection	n item	s	
b Scholarly research e Other c Presvesution for thus egnerations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uning the year, did the organization solector receive donations of art, historical treasures, or other similar assets to be sole to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or resported an anount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance Itel Itel Itel Itel 2 Didt congratization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b Contrologicalization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b Contributions Ite organization and were were were were were were were wer											
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization answered "Yes" on Form 990, Part X, line 21. 1a Is the organization answered "Yes" on Form 990, Part X, line 21. 1a Is the organization answered "Yes" on Form 990, Part X, line 21. 1a Is the organization answered "Yes" on Form 990, Part X, line 21. 1a Statis the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2a Did the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b If "Yes," explain the arrangement in Part XIII. Check here if the organization answered "Yes" on Form 990, Part X line 1. 2a Did the organization solution answered "Yes" on Form 990, Part X line 1. a Begrining of year balance (a) Current year 1a Begrining of year balance (a) Current year 1a Begrining of year balance (a) Current year 1a Contributions (b) Prior year 1a Contributions (b) Prior year </th <th>а</th> <th>Public exhibition</th> <th>d</th> <th>Loan or e</th> <th>exchange progran</th> <th>ns</th> <th></th> <th></th> <th></th> <th></th>	а	Public exhibition	d	Loan or e	exchange progran	ns					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part W Escrew and Custodial Arrangements. Complete if the organization is collection? Part W Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization angent. In Part XIII and complete the following table: Amount to d Additions during the year It d Distributions during the year It d id (Qurrent Year) If Yees, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization in answered 'Yes' on Form 990, Part X, line 21. Gurent year (a) Current year (b) Prior year (c) Two years back (e) Four years back (f) Fure ye	b	Scholarly research	е	e 🛄 Other							
S During the year, dt the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be mantained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angement, incustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X? If 'Yes,'' explain the arrangement in Part XIII and complete the following table: (a Additions during the year (a Additions (b Additions during the year (a Addit	С	Preservation for future generations									
To be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 18 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance 1d Id	4	Provide a description of the organization's c	ollections and explai	n how they furthe	er the organization	n's exemp	ot purpose ir	n Part XIII.			
Part IV Escrow and Custodial Arrangements. Complete if the organization answerd 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Ives No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Ives No c Beginning balance 1c Arrount d Additions during the year 1d Itel 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ives No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Ives No d Grants or scholarships Ives Ives Ives No d Grants or scholarships Ives Ive	5	During the year, did the organization solicit of	or receive donations	of art, historical t	reasures, or other	r similar a	ssets			1	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for extra the following table: 0 b If "Yes," explain the arrangement in Part XIII and complete the following table: 1a Beginning balance 1a 1b Additions during the year 1a 1a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yee No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yee No b Christion Status (a) Current year (b) Prior year (c) Two years back (d) Turee years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Four years back 1a Grants or scholarships 1 1 1 1 1 6 Other expenditures for facilities and programs 1 1 1 1 1 6 Other expenditure expenses 1 96 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Image: Contributions of Control Contrecon Contrecon Control Contene Control Control Control	Par			ete if the organiza	ation answered "Y	es" on Fo	orm 990, Pa	rt IV, line 9, o	r		
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII check here if the explanation has been provided on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII check here if the explanation has been provided on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII check here if the explanation has been provided on Part XIII (e) Four years back (e) Four years back a Beginning of year balance (a) Current year (f) Prior year (d) Three years back (e) Four years back b Contributions (a) Current year (d) Prior year (d) Three years back (e) Four years back b Contributions (a) Current year (d) Prior year (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (d) Three years back (e) Four years back c Net investment earnings dial mase din the											
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount a d d c Beginning balance 1d d Additions during the year 1d f Ending balance 1f 2a Distributions during the year 1g 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part W, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back id) and provemats back and programs id) order expenditures for facilities and programs id) order expenditures for facilities and programs id) order expenditures for facilities and programs Conviet the est	1a									1	
c Beginning balance Ic d Additions during the year Id e Distributions during the year Ie f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Im Im Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990. Part IV, line 10. Im Im Im 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Three years back (e) Four years back (e) Four years back (e) Four years back 1a Grants or scholarships (b) Prior year (c) Two years back (e) Four years back (e) Four years back 1a Administrative expenses (a) Three years back (e) Four years (f) Thre		on Form 990, Part X?						📖 Yes		l No	
c Beginning balance Ic id Id d Additions during the year Id d Distributions during the year Id f Ending balance If d Distributions during the year Id f Ending balance If d Distributions during the year Id f Ending balance If d Distributions during the year If e Distributions Im Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Im e Other explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Im b Contributions Im Im c Other expenditures for facilities Im Im and programs Im Im Im Im f Administrative expenses Im Im Im g End of year balance Im Im Im Im g End of year balance Im Im </th <th>b</th> <th>If "Yes," explain the arrangement in Part XIII</th> <th>and complete the fo</th> <th>llowing table:</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
d Additions during the year id e Distributions during the year if if if 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (a) Three years back (b) For year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment)								Amoun	t		
e Distributions during the year 1e f Ending balance 1f 2a Did the organization incluide an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance a Current year (c) Two years back (d) Three years back (e) Four years back b Contributions											
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "ves", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (d) Current year (e) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (d) Three years back (e) Four years back (e) Four years back (e) Four years back g End of year balance (f) Three years back (f) Three years back (e) Four years (f) Three years back (f) Four year (f) Three years back (f) Four year (f) Four year (f) Four year <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e										
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back g End of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years g End of year balance (c) Two years (c) Two years (c) Two years (d) Four years g End of year balance (c) Two years (c) Two years (c) Two years (c) Two years	T										
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Current year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (e) Four years back 2 Contributions (b) Current year (c) Two years back (e) Four years back a Grants or scholarships (c) Two years back (c) Two years back (c) Two years back a Other expenditures for facilities (c) Two years back (c) Two years back (c) Two years back a Other expenditures for facilities (c) Two years back (c) Two years back (c) Two years back a Other expenditures for facilities (c) Two years back (c) Two years back (c) Two years back a Contributions (c) Wear balance (c) Wear balance (c) Wear balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a baard designated or quasi-endowment<] NO	
ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c No (f) Three years back (f) Three years back (f) Three years back (f) Contributions c Portion years (f) Controbuties (f) Point years (f) Controbuties (f) Point years (f) Point years (f) Point years (f) Controbuties (f) Controbuties (f) Controbuties (f) Controbuties (f) Controbuties (f) Contro othe		/ I V								1	
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	1 41		-					hack (a) Fou	r veare	hack	
b Contributions	10	Reginning of year balance	(a) Current year	(b) Flior year			Three years		i yoars	Jack	
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs Image: State	ia b										
d Grants or scholarships	6										
e Other expenditures for facilities and programs	о Ь										
and programs	e										
f Administrative expenses	Ũ										
g End of year balance	f										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations											
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			rent vear end balanc	e (line 1a. colum	n (a)) held as:						
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: % (i) unrelated organizations % (ii) related organizations % b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? % 4 Describe in Part XIII the intended uses of the organization's endowment funds.	a		· · · · , · · · · · · · · · · · · · · · · · · ·								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Schedule R? (complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other depreciation (c) Accumulated depreciation (d) Book value basis (investment) (c) Accumulated depreciation (d) Equipment (c) Accumulated repreciation (c) Leasehold improvements (c) Leasehold improvements (c) Column (d) must equal Form 990, Part X, column (B), line 10c.) (c) Colu	b		%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Schedule R? (complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other depreciation (c) Accumulated depreciation (d) Book value basis (investment) (c) Accumulated depreciation (d) Equipment (c) Accumulated repreciation (c) Leasehold improvements (c) Leasehold improvements (c) Column (d) must equal Form 990, Part X, column (B), line 10c.) (c) Colu	с	Temporarily restricted endowment	%								
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) No. Yes No 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3b 3b 4 Complete if the organization and the organization's endowment funds. Part VI Land, Buildings, and Equipment. (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0			ould equal 100%.								
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 (other) b Buildings c Leasehold improvements d Equipment e 0ther 12, 5971. 15, 971. 0. 0ther Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	3a	Are there endowment funds not in the posse	ession of the organiz	ation that are hel	d and administere	ed for the	organization	า			
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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 Buildings (d) Book value c Leasehold improvements 15,971. d Equipment 15,971. e Other 21,693. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.		by:							Yes	No	
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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 Buildings (d) Book value c Leasehold improvements 15,971. d Equipment 15,971. e Other 21,693. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.		(i) unrelated organizations						3a(i)			
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?3b3b		(ii) related organizations						3a(ii)			
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. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule	R?			3b			
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 1a Land				owment funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Par	rt VI Land, Buildings, and Equipm	nent.								
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11	a. See Form 990,	Part X, lir	ne 10.				
b Buildings		Description of property						(d) Boo	k value	9	
b Buildings	1a	Land									
c Leasehold improvements 15,971. 0. d Equipment 15,971. 15,971. 0. e Other 21,693. 21,693. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.											
d Equipment 15,971. 0. e Other 21,693. 21,693. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	d	Equipment									
						2	21,693.	,		-	
	Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), lir	ne 10c.)		►			•••	

Schedule D (Form 990) 2017

732052 10-09-17

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) 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)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) 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.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

732053 10-09-17

Schedule D (Form 990) 2017

_	dule D (Form 990) 2017 AFRICAN VISION OF HOPE		**-**9252 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue p	ber Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
с	Add lines 4a and 4b		4c
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	-	s per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	. 2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
с 5			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER

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

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO

BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.

UNDER THAT GUIDANCE, AVOH MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN

TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL

BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL

MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE TAX-EXEMPT

STATUS OF AVOH AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF
732054 10-09-17
28

11071113 792632 18042001

+++0000

Part XIII Supplemental Information (continued)

UNRELATED BUSINESS INCOME. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEAR ENDED DECEMBER 31, 2017.

AVOH FILES INCOME TAX RETURNS IN THE UNITED STATES FEDERAL JURISDICTION. THE FEDERAL INCOME TAX RETURNS OF AVOH FOR 2017 (ONCE FILED), 2016, 2015, AND 2014, ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITY GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

Schedule D (Form 990) 2017

732055 10-09-17

SCHEDULE	F
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047
2017
Open to Public

Employer identification number

AFRICAN VISION OF HOPE

-*9252

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is nee

(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA -				PROVIDE FOOD, MEDICAL	
ANGOLA, BENIN,				CARE, CLEAN WATER,	
BOTSWANA, BURKINA				EDUCATION, ECONOMIC	
FASO,	0	0	PROGRAM SERVICES	DEVELOPMENT AND SHELTER	755,336.
3 a Sub-total	0	0			755,336.
b Total from continuation					, .
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			755,336.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2017

732071 10-06-17

AFRICAN VISION OF HOPE

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.

BUB SARANN NERTOR A MOGLA NETICA - MOGLA BERTIN BOTSMAD, BERTIN BOTSMAD, BURKINA FASO, BOYULOY BAR CLEAN WATER, BURKINA FASO, WIRE TRANSFER 691,696 P FUNDS BURCAL & SCROOL SUPPLETERS, SCROOL BURKINA FASO, Image: Strate of the st	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)
BENTH, BOTSMANA, BUCATION, BCONONIC WIRE TRANSPER BUTTHEIT, BUTTH			SUB-SAHARAN	PROVIDE FOOD, MEDICAL				MEDICAL & SCHOOL	
Image: second sector solution of recipient organizations listed above that are recognized as charilies by the foreign country, recognized as tax-exempting by the IPS, or for which the grantee or counsel has provided a sector SO1(c)(2) equivalency letter								SUPPLIES, SCHOOL	
Image: Sector Soft Columbic distance sector Soft Columbic distance with the grantee or course has provided a sector Soft Columbic quevalency leter Image: Sector Soft Columbic distance with the grantee or course has provided a sector Soft Columbic quevalency leter				-					
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter			BURKINA FASO,	DEVELOPMENT AND	691,696.	OF FUNDS	63,640.	CLOTHING, MISC.	FMV
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	2 Enter total number of	recipient organizatio	I	I recognized as charities by the	foreign country	recognized as tax-e	xempt	1	I
									1
									0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

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) 2017

Page 3

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? <i>If</i> "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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund</i> (see <i>Instructions for Form 8621</i>)	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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2017

732074 10-06-17

Part V Supplemental Information

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

PART I, LINE 2:

THE BOARD TREASURER AND CEO TRACK THE USE OF FUNDS BY OBTAINING MONTHLY

REPORTS DETAILING THE MANNER IN WHICH SUCH FUNDS ARE UTILIZED BY THE

COLLABORATING ORGANIZATIONS. THE REPORTS ARE ACCOMPANIED BY RECEIPTS FOR

ALL MATERIAL EXPENDITURES AND PHOTOGRAPHS OF ITEMS PURCHASED OR

CONSTRUCTED. BOARD MEMBERS AND VOLUNTEERS TRAVEL TO AFRICA TO INSPECT THE

FACILITIES AND PROGRAMS FUNDED BY THE ORGANIZATION, AND TO REVIEW FUTURE

POTENTIAL PROJECTS AND NEEDS OF THE COMMUNITIES.

PART I, LINE 3, COLUMN (E):

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

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

CLEAN WATER, EDUCATION, ECONOMIC DEVELOPMENT AND SHELTER TO VULNERABLE

CHILDREN AND FAMILIES IN ZAMBIA, AFRICA.

PART II, COLUMN (D):

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

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

EDUCATION, ECONOMIC DEVELOPMENT AND SHELTER TO VULNERABLE CHILDREN AND

FAMILIES IN ZAMBIA, AFRICA. HEALTH EDUCATION PROGRAMS, VOCATIONAL

PROGRAMS, AND PASTORAL TRAINING ARE ALSO SUPPORTED.

732075 10-06-17

18042001

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ntal Information Regarding e organization answered "Yes" on organization entered more than \$15 ► Attach to Form 990 ► Go to www.irs.gov/Form990	Form 5,000 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.			OMB No. 1545-0047
Name of the organization		VISION OF HOPE					Employer id **_**	dentification number 9252
		Complete if the organization answe	red "Y	'es" oi	n Form 990, Part IV,	line 1		
 Indicate whether the a Mail solicitation b Internet and a c Phone solicitation d In-person soli 2 a Did the organization key employees lister 	e organization rais ons email solicitations ations citations n have a written c ed in Form 990, P highest paid indiv	ed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Y	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	
			Yes	No				
3 List all states in whic or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is	exempt from	registration
LHA For Paperwork Re	duction Act Noti	ice, see the Instructions for Form	990 or	990-l	EZ. S	Sche	dule G (Form	990 or 990-EZ) 2017

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017 AFRICAN VISION OF HOPE

-*9252 Page 2

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

			(a) Event #1 CHARITY DINNER & GAL		(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
2			(event type)	(event type)	(total number)	
	1	Gross receipts	153,667.			153,667
	2	Less: Contributions	94,031.			94,031
	3	Gross income (line 1 minus line 2)	59,636.			59,636
	4	Cash prizes				
	5	Noncash prizes				
5250	6	Rent/facility costs	12,150.			12,150
חוובתו בעליבוואבא	7	Food and beverages	12,150.			12,150
5	8	Entertainment	600.			600
	9	Other direct expenses				12,519
	9 10	Direct expense summary. Add lines 4 through		II		37,419
	11	Net income summary. Subtract line 10 from				22,217
T			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	
00000	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1	Gross revenue			(c) Other gaming	
		Gross revenue Cash prizes Noncash prizes			(c) Other gaming	
	2	Cash prizes			(c) Other gaming	
	2 3 4	Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	
	2 3 4 5	Cash prizes			(c) Other gaming	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	% %	bingo/progressive bingo	Yes% No	(d) Total gaming (add col. (a) through col. (c
	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	↓ Yes% No h 5 in column (d)	bingo/progressive bingo	Yes% No	
a	2 3 4 5 6 7 8 Ent Is t	Cash prizes	h 5 in column (d)	bingo/progressive bingo	Yes% No	col. (a) through col. (c
ab	2 3 4 5 6 7 8 Ent Is t If "I	Cash prizes	h 5 in column (d)	bingo/progressive bingo	Yes% No	col. (a) through col. (c

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	nedule G (Form 990 or 990-EZ) 2017 AFRICAN VISION OF HOPE *	*_***	9252	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a		%
	b An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	
	Name			
	Address ►			
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
t	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	:		
	of gaming revenue retained by the third party ▶\$			
c	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			
	Mandatory distributions:			
6	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vac	
L	retain the state gaming license?		162	
Ľ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t organization's own exempt activities during the tax year	ne		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	t III, lines 9	, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	-		
7000	083 09-13-17 Schedule G (Eorm 000	or 000	E7) 0017
	Schedule G (37 1113 792632 18042001 2017 04030 אדפדראא עדפדרא סב אספר			42001
111			1 8 0	a 70011

 $11071113 \ 792632 \ 18042001$

2017.04030 AFRICAN VISION OF HOPE

18042001

SCHEDULE L	Transactio	ns V	Vith	Interested	Persons			01	MB No.	1545-00	047
(Form 990 or 990-EZ) Complete i	f the organization a			s" on Form 990, Par ∙EZ, Part V, line 38a		26, 27	, 28a,		20	17	7
Department of the Treasury	Att	ach to	Form	990 or Form 990-EZ	<u>Z</u> .				pen T		olic
Internal Revenue Service	Go to www.irs.gov/F	orm99	0 for ir	nstructions and the	latest information				spect		unala au
Name of the organization	N VISION O	F HC	PE					* * 92		on nu	umber
Part I Excess Benefit Tran				ion 501(c)(4), and 50	01(c)(29) organization						
Complete if the organizatio	on answered "Yes" or	Form	990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, F	Part V,	line 40	Db.			
1 (a) Name of disqualified person	(b) Relationship be person and o			lified (c) Description of trar	nsactio	on				ected?
		- gu							T	es	No
2 Enter the amount of tax incurred by	y the organization ma	nagers	or disc	qualified persons du	ring the year under						
section 4958	ling Q above reimbu		+ +	aonization			► \$				
3 Enter the amount of tax, if any, on	line 2, above, reimbui	rsea by	the or	ganization			▶ ⊅				
Part II Loans to and/or From	m Interested Pe	rsons	5.								
Complete if the organizatio				, Part V, line 38a or I	Form 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
reported an amount on For (a) Name of (b) Relation			2. ban to or	(e) Original	(f) Balance due	(0) In	(h) Ap	provec	(i) V	Vritten
interested person with organ		from the		principal amount	(I) Dalance due				by board or agree		ement?
		То	From			Yes	No	Yes	No	Yes	No
Total Part III Grants or Assistance	e Benefiting Inte	ereste	d Pe	> \$							
Complete if the organizatio	•										
(a) Name of interested person	(b) Relationship interested pe	(b) Relationship between interested person and the organization		(c) Amount of assistance	(d) Type assistan				(e) Purpose of assistance		
	1				1						
							+				

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

Schedule L (Form 990 or 990-EZ) 2017

732131 10-18-17

Schedule L (Form 990 or 990-EZ) 2017 AFRICAN VISION OF HOPE

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		b) Relationship between interested person and the organization		(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
ROBERT BERTELS	VICE PRESI	DENT OF B	24,000.	RENT FOR OF	1	Х

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROBERT BERTELS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VICE PRESIDENT OF BOARD

(D) DESCRIPTION OF TRANSACTION: RENT FOR OFFICE SPACE IN THE US

Schedule L (Form 990 or 990-EZ) 2017

732132 10-18-17

SCHEDULE	Μ
(Earm 990)	

Noncash Contributions

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

OMB No. 1545-0047

ſ ZU

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. **Open To Public** Inspection

Name of the organization

Employer identification number
-9252

AFRICAN VISION OF HOPE

(a) (b) (c) (d) Check if applicable Number of contributions or items contribution Noncash contribution amounts reported on Form 990, Part VIII, line 1g Method of determining noncash contribution amounts reported on Form 990, Part VIII, line 1g 1 Art - Works of art Image: Contributed of the second contribution amounts reported on Form 990, Part VIII, line 1g Image: Contribution amounts reported on Form 990, Part VIII, line 1g 2 Art - Historical treasures Image: Contributed for the second contribution amounts reported on Form 990, Part VIII, line 1g Image: Contribution amounts reported on Form 990, Part VIII, line 1g 3 Art - Fractional interests Image: Contributed for the second contribution amounts reported on Form 990, Part VIII, line 1g Image: Contribution amounts reported on Form 990, Part VIII, line 1g 4 Books and publications Image: Contributed for the second contribution amounts reported on Form 990, Part VIII, line 1g Image: Contributed for the second contributed for the second contribution amounts reported contributed for the second contresecond contex (contributed contex) (contributed contre	
applicable contributions or items contributed amounts reported on Form 990, Part VIII, line 1g noncash contribution amounts 1 Art - Works of art	
1 Art - Works of art	
2 Art - Historical treasures	
2 Art - Historical treasures	
3 Art - Fractional interests	
5 Clothing and household goods X 16,834.VALUED AT FMV	
6 Cars and other vehicles	
7 Boats and planes	
8 Intellectual property	
9 Securities - Publicly traded	
10 Securities - Closely held stock	
11 Securities - Partnership, LLC, or	
trust interests	
12 Securities - Miscellaneous	
13 Qualified conservation contribution -	
Historic structures	
14 Qualified conservation contribution - Other	
15 Real estate - Residential	
16 Real estate - Commercial	
17 Real estate - Other	
18 Collectibles	
19 Food inventory X 329 24,690.VALUED AT COST	
20 Drugs and medical supplies X 2 750. VALUED AT COST	
21 Taxidermy	
22 Historical artifacts	
23 Scientific specimens	
24 Archeological artifacts	
25 Other ▶ (EQUIPMENT) X 19 17,819.VALUED AT COST	
26 Other ► (OFFICE SUPPLI) X 26 7,575.VALUED AT COST	
27 Other (
28 Other ()	
29 Number of Forms 8283 received by the organization during the tax year for contributions	
for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29	
Y	es No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it	
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	
exempt purposes for the entire holding period? 30a	X
b If "Yes," describe the arrangement in Part II.	
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	
contributions? 32a	X
b If "Yes," describe in Part II.	
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	
describe in Part II.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

732141 09-07-17

Page **2** Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

-*9252

Schedule M (Form 990) 2017 732142 09-07-17 42 11071113 792632 18042001 18042001

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

AFRICAN VISION OF HOPE

Employer identification number **-**9252

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

EXTREME POVERTY, PROMOTE LOVE AND DIGNITY AND AND INSTILL SELF

SUFFICIENCY.

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

HIGH SCHOOL GRADUATES TO 330. 45 STUDENTS WERE PROVIDED COLLEGE

SCHOLARSHIPS AND 10 STUDENTS FINISHED THEIR COLLEGE EDUCATION THROUGH

OUR SCHOLARSHIP PROGRAM. 65 ORPHANS WERE PROVIDED HOUSING, SHELTER AND

EDUCATION. CONSTRUCTION FOR THE GIRLS HOUSE OF HOPE WAS STARTED AND

WILL PROVIDE A SAFE HOME FOR 120 VULNERABLE AND ORPHANED GIRLS.

COMPUTER CENTERS WERE SET UP AT 3 AFRICAN VISION OF HOPE SCHOOLS TO

PROVIDE COMPUTER TRAINING AND SKILLS FOR 400 HIGH SCHOOL STUDENTS. 15

WOMEN GRADUATED FROM WOMEN'S EMPOWERMENT TRAINING PROGRAM AND 7 MEN AND

WOMEN GRADUATED FROM SEMINARY SCHOLARSHIPS THAT WERE PROVIDED BY

AFRICAN VISION FOR HOPE.

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

LIFESAVING HEART SURGERY. AFRICAN VISION OF HOPE PROVIDES CLEAN WATER

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

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

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

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

HIGH SCHOOL STUDENTS WERE TAUGHT LEADERSHIP SKILLS. TECHNOLOGY IS VITAL

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

ENGINEERS, LAWYERS, AND ENTREPRENEURS WHICH REQUIRE DRIVERS AND

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211 09-07-17
 43

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

AFRICAN VISION OF HOPE

Employer identification number **-**9252

Page 2

FLEXIBLE LEARNING PROGRAMS THAT GO BEYOND BASIC LITERACY.

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

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

MARRIED.

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

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

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

GIVEN TO THE BOARD.

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

THE ORGANIZATION REQUESTS INFORMATION AT EACH BOARD MEETING REGARDING

POTENTIAL CONFLICT OF INTEREST SITUATIONS. THE MEETING MINUTES DOCUMENT THE

DISCUSSION AND OUTCOME OF THE REVIEW.

FORM 990, PART VI, SECTION B, LINE 15A:

A COMMITTEE OF FOUR BOARD MEMBERS REVIEWS THE RECOMMENDED PAY FOR THE

PRESIDENT/CEO. COMPENSATION IS THEN DETERMINED BASED ON PREVIOUS YEARS'

PAY, THE GROWTH OF THE ORGANIZATION, AND JOB PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND ANNUAL FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT OF THE

COMPILIATION AND SELECTION OF INDEPENDENT ACCOUNTANT.

Schedule O (Form 990 or 990-EZ) (2017)

11071113 792632 18042001

732212 09-07-17

44 2017.04030 AFRICAN VISION OF HOPE

lame of the organization		ISION OF HOP) 다	Employer in	dentification nun **9252
	AFRICAN V.		12		9494
32212 09-07-17				Schedule O (Form	990 or 990-EZ) (
			45		