EXTENDED TO NOVEMBER 16, 2020

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

 \blacktriangleright Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending Check if applicable: D Employer identification number C Name of organization Address change 26-4484055 AFRICAN HOPE FUND, INC. Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Initial return
Final return/
terminated 1900 POINT WEST WAY 190 916-487-8700 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return SACRAMENTO, CA 95815 Number > Application pending Cash X Accrual Other (specify) ▶ H Check ► if the organization is **G** Accounting Method: Website: ► HTTP://AFRICAHOPEFUND.ORG not required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) 501(c) () **◄**(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust ____ Association ____ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 159,673. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule 0 to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 133,788 Program service revenue including government fees and contracts 2 2 Membership dues and assessments 3 Investment income 4 **5a** Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than **3evenue** 6a 24,200. **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) **c** Less: direct expenses from gaming and fundraising events 6с 21,623. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a **b** Less; cost of goods sold 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с 1,685. Other revenue (describe in Schedule 0) SEE SCHEDULE O 8 157,096. **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) SEE 124,437. 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 190. 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 791. Printing, publications, postage, and shipping 15 15 Other expenses (describe in Schedule 0) SEE SCHEDULE O 20,193. 16 16 17 Total expenses. Add lines 10 through 16 145,611. 17 Excess or (deficit) for the year (subtract line 17 from line 9) 11,485. 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 35,024. 19 Other changes in net assets or fund balances (explain in Schedule 0) 0. 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

Page 2

Pa	rt II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to resp					X
			(<i>A</i>	A) Beginning of year		(B) E	nd of year
22	Cash,	savings, and investments		35,257	• 22		47,469.
23		and buildings			23		
24	Other	assets (describe in Schedule 0)			24		
25	Total	assets		35,257	• 25		47,469.
26	Total	assets liabilities (describe in Schedule 0) SEE SCHEDULE O		233			960.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		35,024	• 27		46,509.
Pa	rt III	Statement of Program Service Accomplishmer	nts (see the instruction	ons for Part III)		E)	kpenses .
		Check if the organization used Schedule O to resp	oond to any question	in this Part III	X		for section
What	is the c	organization's primary exempt purpose?SEE SCHEDULE O					and 501(c)(4) ons; optional for
Descr	ibe the o	rganization's program service accomplishments for each of its three largest program	services, as measured by expenses	s. In a clear and concise		others.)	, ,
mann	er, descri	ibe the services provided, the number of persons benefited, and other relevant inform	ation for each program title.				
28	SEE	SCHEDULE O					
•							
	Grants		rants, check here	>	X	28a	78,506
29	SEE	SCHEDULE O					
•							
•							
	Grants	$_{ ext{s}}$ \$\ 41 , 231 \cdot \) If this amount includes foreign g	rants, check here	>	X	29a	41,231.
30	SEE	SCHEDULE O					
•							
•							
-	Grants	$_{\rm s}$ \$ 4700\\dots\right)\ If this amount includes foreign g	rants, check here	>	X	30a	4,700.
31	Other r	program services (describe in Schedule O)					
	Grants					31a	
			,		▶	32	124,437.
_		Litt (O(C) Di t T t L L L L L L L L L L L L L L L L L	•		_		
Pa	rt IV	List of Officers, Directors, Trustees, and Key E	mployees (list each one ex	en if not compensated - s	see the	instructions f	for Part IV)
Pa	rt IV	i i i i i i i i i i i i i i i i i i i	• •		see the	instructions f	for Part IV)
Pa	rt IV	Check if the organization used Schedule O to resp	• •	in this Part IV	 (d) He	alth benefits,	for Part IV) (e) Estimated
Pa	rt IV	Check if the organization used Schedule O to resp	oond to any question (b) Average hours per week devoted to	in this Part IV (c) Reportable compensation (Forms	(d) He contr	alth benefits, ibutions to byee benefit	(e) Estimated amount of other
Pa	rt IV	i i i i i i i i i i i i i i i i i i i	oond to any question (b) Average hours	in this Part IV (c) Reportable compensation (Forms	(d) He contremple plans,	alth benefits, ibutions to	(e) Estimated
		Check if the organization used Schedule O to resp	oond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
CA	ROL	Check if the organization used Schedule O to respond (a) Name and title	oond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
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Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each Х 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported Х on lines 2, 6a, and 7a, among others)? N/A **b** If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Х 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," Х complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions **b** Did the organization file **Form 1120-POL** for this year? Х 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made X 38a in a prior year and still outstanding at the end of the tax year covered by this return? **b** If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities N/A **40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: **0** • ; section 4912 ► 0 • ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **d** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed _____**>** e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Х List the states with which a copy of this return is filed \rightarrow CA **42a** The organization's books are in care of ► CAROL VAN BRUGGEN Telephone no. $\triangleright 916 - 487 - 6516$ Located at ▶ 1900 POINT WEST WAY, STE. 190, SACRAMENTO, CA ZIP+4 ▶ 95815 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? X If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/AYes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d X 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

40 D' L II								Yes	NC
	rganization engage, directly or indirectly, in politi omplete Schedule C, Part I				-		46		X
Part VI	Section 501(c)(3) Organizations	Only					70		
	All section 501(c)(3) organizations must an		9b and 52, and	d complet	e the tables for line	es 50 and 51.			
	Check if the organization used Schedule C	-		-					
								Yes	
7 Did the or	ganization engage in lobbying activities or have	a section 501(h) electi	on in effect durin	g the tax ye	ear? If "Yes," complete	e Sch. C, Part II	47		Х
	anization a school as described in section 170(b						48		X
9a Did the or	ganization make any transfers to an exempt non	n-charitable related org	anization?				49a		Х
	as the related organization a section 527 organization						49b		
-	this table for the organization's five highest com			rs, director	s, trustees, and key e	mployees) who ea	ich rec	eived	more
than \$100	0,000 of compensation from the organization. If	there is none, enter "No			1	17.0			
	(a) Name and title of each employee		(b) Average		(C) Reportable compensation (Forms	(d) Health benefits, contributions to		Estim	
	11011	_	per week dev		W-2/1099-MISC)	employee benefit plans, and deferred		unt of npens	
	NONE	5	position	<u>'</u>		compensation	001	пропо	
							1		
							1		
	nber of other employees paid over \$100,000								
	ion. If there is none, enter "None." NONE lame and business address of each independent	t contractor		(b)	Type of service	(c) (ompei	nsation	1
d Total num	nber of other independent contractors each recei	iving over \$100,000			▶				
2 Did the or	ganization complete Schedule A? Note: All secti	ion 501(c)(3) organiza	ions must attach	a	-				
	d Schedule A			<u></u>			Ye		N
•	s of perjury, I declare that I have examined this re				•	•	ge and	belief	it is
ue, correct, ar	nd complete. Declaration of preparer (other than	officer) is based on all	information of w	hich prepa	rer has any knowledg	e.			
						Data			
ign	Signature of officer					Date			
lere		CEO							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date	Check] if PTIN			
aid					self- emplo				
reparer		LINDA D. GI	EERY	11/02	2/20	P003			
se Only	Firm's name ► GILBERT CPAS				Firm's EIN				
CC Ciny	Firm's address ► 2880 GATEWAY	-	STE 100		Phone no.	916-646	-64	464	
	SACRAMENTO,	CA 95833							
lay the IRS dis	scuss this return with the preparer shown above	? See instructions				> \(\)	Ye	s	N

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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 **2019**

Open to Public Inspection

Employer identification number Name of the organization AFRICAN HOPE FUND, INC. 26-4484055 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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,						
	(6)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2010	(6) 2010	(6) 2017	(4) 2010	(6) 2013	(i) rotai
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		1			10	
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	•			-	. , . ,	
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Pe	rcentage				P
	Public support percentage for 2019 (li			column (f))		14	
	Public support percentage from 2018					15	
	33 1/3% support test - 2019. If the or						
104	stop here. The organization qualifies a	•		•		•	
h	33 1/3% support test - 2018. If the or						
	and stop here. The organization qualit						N3 DOX
172	10% -facts-and-circumstances test						or more
. <i>r</i> a	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t					-	
h	10% -facts-and-circumstances test						
D	more, and if the organization meets th	_					
	organization meets the "facts-and-circ				-		
12	Private foundation. If the organization						
	i invate iounidation. Il the organization	i did not oncor a	DON OIT III TO, TO	a, 100, 17a, 01 17	D, OHOUR HIS DUX	and see manucher	·

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(-,/ = - : -	(-7	(-/	(-,	(-)	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	94,112.	109,778.	68,751.	150,799.	133,788.	557,228.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,935.	1,913.	3,361.	5,063.	1,685.	
3	Gross receipts from activities that	-	-	-	-	-	-
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	00.040	111 601	FO 110	155 060	125 452	FF0 10F
	Total. Add lines 1 through 5	97,047.	111,691.	72,112.	155,862.	135,473.	572,185.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	22,361.	26,200.	18,679.	23,777.	28,675.	119,692.
t	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						0.
	Add lines 7a and 7b	22,361.	26,200.	18,679.	23,777.	28,675.	119,692.
	Public support. (Subtract line 7c from line 6.)		-	_			452,493.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	97,047.	111,691.	(c) 2017 72,112.	(d) 2018 155,862.	(e) 2019 135, 473.	(f) Total 572,185.
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	97,047.	111,691.	72,112.	155,862.	135,473.	572,185.
	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						>
Se	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2019 (li	ine 8, column (f), d	ivided by line 13, o	column (f))		15	79.08 %
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	73.78 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	2018 Schedule A, I	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
Ł	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the						→ X
•	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	
1		Yes	No
	1		
	2		
	3a		
	3b		
	SD		
	_		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	30		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	10b		
<u> </u>	90 or 99)O. 57'	2010
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Pa	rt IV	Supporting Organizations (continued)			
	_			Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
		5. 1)po 1 oupporting 0. gameations		Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		blled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		·		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
		•		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 ti	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type in real content in the grand costant of capper in			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	1
Sect	on 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	on 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	on 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	lly integrat	ted Type III supporting ord	anization (see
	instructions).	, 5), ii 9	•

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion 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 organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A Part VI	(Form 990 or 990-EZ) 2019 AFRICAN HO	PE FUND,	INC.	40 D . III ''	26-4484055	Page 8
Part VI	Supplemental Information. Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	6, 9a, 9b, 9c, 11 Section E, lines	la, 11b, and 11c; Pa 1c, 2a, 2b, 3a, and 3	rt IV, Section B, lines 1 3b; Part V, line 1; Part V,	and 2; Part IV, Sectior , Section B, line 1e; Pa	ı C, rt V,
	,					

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

2019

AFRICAN HOPE FUND, INC. 26-4484055 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 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 X 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 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

AFRICAN HOPE FUND, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	e is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$_	28,675.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	10,000.	Person X Payroll
(a)	(b)		(c)	(d)
No. 3	Name, address, and ZIP + 4	\$_	7 otal contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. 4	Name, address, and ZIP + 4	\$_	Total contributions 8,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. 6	Name, address, and ZIP + 4	\$_	Total contributions 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AFRICAN HOPE FUND, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupation (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, aud ess, and ZIF + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

AFRICAN HOPE FUND, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

AFRICAN HOPE FUND, INC	AFRICAN	HOPE	FUND,	INC
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Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)			O1(c)(7), (8), or (10) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	00 or less for the	e year. (Enter this info. once.) \$					
(a) No. from	Use duplicate copies of Part III if additional (b) Purpose of gift	(c) Use of gift		(d) Description of how sift is hold					
Part I	(b) Purpose or grit	(c) Use of gift		(d) Description of how gift is held					
_									
		(e) Transfer o	f gift						
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
Part I									
-		(e) Transfer o							
		(0) 114	9						
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No			Т						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
Ī	(e) Transfer of gift								
	Tunnefamala nama addresa as	lationals of human force to human force							
+	Transferee's name, address, ar	10 ZIP + 4	ne	elationship of transferor to transferee					
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
									
L		_							
		(e) Transfer o	f gift						
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee					
	,			,					
	9								

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	<u> </u>					1	ntification number
AFRICAN	26-4484055						
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments 	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts to (v) to (iv) Gross receipts from activity from							(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organization	on is registered or licensed to solicit		utions	s or has been notifie	d it is	exempt from re	egistration
or licensing.	This registered of floorised to solidit (3 of rias been notified		- CXCMPt IIOM N	

		of fundraising event contributions and gro	oss income on Form 990 (a) Event #1	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event#1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ae			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
		Net income summary. Subtract line 10 from li				
Pa	rt l	Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000,1 art 10, iii 10 10, 01	reported more than	
		ψ10,000 0111 01111 000 E2, iii1e 0α.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Зеvе						
_	1	Gross revenue			24,200.	24,200.
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs			2,577.	2,577.
	5	Other direct expenses				
			Yes %	Yes %	X Yes 100.00 %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	2,577.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	21,623.
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes X No
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or to	erminated during the tax	year?	Yes X No

Sch	nedule G (Form 990 or 990-EZ) 2019 AFRICAN HOPE FUND, INC.	4484	055	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	X No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		.,	X No
	to administer charitable gaming?		Yes	L <u>A</u> ∟ No
	Indicate the percentage of gaming activity conducted in:	١	ı	•
	a The organization's facility		-	<u>%</u>
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name			
	Name ►Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	X No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party \$\sim_{			
	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	📖	Yes	X No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, li	nes 9,	9b, 10b,

Schedule G	G (Form 990 or 990-EZ)	AFRICAN HOPE	FUND,	INC.	26-4484055 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
-					

FORM 990-EZ PAGE 1

990-EZ

Asset No.	Description	Date Acquired	Method	Life	Conv	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
9	VEHICLE	09/29/11	SL	5.00	10	4,500.				4,500.	4,500.		0.	4,500.
10	VEHICLE	08/20/13	ADS	5.00	НУ1	31,000.				31,000.	31,000.		0.	31,000.
	* TOTAL 990-EZ PG 1 DEPR					35,500.				35,500.	35,500.		0.	35,500.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Name of the organization

AFRICAN HOPE FUND, INC. Employer identification number 26-4484055

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
RETURNS AND REBATES	1,485.
MISC INCOME	200.
TOTAL TO FORM 990-EZ, LINE 8	1,685.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:	
ACTIVITY CLASSIFICATION: CONTRIBUTION	
GRANTEE NAME: CONSERVATION SOUTH LUANGWA (CSL)	
GRANTEE ADDRESS: PO BOX 3 MFUWE, ZAMBIA	
GRANTEE RELATIONSHIP: NONE	
DATE OF GIFT: 12/31/19	
AMOUNT GIVEN:	
ACTIVITY CLASSIFICATION: CONTRIBUTION GRANTEE NAME: CHIPEMBELE WILDLIFE EDUCATION TRUST	
GRANTEE ADDRESS: PO BOX 67 MFUWE, ZAMBIA	
GRANTEE RELATIONSHIP: NONE	
DATE OF GIFT: 12/31/19	
AMOUNT GIVEN:	16,581.
ACTIVITY CLASSIFICATION: CONTRIBUTION	
GRANTEE NAME: CONSERVATION LOWER ZAMBEZI	
GRANTEE ADDRESS: PO BOX 3 MFUWE, ZAMBIA	
GRANTEE RELATIONSHIP: NONE	

Name of the organization AFRICAN HOPE FUND, INC.	Employer identification number 26-4484055
DATE OF GIFT: 12/31/19	
AMOUNT GIVEN:	16,453.
ACTIVITY CLASSIFICATION: CONTRIBUTION	
GRANTEE NAME: PROJECT LUANGWA/MFUWE	
GRANTEE ADDRESS: C/O MFUWE LODGE, PO BOX 91 MFUWE, ZAMBI	A
GRANTEE RELATIONSHIP: NONE	
DATE OF GIFT: 12/31/19	
AMOUNT GIVEN:	24,650.
ACTIVITY CLASSIFICATION: CONTRIBUTION	
GRANTEE NAME: ZAMBIA CARNIVORE PROGRAM	
GRANTEE ADDRESS: P.O. BOX 80 MFUWE EASTERN PROVINCE, ZAM	MBIA
GRANTEE RELATIONSHIP: NONE	
DATE OF GIFT: 12/31/19	
AMOUNT GIVEN:	5,100.
ACTIVITY CLASSIFICATION: CONTRIBUTION	
GRANTEE NAME: SPECIAL PROJECT-ANTI POACHING	
GRANTEE ADDRESS: PO BOX 3 MFUWE, ZAMBIA	
GRANTEE RELATIONSHIP: NONE	
DATE OF GIFT: 12/31/19	
AMOUNT GIVEN:	4,700
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	124,437.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK CHARGES	2,722.
32212 09-06-19 Sct	nedule O (Form 990 or 990-EZ) (20

Name of the organization AFRICAN HOPE FUND, INC.	Employer identification number 26-4484055
INSURANCE	1,111.
TRAVEL AND MEETINGS	1,147.
SUPPLIES/BOOKS/REFERENCE	67.
OPERATIONS - OTHER	150.
MARKETING/ADVERTISING	11,030.
INFORMATION TECHNOLOGY	2,758.
VEHICLE	500.
CONTRACTED SERVICES	708.
TOTAL TO FORM 990-EZ, LINE 16	20,193.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:	
DESCRIPTION BEG. OF	YEAR END OF YEAR
CREDIT CARDS	233. 960.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - WE SUPPOR	T ORGANIZATIONS
IN ZAMBIA THAT PROTECT WILDLIFE, THAT EDUCATE YOUNG PEOPL	E AND PROMOTE
CONSERVATION IN LOCAL COMMUNITIES.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	HMENTS:
WILDLIFE CONSERVATION- AFRICAN HOPE FUND SUPPORTS WILDLIF	'E
CONSERVATION, ESPECIALLY ANTI-POACHING EFFORTS:	
A. OUR PRIMARY SERVICE PROGRAM IS CONSERVATION SOUTH LUAN	IGWA (CSL),
(FORMERLY KNOWN AS CONSERVATION SOUTH LUANGWA SOCIETY) WH	ICH IS
COMMITTED TO THE CONSERVATION OF LOCAL WILDLIFE AND NATUR	AL RESOURCES.
WE SUPPORT THEIR SCOUTING PATROLS AND DETECTION DOG PROGR	AMS WHICH
PROTECT ZAMBIAN WILDLIFE FROM POACHING AS WELL AS RESCUE	AND TREAT
ANIMALS WOUNDED BY SNARE TRAPS. WE CONTRIBUTED \$56,953 IN	2019.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** AFRICAN HOPE FUND, INC. 26-4484055 B. ZAMBIA CARNIVORE PROGRAM SUPPORTS EFFORTS TO SAVE LIONS, WILD DOGS, AND OTHER ENDANGERED SPECIES OF ANIMALS IN ZAMBIA. WE CONTRIBUTED \$5,100 IN 2019. C. CONSERVATION LOWER ZAMBEZI (CLZ): WE RECEIVED \$11,978 ON THEIR BEHALF TO SUPPORT ANTI-POACHING FOR LOWER ZAMBEZI. WE SENT \$16,453 TO CLZ IN 2019. FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS: EDUCATION- OUR MISSION: EDUCATING THE NEXT GENERATION OF AFRICANS TO ENSURE THEIR FUTURE BY SAVING THE ELEPHANTS AND OTHER WILDLIFE. MANY LOCAL CHILDREN HAVE NEVER VISITED THE NATIONAL PARKS WHERE ANIMALS ARE PROTECTED FROM POACHING AND DO NOT UNDERSTAND THE ECONOMIC VALUE OF THE ANIMALS TO THEIR COUNTRY. WE HELP THEM LEARN HOW TO PROTECT THE ANIMALS AS WELL AS TO SAFELY CO-EXIST WITH ELEPHANTS AND OTHER WILDLIFE. SPONSORSHIPS OF TUITION FOR SECONDARY SCHOOL (8TH-12TH GRADES) ATTENDANCE THROUGH: A. CHIPEMBELE WILDLIFE EDUCATION CENTER; WE WERE PLEASED TO CONTRIBUTE \$1,950 TO THIS EXCEPTIONAL EDUCATON CENTER. B. MFUWE SPONSORSHIPS FOR CONTINUING SECONDARY EDUCATION \$2,600 IN 2019. C. TUITION FOR ADVANCED TRAINING PROGRAMS: AFTER A NUMBER OF YEARS SPONSORING CHILDREN IN SECONDARY SCHOOLS, WE ARE PLEASED TO BE SPONSORING SOME OF THOSE SUCCESSFUL STUDENTS WHO HAVE GONE ON TO COLLEGES OR ADVANCED TRAINING IN TECHNICAL OR SPECIALTY SCHOOLS. ALLSTUDENTS MUST HAVE PARTICIPATED IN THE CONSERVATION PROGRAMS. SOME OF

OUR STUDENTS HAVE SINCE GRADUATED AND ARE CURRENTLY WORKING AT JOBS

WHICH HELP SUPPORT THEIR FAMILIES.

Name of the organization **Employer identification number** AFRICAN HOPE FUND, INC. 26-4484055 TUITION FOR ADVANCED TRAINING PROGRAMS FOR 2019 INCLUDE: COPPERBELT UNIVERSITY \$4,500 FILM SCHOOL (STUDENT GRADUATED AND IS EMPLOYED) KWAME UNIVERSITY \$1,700 CHAINAMA COLLEGE HEALTH SCIENCES \$2,550 SOUTH AFRICA WILDLIFE COLLEGE \$4,500 TEACHERS COLLEGE \$3,300 TEACHERS COLLEGE AT CHIPATA \$3,300 UNZA, UNIVERSITY OF ZAMBIA \$4,800 E. LIBRARY PROGRAM - ONE OF OUR BOARD MEMBERS SPENT THREE MONTHS IN 2019 TO HELP TEACH CHILDREN TO SPEAK AND READ ENGLISH. WE ALSO CONTRIBUTED \$12,031 TO THE LIBRARY AND READING PROGRAMS, INCLUDING MONEY FOR TRAINING AND PAYING LOCAL TEACHERS AND READING ASSISTANTS THROUGHOUT THE YEAR. FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS: SPECIAL PROJECT DONATIONS: A.ELEPHANT ORPHANAGE- WE DONATED \$2,000 IN 2019. B. TEAM GIVING ORGANIZATION- WE DONATED \$100 HELPING PEOPLE LEARN HOW TO PROMOTE THEIR NON-PROFIT ORGANIZATIONS. C.TUSK AWARD: THE ANNUAL TUSK WILDLIFE RANGER AWARD, GIVEN BY HRH PRINCE WILLIAM, WAS GIVEN IN 2019 TO ZAMBIA'S BENSON KANYEMBO WHO IS THE OPERATIONS MANAGER OF THE CONSERVATION SOUTH LUANGWA, A GROUP WE HAVE SUPPORTED FOR YEARS. SEVERAL BOARD MEMBERS TRAVELED AT THEIR OWN EXPENSE TO LONDON FOR THE PRESTIGIOUS AWARDS CERMONY HOSTED BY PRINCE WILLIAM AND WE CONTRIBUTED \$2,600 TO TUSK.ORG IN BENSON'S HONOR.

Name of the organization AFRICAN HOPE FUND, INC.	Employer identification number 26-4484055
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	INDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	