#### Extended to November 15, 2022

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

and ending

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

Open to Public

<b>B</b> (	Check if pplicable:	C Name of organization	D Employer identific	cation number
	Address			
	Name change	Doing business as Africa Hope Fund	│ 26-44840	55
	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/suit		
	Final return/	1900 Point West Way	916-487-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	332,703.
	Amende		H(a) Is this a group re	
	Applica		for subordinates	
	pending	2255 Watt Avenue, Sacramento, CA 95825	<b>H(b)</b> Are all subordinates in	
<u> </u>	Гах-ехеі	mpt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or $52$	<b>—</b>	list. See instructions
		http://africahopefund.org	H(c) Group exemptio	
KF	orm of o	organization: X Corporation	ar of formation: 2008	1 State of legal domicile: CA
Pa		Summary		
•	1 E	Briefly describe the organization's mission or most significant activities: We suppor	t organizati	ons in
Activities & Governance	2	Mambia that protect wildlife, that educate yo	ung people a	nd promote
ă.	2 (	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of mo	re than 25% of its net as	
ŏ	1	lumber of voting members of the governing body (Part VI, line 1a)		10
<u>ھ</u>		lumber of independent voting members of the governing body (Part VI, line 1b)		10
ies	1	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		0
Σį		otal number of volunteers (estimate if necessary)		60
Act		otal unrelated business revenue from Part VIII, column (C), line 12		0.
	bΝ	let unrelated business taxable income from Form 990-T, Part I, line 11	· ·	0.
			Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)	169,540.	301,407.
Revenue	1	Program service revenue (Part VIII, line 2g)	0. 0.	0.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	702.	3,563.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	170,242.	304,970.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	140,422.	214,679.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)	0.	0.
ses		Professional fundraising fees (Part IX, column (A), line 11e)	50.	0.
Expenses		otal fundraising expenses (Part IX, column (D), line 25)	301	
Ĕ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	53,741.	48,845.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	194,213.	263,524.
		Revenue less expenses. Subtract line 18 from line 12	-23,971.	41,446.
or			Beginning of Current Year	End of Year
Net Assets Fund Balanc	<b>20</b> T	otal assets (Part X, line 16)	22,971.	63,984.
ASS	21 T	otal liabilities (Part X, line 26)	433.	0.
Fund	<b>22</b> N	let assets or fund balances. Subtract line 21 from line 20	22,538.	63,984.
Pa	art II	Signature Block		
	-	ies of perjury, I declare that I have examined this return, including accompanying schedules and state		y knowledge and belief, it is
true,	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowledge.	
		Observations of afficers	Dete	
Sig		Signature of officer	Date	
Her	e	Carol Van Bruggen, CEO Type or print name and title		
		,	Date Check	PTIN
Da!		Print/Type preparer's name  Preparer's signature	Olicox L	
Paid	-	Helen G. Berhe Helen G. Berhe	08/25/22 if self-employs	P01077434
-		Firm's name GILBERT CPAs  Simple address 2880 CATEWAY OAKS DP STE 100	Firm's EIN	68-0037990
use	Only	Firm's address 2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA 95833	Dha 0.1	6-646-6464
		· · · · · · · · · · · · · · · · · · ·	Phone no.91	
May	the IR	S discuss this return with the preparer shown above? See instructions		X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of The Africa Hope Fund is to promote wildlife
	conservation in Southern Africa by supporting oranizations on the
	ground that are dedicated to anti-poaching efforts, conservation
	education for children, wildlife damage mitigation, and continued
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$120 , 336 • including grants of \$120 , 336 • ) (Revenue \$)
	Wildlife Conservation
	The Africa Hope Fund supports Wildlife Conservation, especially
	anti-poaching efforts, Scouting Patrols and detection dog programs, as
	well as human-wildlife conflict mitigation programs:
	A. Conservation South Luangwa:
	One of our primary service organizations in Zambia is the Conservation
	South Luangwa (CSL), which is committed to the conservation of local
	wildlife and natural resources. Due in part to the continued and
	increased support by Africa Hope Fund in the last several years, CSL
	has about 120 full-time staff, dozens of vehicles, and robust platforms
	to support anti-poaching, human-wildlife mitigation, and wildlife
4b	(Code:) (Expenses \$ 81,543. including grants of \$ 81,543. ) (Revenue \$)
	Education:
	A. Libraries and Teaching Assistants for Teaching English:
	English is a required skill to pursue secondary education, but it is
	not taught in the schools in Zambia. Our education projects are focused
	on providing adequate buildings and libraries for students, as well as
	opportunities for primary students to learn to read and write English.  The Africa Hope Fund has built three libraries and we support the
	annual salaries of 26 Reading Assistants so that children may learn English.
	miditai.
	We contributed \$29,123 to Reading Assistants and supplies and \$31,640
	for the building of libraries in 2021.
40	(Code:) (Expenses \$ 5 , 300 • including grants of \$ 5 , 300 • ) (Revenue \$)
	African Hope Fund contributed \$5,300 to create a water well dug by
	Makolekole Drilling and Water Solutions Ltd.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 7,500 • including grants of \$ 7,500 •) (Revenue \$ )
4e	Total program service expenses ▶ 214,679.

## Form 990 (2021) African Hope Fund, Inc. Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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			
J	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,7
	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,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11.0		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		<del></del> -
~	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	X	
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,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
.5	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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

D 11/	Checklist of Required Schedules (continued)
Part IV	I C. NACKIIST OT RADIIITAD SCHADIIIAS (continuad)
	i Officokiist of Hegalica Coffeadics (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
	Schedule J	23		X
24 a	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			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			- V
	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			- V
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			- V
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			- V
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			- V
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		┝┷
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			<b>₩</b>
	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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
25.0	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		_
30	If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del></del>
37	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 on Schedule O for Part VI, lines 11b and 19?	- 57		† <u></u>
55	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		_ 55		——
	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		. 50	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		
		•		

African Hope Fund, Inc.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			L					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			3,7					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		Х					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		$\vdash$					
ua	any contributions that were not tax deductible as charitable contributions?	6a		х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		<del></del>					
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  10a								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand			37					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<del>                                     </del>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	٠.		v					
	excess parachute payment(s) during the year?	15		X					
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		X					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes." complete Form 6069.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		Х				
14	Did the organization have a written document retention and destruction policy?	14		Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		Х				
	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶CA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial					
	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 books and records							
	Carol Van Bruggen - 916-487-6516							
	1900 Point West Way, Ste. 190, Sacramento, CA 95815							

#### Form 990 (2021)

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

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

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

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

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

X Check this box if neither the organization	nor any related	orga	aniza	ation	oo r	npe	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week		Corar	10 0	I	)/ ii us	1	from	from related	other 
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	1000 1120)	and related
	below	idual	ution	-	Key employee	est co oyee	ь	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) Carol Van Bruggen	1.00									
President		Х		Х				0.	0.	0.
(2) Leslie W. Leggio	5.00									
Treasurer		Х		Х				0.	0.	0.
(3) Heather Estay	2.00									
Director		Х		Х				0.	0.	0.
(4) Steve Kuhn	1.00									
Director		Х						0.	0.	0.
(5) Anne Gambino	1.00									
Director		Х						0.	0.	0.
(6) Gary Hursh	1.00									
Director		Х						0.	0.	0.
(7) Debby Lott	1.00									
Director		Х						0.	0.	0.
(8) Theresa Paige	1.00									
Director		Х						0.	0.	0.
(9) Jan Ahders	1.00							_	_	_
Director		Х						0.	0.	0.
(10) Benson Kanyembo	1.00	ļ								
Director		Х						0.	0.	0.
		1								
		1								
				_						
		4								
		<u> </u>	<u> </u>	_	_	_	_			
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132007 12-09-21 Form **990** (2021)

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)  Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director op objection op	not c	Pos heck	ition more erson lirecto		one th an stee)	( <b>D</b> )  Reportable  compensation  from  the	es (continued)  (E)  Reportable compensation from related organization (W-2/1099-MIS 1099-NEC)	on d s SC/	Esti amo comp fro orga and	(F) imated ount o other oensation the nizatio relate nizatio	ion on ed
			-											
С		II, Section A			· · · · · · · · · · · · · · · · · · ·				0 • 0 • 0 • ceceived more than \$100	0,000 of reportab	0. 0. 0.			0.
3 4 5 Sec 1	<ul> <li>Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li> <li>For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual</li> </ul>										3 4 5		X X	
	the organization. Report compensation for (A)  Name and business			ONI		vith	or w	rithi	n the organization's tax (B) Description of s		C	(C)	sation	
2	Total number of independent contractors (i \$100,000 of compensation from the organi		not lii	mite	d to	tho	se li	sted	d above) who received n	nore than			100 to	

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Officer if Octionale O Contains a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	( <b>C</b> ) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	72,000. 229,407. 3,000.	301,407.			
			Business Code				
e	2 a	. <u> </u>					
e vi	b						
n Se enu	С						
arar Rev	d						
Program Service Revenue	е						
_		All other program service revenue					
	3	Investment income (including dividends, inter					
		other similar amounts)					
	4	Income from investment of tax-exempt bond					
	5	Royalties	1				
		(i) Real	(ii) Personal				
	6 a						
		Less: rental expenses 6b					
		Rental income or (loss) 6c Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, a	assets other than inventory <b>7a</b>	(4) = 11121				
	b	Less: cost or other basis					
ıne		and sales expenses					
ver	С	Gain or (loss) 7c					
her Revenue		Net gain or (loss)	<b>&gt;</b>				
Othe		Gross income from fundraising events (not including \$ 72,000 • of contributions reported on line 1c). See  Part IV, line 18 8a Less: direct expenses 8t					
		Net income or (loss) from fundraising events	,, , , . e e e	3,005.			3,005.
		Gross income from gaming activities. See					
		Part IV, line 19	ı				
	b	Less: direct expenses9k					
		Net income or (loss) from gaming activities	<b>&gt;</b>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10					
		Less: cost of goods sold10	-				
_	С	Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11 a	Miscellaneous income	900099	558.	558.		
ane	b						
cell	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d	<b>&gt;</b>	558.	==2		2 2 2 2
	12	Total revenue. See instructions		304,970.	558.	0.	3,005.

## Form 990 (2021) African Hope Fund, Inc. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	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	<b>(D)</b> 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	214,679.	214,679.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management	50.		50.	
b	Legal	50.		30.	
C	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	13,900.		13,900.	
12	Advertising and promotion	21,145.		21,145.	
13	Office expenses	276.		276.	
14	Information technology	5,436.		5,436.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,224.		4,224.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Bank fees	3,814.		3,814.	
b		-			
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	263,524.	214,679.	48,845.	0.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

Pai	πλ	Balance Sneet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			22,971.	1	63,915
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, so	ubstantial	contributor, or 35%			
		controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disq	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descr	ibed in se	ction 4958(c)(3)(B)		6	
3	7	Notes and loans receivable, net				7	
233613	8	Inventories for sale or use				8	
Ĺ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	35,500.			
	b	Less: accumulated depreciation	10b	35,500.	0.	10c	(
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li	ne 11			12	
	13	Investments - program-related. See Part IV, I	ine 11			13	
	14	Intangible assets			0.	14	
	15	Other assets. See Part IV, line 11	Other assets. See Part IV, line 11			15	69
	16	Total assets. Add lines 1 through 15 (must e	equal line	33)	22,971.	16	63,984
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
3	22	Loans and other payables to any current or	former offi	cer, director,			
		trustee, key employee, creator or founder, so	ubstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of	these pers	sons		22	
,	23	Secured mortgages and notes payable to ur		_		23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24	). Complete Part X	422		
		of Schedule D			433.		C
	26	Total liabilities. Add lines 17 through 25			433.	26	(
9		Organizations that follow FASB ASC 958,	check he	re 🕨 🗀			
3		and complete lines 27, 28, 32, and 33.					
3	27	Net assets without donor restrictions				27	
3	28	Net assets with donor restrictions				28	
5		Organizations that do not follow FASB AS	C 958, ch	eck here 🕨 🔼			
- 5		and complete lines 29 through 33.			0		_
2	29	Capital stock or trust principal, or current fur			0.	29	(
500	30	Paid-in or capital surplus, or land, building, o			0.	30	(2,00/
Net Assets of Fully Balances	31	Retained earnings, endowment, accumulate			22,538.	31	63,984
ž	32	Total net assets or fund balances			22,538.	32	63,984
	33	Total liabilities and net assets/fund balances			22,971.	33	63,984

Form **990** (2021)

OIII	1000 (2021)				9°
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			70.
2	Total expenses (must equal Part IX, column (A), line 25)	2			24.
3	Revenue less expenses. Subtract line 2 from line 1	3			46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22	2,5	38.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	63	3,9	84.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
	<u> </u>			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 on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	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 separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization African Hope Fund, Inc. 26-4484055 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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	<b>Total.</b> Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support			•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for the					501(c)(3)	_
	organization, check this box and stop	•		*	•	. , . ,	
Sec	tion C. Computation of Publi						·
	Public support percentage for 2021 (li			column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
	6a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and					ox and	
	stop here. The organization qualifies a	as a publicly supp	orted organization	n			▶□
b	33 1/3% support test - 2020. If the o	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization quali						▶□
17a	10% -facts-and-circumstances test						or more,
	and if the organization meets the facts	s-and-circumstand	ces test, check thi	s box and <b>stop he</b>	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	ublicly supported	organization		<b>&gt;</b>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	mstances test, ch	eck this box and <b>s</b> t	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. T	he organization qu	ualifies as a publicl	y supported organ	nization	<b>&gt;</b>
18	Private foundation. If the organization	า did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s 🕨 🔲

#### 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.)

50	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(d) 2020	(a) 2021	(f) Total
	· ` ` · · · · · · · · · · · · · · · · ·	(a) 2017	<b>(b)</b> 2018	(c) 2019	(a) 2020	(e) 2021	(t) Total
'	Gifts, grants, contributions, and						
	membership fees received. (Do not	68,751.	150,799.	133,788.	169,540.	229,407.	752,285.
	include any "unusual grants.")	00,731.	130,733.	133,700.	109,540.	223,407.	134,403.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,361.	5,063.	1,685.	702.	558.	11,369.
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						
6	Total. Add lines 1 through 5	72,112.	155,862.	135,473.	170,242.	229,965.	763,654.
	Amounts included on lines 1, 2, and	, , , , , , ,	133,001	133/1731	17072120	22373031	70370311
1 6	, ,	18,679.	23,777.	28,675.	35,020.	91,823.	197,974.
,	3 received from disqualified persons Amounts included on lines 2 and 3 received	10,075	25,777	20,075	33,020.	71,023.	101,0140
	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	18,679.	23,777.	28,675.	35,020.	91,823.	
	Public support. (Subtract line 7c from line 6.)	,	- ,	,	,	,	565,680.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(a) 2021	(f) Total
	Amounts from line 6	(a) 2017 72, 112.	155,862.	(c) 2019 135, 473.	170,242.	(e) 2021 229, 965.	(f) Total 763,654.
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	, , , , , , ,	233,0020	200, 1700	2707222	223,3000	70070010
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included on 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						
13	assets (Explain in Part VI.)	72,112.	155,862.	135,473.	170,242.	229,965.	763,654.
	First 5 years. If the Form 990 is for th				· · · · · · · · · · · · · · · · · · ·	-	
	check this box and <b>stop here</b>	· g					<b>▶</b> □
Sec	ction C. Computation of Publi	ic Support Pe					
	Public support percentage for 2021 (li			column (f))		15	74.08 %
	Public support percentage from 2020					16	79.49 %
	ction D. Computation of Inves					10	73 ( 23 70
	Investment income percentage for 20			no 12 polumn (fl)		17	.00 %
17						18	.00 %
18	Investment income percentage from 2 a 33 1/3% support tests - 2021. If the						
196							T is not ► X
k	more than 33 1/3%, check this box are 33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The orga	nization qualifies a	is a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶∟

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
- Gu		
3b		
3с		
00		
4a		
4b		
TU		
_		
4c		
_		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
9c		
30		
10a		
10b		

Pa	rt IV Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated 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,			
0	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sac	the supported organization(s). etion D. All Type III Supporting Organizations	1	Ш	Ь
566	tion b. All Type in Supporting Organizations		Vac	Na
4	Did the exemination provide to each of its supported exeminations, by the last day of the fifth month of the		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 on line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	Ш	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations			
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 <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				

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

Schedule A (Form 990) 2021

instructions).

<u></u>	Line of amount divided by line 9 amount		. 10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
<u>e</u>	Excess from 2021			

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

#### **Schedule B** (Form 990)

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Air	cican Hope Fund, Inc.	26-4484055				
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 <b>not</b> 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					
, ,	covered by the <b>General Rule</b> or a <b>Special Rule.</b> ), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.				
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) ar contributor, during the	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), 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.					
contributor, during the literary, or education	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contributions e is checked, enter he purpose. Don't comp	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \( \)					
answer "No" on Part IV, line 2	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, requirements of Schedule B (Form 990).	**				

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

### African Hope Fund, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- - \$\$77,748.	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
2		\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b)	(c)	(d)
4	Name, address, and ZIP + 4	Total contributions  - \$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>20,000.</u>	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
6		- \$\$14,075.	Person X Payroll

Name of organization Employer identification number

### African Hope Fund, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$.	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
		\$	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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and Zir + 4	\$	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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

### African Hope Fund, Inc.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if 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		
		\$			

Name of organization Employer identification number

rt III	Exclusively religious, charitable, etc., contributi	ons to organizations described in	section 501(c	)(7), (8), or (10) that total more than \$1,000 for t
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following line en that the following line en that the following line en the following line	ntry. For orgar · <b>less</b> for the ye	ar. (Enter this info. once.)  \$
	Use duplicate copies of Part III if additional	space is needed.		(2.1.6) 4.10 1.110
No. om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi		
	Transferee's name, address, an	nd ZIP + 4	Relat	ionship of transferor to transferee
No. om ort I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_				
		(e) Transfer of gi	<u> </u>	
		(e) Transier er gi		
_	Transferee's name, address, an	nd ZIP + 4	Relat	ionship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_			-	
		(e) Transfer of gi	ft -	
	Transferee's name, address, an	nd ZIP + 4	Relat	ionship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi	<u> </u>	
1		(e) Italisiei Oi gi		

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

African Hope Fund, Inc. Employer identification number 26-4484055

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes L No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor o		
_	impermissible private benefit?		Yes No
Pai			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· '	
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forn	n of a conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	•	
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by ti	ne organization during the tax
	year >		
4	Number of states where property subject to conservation eas		- £
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	
6	Staff and volunteer hours devoted to monitoring, inspecting,		
U	Starr and volunteer rours devoted to morntoning, inspecting,	mandling of violations, and emorcing co	riservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ration easements during the year
•	S	ing of violations, and emorcing conserv	valion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 17	70(h)(4)(R)(i)
Ü	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
·	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	oto to the organization o imanolal otatol	mente that describes the
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,,	,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	400 A		•
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB A		· /1
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tr	easures, c	or Other	Similar As	sets(contil	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the	following tha	t make sig	nificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	d		oan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how th	ev further t	he organizati	on's exem	pt purpose in I	Part XIII.		
5	During the year, did the organization solicit of	•		•	-					
_	to be sold to raise funds rather than to be many		-		•			Yes		No
Pai	t IV   Escrow and Custodial Arran									
	reported an amount on Form 990, Pa	-		9			, ·	,,		
1a	Is the organization an agent, trustee, custod	ian or other intermedi	iarv for o	contribution	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
-	roo, orpianrano anangoment mir antran	a						Amoun	<del></del>	
c	Beginning balance						1c			
	Additions during the year									
_	Distributions during the year									
† 0-	Ending balance							Vaa	$\neg$	I NI a
	Did the organization include an amount on F							└── Yes	H	∐ No
$\overline{}$	If "Yes," explain the arrangement in Part XIII.									
Fai	T V Endowment Funds. Complete i						). I) Three years ba	ock (a) Fou	rvoare	hack
		(a) Current year	(b) FI	rior year	(C) TWO year	S Dack (C	i) Tillee years ba	tck (e) i oui	years	Dack
	Beginning of year balance							-		
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1ç	g, column (	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
С	Term endowment	<del></del> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse		tion tha	t are held a	and administe	red for the	e organization			
	by:	J					3	!	Yes	No
	(i) Unrelated organizations									
	(ii) Related organizations									
h	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the									
Ė	t VI Land, Buildings, and Equipm		WITICITE	urius.						
	Complete if the organization answere		. Part IV	. line 11a. 9	See Form 990	). Part X. li	ne 10.			
	Description of property	(a) Cost or ot			or other		cumulated	(d) Boo	k valu	
	Description of property	basis (investm			(other)		eciation	( <b>u</b> ) D00	N value	C
	Land	,	.ority	Dasis	(50101)	асрі	COLUMN			
	Land		-							
	Buildings									
	Leasehold improvements									
	Equipment			2	5,500.	,	3 5 5 0 0			
	Other						35,500.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	guai Form 990, Part 🕽	x, colum	nn (B), line i	IUC.)		<b>P</b>			U •

Schedule D (Form 990) 2021

Part VII Investments - Other Securities
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Investments - Other Securities.  Complete if the organization answered "Yes"			
(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)			
Fotal. (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		
(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"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	<b>&gt;</b>	
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)			
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin			
			hat reports the

	rt XI	Reconciliation of Revenue per Audited Financial Sta	rements with vever	iue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ted services and use of facilities	2b		
С	Reco	veries of prior year grants	2c		
d		r (Describe in Part XIII.)			
е	Add li	ines 2a through 2d		2e	
3	Subtr	ract line <b>2e</b> from line <b>1</b>		3	
4		unts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	r (Describe in Part XIII.)	4b		
С	Add li	ines <b>4a</b> and <b>4b</b>		4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total	expenses and losses per audited financial statements		1	
2		unts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ted services and use of facilities	2a		
b		year adjustments			
С		losses			
d	Other	(Describe in Part XIII.)			
е		ines 2a through 2d		2e	
3	Subtr	ract line <b>2e</b> from line <b>1</b>			
4		unts included on Form 990, Part IX, line 25, but not on line 1:			
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	r (Describe in Part XIII.)	4b		
С		ines <b>4a</b> and <b>4b</b>	•	4c	
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5	
Pa	rt XIII	Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		Part V, line 4; Part X, line 2; Part	XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional information.		

## SCHEDULE F (Form 990)

#### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

INam	e or the organization					Employer identili	cation number
Af	rican Hope Fu	ind, Inc.				26-448405	5
Pa			ctivities Out	tside the United States. Comple	ete if the organ	ization answered "Y	es" on
	Form 990, Part IV						
1	<del>-</del>	-		ds to substantiate the amount of its gra			
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? X	Yes L No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	ide the
	United States.						
3				an be duplicated if additional space is a			(0
	(a) Region	(b) Number of offices	employees,	(d) Activities conducted in the region		vity listed in (d)	<b>(f)</b> Total expenditures
		in the region	I agents and	(by type) (such as, fundraising, program services, investments, grants to		gram service, specific type	for and
		In the region	contractors	recipients located in the region)		(s) in the region	investments
			in the region				in the region
						ns to various	
					programs to		
				·	·	conservation	
Sub-	-Saharan Africa	0	0	Services	and anti-po	eaching.	207,179.
	cral America and		_			ns to support	
the	Caribbean	0	0	Contributions	community p	programs.	7,500.
		-					
	0.11.1.1						214 672
	Subtotal	0	0				214,679.
b	Total from continuation		_				_
	sheets to Part I	0	0				0.
С	Totals (add lines 3a		,				214 670
	and 3b)	1	ı				214,679.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			Anti-poaching, rescue					
			and treatment of wild					
		Sub-Saharan	animals trapped by					
		Africa	snare wire	66,272.	.WIRE	0.		FMV
			Anti-poaching, rescue					
			and treatment of wild					
		Sub-Saharan	animals trapped by					
		Africa	snare wire	40,000.	.WIRE	0.		FMV
			Anti-poaching, resue					
			and treatment of wild					
		Sub-Saharan	animals trapped by					
		Africa	snare wire	14,064.	.WIRE	0.		FMV
			Support construction					
			and building					
		Sub-Saharan	infrastructure of					
		Africa	school in rural	31,220.	.WIRE	0.		FMV
			Support education of					
			importance of					
		Sub-Saharan	conservation of					
		Africa	animals and natural	5,700.	.WIRE	0.		FMV
			Support teachers and					
			reading assistants so					
		Sub-Saharan	students can learn					
		Africa	English	24,300.	.WIRE	0.		FMV
			To support drilling					
			of water wells in					
		Sub-Saharan	villages who have no					
		Africa	access to clean water	5,300.	.Wire	0.		FMV
			To support students					
			who qualify for					
		Sub-Saharan	secondary level					
		Africa	education	20,323.	.Wire	0.		FMV

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	<
exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3 Enter total number of other organizations or entities

9

Schedule F (Form 990) 2021

Part II Continuation of		Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line	1)	1 age 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Danier	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
			Contribution to					
		Central America	support community					
		and the Caribbean	programs	7,500.		0.		
		1					l	

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

## Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

# Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. Part I, Line 2: AHF receives regular reports from the organizations throughout the year. The CEO and other directors travel to Zambia regularly and one director spent three months in Zambia in connection with the various programs. Part II, Column (d): Region: Sub-Saharan Africa (d) Purpose of Grant: Support construction and building infrastructure of school in rural Zambia, Nsefu Region: Sub-Saharan Africa (d) Purpose of Grant: Support education of importance of conservation of animals and natural resources

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number African Hope Fund, Inc. 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 raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

26-4484055 Page 2 African Hope Fund, Inc. Schedule G (Form 990) 2021 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 **(b)** Event #2 (c) Other events (d) Total events |Virtual None (add col. (a) through Safari on Ri col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 102,738. 102,738. 72,000 72,000. 2 Less: Contributions 30,738. 30,738. 3 Gross income (line 1 minus line 2) ....... 4 Cash prizes 3,000. 3,000. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages ..... 8 Entertainment 24,733. 9 Other direct expenses 24,733. 10 Direct expense summary. Add lines 4 through 9 in column (d) 3,005. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule	G (Form	990)	2021

**b** If "No," explain:

**b** If "Yes," explain:

Sch	chedule G (Form 990) 2021 African Hope Fund	, Inc. 26-	4484	1055	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
12	2 Is the organization a grantor, beneficiary or trustee of a trust, or a mem	•			
	to administer charitable gaming?			Yes	└─ No
	3 Indicate the percentage of gaming activity conducted in:		ءمد ا	1	0.4
	a The organization's facility			+	<u>%</u>
	<ul><li>b An outside facility</li><li>4 Enter the name and address of the person who prepares the organizat</li></ul>		ISB		
1-7	The the hame and address of the person who prepares the organization	ion's gaming/special events books and records.			
	Name				
	Address				
15a	5a Does the organization have a contract with a third party from whom the	e organization receives gaming revenue?		Yes	☐ No
b	<b>b</b> If "Yes," enter the amount of gaming revenue received by the organiza				
	of gaming revenue retained by the third party > \$	_			
С	c If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	6 Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Ind	ependent contractor			
17	7 Mandatory distributions:				
а	a Is the organization required under state law to make charitable distribu	tions from the gaming proceeds to			
			Ш	Yes	└── No
b	<b>b</b> Enter the amount of distributions required under state law to be distrib	uted to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year   Supplemental Information. Provide the explanations re	equired by Part L line 2b, columns (iii) and (v); and P	art III I	ines 9	9b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any addition		<u> </u>		05, 105,

Schedule G	i (Form 990)	African Hope	Fund,	Inc.	26-4484055	Page 4
Part IV	Supplemental Infor	African Hope mation (continued)	-			

# **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service Name of the organization

African Hope Fund, Inc.

Employer identification number 26-4484055

Form 990, Part I, Line 1, Description of Organization Mission:
conservation in local communities.
Form 990, Part III, Line 1, Description of Organization Mission:
education for local children to ensure their economic futures.
Form 990, Part III, Line 4a, Program Service Accomplishments:
rescue.
In 2021, 18 scout trainees completed a 3-month para-military
training course and joined the anti-poaching teams, which are
responsible for removal of snare wire used by poachers and for
capturing poachers. They work with detection dogs and aerial support.
They undergo continuous training on new ways reduce poaching.
Conservation:
93 Community Scouts, including one women-only patrol of 17 females
167 wildlife crime suspects apprehended
109 poachers' camps dismantled
20,435 Anti-poaching foot-patrol person-days
\$75,000 worth of contraband removed from circulation
852 wire snares recovered
169 anti-poaching aerial surveillance patrols
269 K9 Detection Dog Unit Operations
8 animals successfully de-snared

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** African Hope Fund, Inc. 26-4484055 4 veterinary students mentored in partnership with ZCP 35 human-wildlife conflict Rapid Response Unit operations 25 drama performances reaching an audience of 2,873 47 hours of the Conservation Hour radio show reaching 50,000 listeners Community: 30 chili patrollers working in four Chiefdoms 9 kms of conflict mitigation solar fencing using Polywire 2 kms of conflict mitigation "smelly fence" trial 5 farming blocks fenced in two Chiefdoms 25 elephant-safe grain stores constructed 405 Community Clean Sweeps recovering 200 snares 335 Community Game Drives for 2,458 participants 80 domestic cats and dogs castrated/spayed We facilitated contributions of \$55,272 to CSL in 2021. B. Zambia Carnivore Program (ZCP) ZCP is dedicated to conserving large carnivores and the ecosystems they reside in through a combination of conservation science, conservation actions, and a comprehensive education and capacity-building effort. The Africa Hope Fund contributed \$40,000 to ZCP in 2021. Lions are considered Endangered and currently under threat from a variety of issues including habitat loss, conflict, illegal trade in parts, and bushmeat poaching using wire snares. It is estimated that lions may disappear from the wild by 2050 if urgent conservation work

is not done. Losing an apex predator such as the lion would have

devastating consequences for ecosystems and communities that rely on

Name of the organization
African Hope Fund, Inc.

Employer identification number 26-4484055

wildlife-based economies.

## Conservation:

Continued veterinary rescue of snared animals is critical. The

de-snaring work is conducted in all areas where ZCP works and has

resulted in significant population impacts. Collectively, all the 46

lions that have been rescued have resulted in 217 cubs. Such

collaborative work of ZCP, CSL, other NGO partners and the Zambian

government is greatly facilitated by radio collars, allowing for

frequent detection and monitoring of prides and de-snaring.

Training Zambia's Best and Brightest Wildlife Conservation Leaders:

One of the core pillars of ZCP's work is the empowerment of aspiring

local conservation leaders. ZCP employs a comprehensive, multi-level

approach to conservation that helps ensure sustainability through

training, educating, sponsoring and employing young Zambian wildlife

professionals, from the primary and secondary school-level through to

international graduate programs. Essentially, they are working to

empower young Zambian conservationists to lead Zambia's future

conservation efforts.

### Education:

The rainy season allows time to slow down with fieldwork and shift focus to training. For two months, we embarked upon an ambitious online Professional Development Training (PDT) program that included expert presentations from around the world. The point of this training is to expose their teams of young conservation professionals to concepts, ideas, and professional skills they often do not receive at secondary school or through a standard university conservation curriculum.

Name of the organization

African Hope Fund, Inc.

Employer identification number 26-4484055

## Women in Wildlife Conservation Program:

Women have been underrepresented in the conservation sector in general and in conservation science in particular; thus, a program called Women in Wildlife Conservation, is aimed to increase participating and involvement by women. Led by 2016 National Geographic Emerging Explorer

Thandiwe Mweetwa, trainees receive intensive instruction in all aspects of conversation work and are also integrated into secondary education and community education and outreach work.

## Graduate Education:

With some of the longest-running ecological projects in the region,

ZCP's collaborative work provides opportunities for Zambian wildlife

professionals to obtain graduate degrees at top international

institutions. To date they have graduated three master's and PhD.

Students from Montana State University and University of Arizona, with

three more currently enrolled or slated for study. Students work on an

array of pressing carnivore conservation issues and have received

prestigious scholarships for their work - including Fulbright and Karen

Fuller Fellowships - and have occupied important conservation positions

in Zambia upon graduation.

## C. Conservation Lower Zambezi (CLZ):

The Africa Hope Fund supports CLZ by allowing contributions from people outside of Zambia to make donations to AHF on behalf of CLZ. Doing so allows donations to be tax-deductible for people who live in the US.

This substantially increases the donations CLZ receives from people around the world. AHF processed and sent \$14,064 to CLZ in 2021.

Name of the organization  African Hope Fund, Inc.	Employer identification number 26-4484055
Some of the accomplishments in 2021 for Conservation Lowe included:	r Zambezi
Conservation:	
14,387 Patrol Person-Days	
Arrests: 140 illegal miners & 74 poachers	
98% Conviction Rate	
First ALL-FEMALE community Scout Unit in Zambia	
Long-term Training Program Developed	
Education:	
1,289 Students Reached	
125 Students Visited CLZ Basecamp	
20 Students on Scholarship	
25 Teachers Trained	
One Copperbelt University Internship	
Community Empowerment:	
41,250 ZMW in Covid-19 Support	
385 People participated in Workshops	
45 Women Supported in the Community	
52 Farmers Provided with Tanks and Water Pumps	
10 Alternative Livelihood Projects	
Form 990, Part III, Line 4b, Program Service Accomplishme	nts:

Name of the organization **Employer identification number** 26-4484055 African Hope Fund, Inc. One of Africa Hope Fund's goals in supporting our friends in Zambia is to secure sponsorships for students-especially those who have a natural interest and passion for wildlife and conservation in their country. There are many deserving students who struggle to attend school in Zambia. They often come from remote locations and are either orphaned or very poor with vulnerable backgrounds and little time to devote to school. In most cases, these student need sponsorships to attend boarding school so they have proper housing and space for their studies. Our sponsors play an essential role in covering the costs of school for families who can't afford them, which includes a variety of expenses such as: Uniform and shoes School supplies and backpacks Tuition and exam fees Personal supplies Room and board While primary and secondary school are important, the greatest need when it comes to sponsorships is for university education. B. Chipembele Wildlife Education Trust: "We have brilliant students who work hard and study conservation-related subjects," said Anna Tolan, founding director of Chipembele, "but then it comes to a grinding halt as they reach university level because we often can't find sponsors for their advanced education." This year, Chipembele is trying to secure sponsorships for six outstanding students who have worked hard to

prepare for university. These students were handpicked by Anna and the

Name of the organization

African Hope Fund, Inc.

Employer identification number 26-4484055

Chipembele team as students with the highest potential, and they've participated in a yearlong life-skill development program that bridges the gap between high school and university. "These students have overcome so much adversity," Anna said. "If we could get sponsors, it would be fantastic." Depending on the type of sponsorship, the cost runs about \$200 per year for day school and up to about \$4,500 per year for university education and boarding. It's vital to be a committed sponsor, and Chipembele asks sponsors to support the student for the duration of their school or university years. Students often go on to do important work in Zambia with several partner organizations.

A woman named Thandiwe Mweetwa, for example, was sponsored by

Chipembele at a young age after being orphaned. She went on to study

for a bachelor's degree in biology and a master's degree with a focus

on lions. Today she is employed as Project Manager by the Zambia

Carnivore Program, and has won multiple awards, including the National

Geographic Emerging Explorer award. Another successful young woman is

Besnart Manda, whose legs were amputated when she was a baby and has

overcome incredible obstacles in her life. After completing her

education sponsored through Chipembele, she earned a diploma in

journalism and communications and today she is the Communications

Specialist for Conservation South Luangwa. Another young woman is

currently studying to become a doctor to help serve her community.

In 2021 we contributed \$5,700 to Chipembele and \$15,500 for specific tuition and boarding of students.

Our total education support in 2021 was \$81,963.

Name of the organization **Employer identification number** 26-4484055 African Hope Fund, Inc. C. Project Luangwa: In 2021, we contributed \$31,220 to help renovate a new block of classrooms to a previously deprived rural school in the town of Nsefu. The number of pupils enrolled has increased with the new block of three classrooms, newly painted and bright with the light shining through new windows. Students have new desks, and the project has made a great impression on both the teachers and students. Over five hundred students attend this school, with approximately 56 percent girls and 46 percent boys. The ages of students range from age 3 and 4 (Elementary) to 7-18 (grades 1 through 7). In 2021, we contributed \$31,220 to Project Luangwa for Nsefu School. Form 990, Part VI, Section A, line 2: The President Carol Van Bruggen and Director Steve Kuhn are husband and wife. Form 990, Part VI, Section B, line 11b: CEO and members of the board will review prior to filing. Form 990, Part VI, Section C, Line 19: Governing documents and financial statements are available upon request.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	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
11	VEHICLE	09/29/11	SL	5.00	1	16	4,500.				4,500.	4,500.		0.	4,500.
12	VEHICLE	08/20/13	ADS	5.00	ну	17	31,000.				31,000.	31,000.		0.	31,000.
	* Total 990 Page 10 Depr						35,500.				35,500.	35,500.		0.	35,500.