Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

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

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



Αŀ	or the	2019 calendar year, or tax year beginning and	ending	_	
B c a	heck if pplicable:	C Name of organization		D Employer identifie	cation number
	Address change	VILLAGE HOPECORE INTERNATIONAL			
	Name Change	Doing business as		95-38413	47
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	10100 TRINITY PARKWAY, SUITE 310		(209) 47	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	725,008.
	Amende	SIDERION, CA 95219		H(a) Is this a group re	
	Applica tion pending			for subordinates	? Yes X No
		IUIUU TRINITY PARKWAY, SUITE 310, STOC	KTON,	H(b) Are all subordinates in	ncluded? Yes No
		mpt status: 🔟 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1)	or 🛄 527	If "No," attach a	list. (see instructions)
_		wWW.VILLAGEHOPECORE.ORG		H(c) Group exemption	-
		organization: X Corporation Trust Association Other	L Year	of formation: 1982 N	State of legal domicile: CA
Pa		Summary	<u></u>		
e	1 E	Briefly describe the organization's mission or most significant activities: THE	ORGANI	ZATION PROV	IDES HEALTH
Activities & Governance		SERVICES AND MICROFINANCE LOANS TO NEEDY			•
ern		Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more		
200					9
৵		lumber of independent voting members of the governing body (Part VI, line 1b)			
ties		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			0
tivi		otal number of volunteers (estimate if necessary)			150
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	bN	let unrelated business taxable income from Form 990-T, line 39	<u> </u>		
				Prior Year 624,645.	Current Year 702,979.
anı		Contributions and grants (Part VIII, line 1h)		024,045.	0.
Revenue		Program service revenue (Part VIII, line 2g)		43,173.	10,665.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		7,666.	11,364.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		675,484.	725,008.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś		Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)		301,825.	324,252.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		otal fundraising expenses (Part IX, column (D), line 25)	70.		
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		213,634.	396,691.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		515,459.	720,943.
		Revenue less expenses. Subtract line 18 from line 12		160,025.	4,065.
or jes				ginning of Current Year	End of Year
Assets or d Balances	20 T	otal assets (Part X, line 16)		871,977.	896,239.
Ass J Ba		otal liabilities (Part X, line 26)		42,599.	62,796.
Fund		let assets or fund balances. Subtract line 21 from line 20		829,378.	833,443.
		Signature Block		-	-

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signature	of officer						Date		
Here			L PETRICK,	CHAIRMA	N						
		Type or p	rint name and title								
	Print/	Type prep	arer's name		Preparer's sign	ature		Date	Check	PTIN	
Paid	DAR	YL R	• PETRICK		DARYL R	. I	PETRICK	04/20		P00045	
Preparer		s name	BOWMAN &						Firm's EIN ▶ 94	-14819	88
Use Only	Firm's	s address	10100 TR	INITY PA	RKWAY, S	TE	310				
			STOCKTON	, CA 952	19				Phone no. (209)473-1	040
May the I	RS dis	cuss this	return with the pre	parer shown abo	ove? (see instru	uctio	ns)			Yes	X No
932001 01-2	0-20	LHA F	or Paperwork Redu	ction Act Noti	ce, see the se	parat	te instructions.			Form 9	90 (2019)

		95-3841347 _F	Page 2
Pa	rt 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: VILLAGE HOPECORE INTERNATIONAL IS A NONPROFIT ORGANIZATI CHOGORIA, KENYA TO ALLEVIATE POVERTY THROUGH MICROFINANC		1
	BUSINESS TRAINING AND SUPPORT, AND HEALTH PROMOTION AND		
	PREVENTION PROGRAMS.	DIGRADE	
2	Did the organization undertake any significant program services during the year which were not listed on the		
Z	prior Form 990 or 990-EZ?	Yes 🖸	No
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🛽	7
3	If "Yes," describe these changes on Schedule O.		≥ NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and	b
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 452,193. including grants of \$) (Revenue)	•	
4a	(Code:) (Expenses \$ 452,193 • including grants of \$) (Revenue THE ORGANIZATION FOCUSES ON DISEASE PREVENTION AND HEALT)
	THROUGH COMMUNITY OUTREACH, HEALTH EDUCATION, MOSQUITO N		
	DISTRIBUTION, AND CLINICAL SERVICES IN SCHOOLS & HOMES.	WITH THE HEI	.P
	OF A KENYAN NURSE, LOCAL COMMUNITY HEALTH WORKERS AND YO		<u></u>
	EDUCATORS, OVER 1,000 PEOPLE ARE REACHED EACH MONTH WITH		
	HEALTH, ALONG WITH FREE TESTING & TREATMENT FOR THE MOST		
	DISEASES SUCH AS MALARIA. CLEAN DRINKING WATER AND HANDW		NIC
	ARE MAINTAINED IN 200 SCHOOLS, SERVING APPROXIMATELY 50,		
	SCHOOLCHILDREN. SCHOOL MOBILE HEALTH CLINICS REACH 72 S	CHOOLS AND	
	PROVIDE SERVICES TO 20,000 STUDENTS.		
	175 052		<u> </u>
4b	(Code:) (Expenses \$175,853. including grants of \$) (Revenue	•\$ 22,02	29.)
	THE ORGANIZATION PROVIDES MICROLOANS TO HOUSEHOLDS IN TH		
	ESTABLISH MICROENTERPRISES TO LIFT THEMSELVES, AND THEIR	-	
	OF POVERTY. THE MICROFINANCE PROGRAM INCLUDES COMPREHEN		5
	TRAINING ON AGRICULTURE, ACCOUNTING AND MARKETING AS WEL		
	BUSINESS MONITORING AND SUPPORT THROUGHOUT THE TWO YEAR		SO
	FAR DURING THE DURATION OF THE PROGRAM, THERE HAS BEEN A	35% REDUCTIO)N
	IN POVERTY FOR PROGRAM PARTICIPANTS.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$)
4-1	Other program car ison (Deceribe on Schedule O)		
4d	Other program services (Describe on Schedule O.)	N	
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 628,046.)	
40	Total program service expenses ► 628,046.	Form 990	(0010)
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<u>_ 1 _</u>			1

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Part IV Checklist of Required Schedules

VILLAGE HOPECORE INTERNATIONAL

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		х	
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Δ	
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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			<u> </u>
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	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		Х
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Part IV Checklist of Required Schedules (continued)

VILLAGE HOPECORE INTERNATIONAL

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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%			
	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			x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	А	
	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 1a 2			1.10
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2019) VILLAGE HOPECORE INTERNATIONAL Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
	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				
	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 KENYA				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
Ud		6a		x	
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua			
D	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	00			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X X	
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
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.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a h	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:				
'' a	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
~	amounts due or received from them.) 11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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 13b				
	Enter the amount of reserves on hand 13c			17	
	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			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v	
	excess parachute payment(s) during the year?	15		X	
16	If "Yes," see instructions and file Form 4720, Schedule N.	10		x	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16			

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VILLAGE HOPECORE INTERNATIONAL

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

X

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.

		1 1		`	Yes	L
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9			
	If there are material differences in voting rights among members of the governing body, or if the governing					L
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					l
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	hip with any other				l
	officer, director, trustee, or key employee?			2	Х	ļ
3	Did the organization delegate control over management duties customarily performed by or under t	the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		1
	Did the organization make any significant changes to its governing documents since the prior Form			1		4
	Did the organization become aware during the year of a significant diversion of the organization's a		·····	5		4
	Did the organization have members or stockholders?		6	3		$\frac{1}{1}$
	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?		7	a		
b,	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or				
	persons other than the governing body?		7	b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					ļ
	The governing body?			a	X	ļ
	Each committee with authority to act on behalf of the governing body?		8	b	Х	ļ
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9	9		
ect	ion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue Code.)				٦
_			— ——	_	Yes	-
	Did the organization have local chapters, branches, or affiliates?		10	Ja		
	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			_	Х	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	buy before filing the fo	rm? 1 1	ia	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					1
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			2a		┨
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			20		$\frac{1}{2}$
	in Schedule O how this was done		4/	2c		
	Did the organization have a written whistleblower policy?			3		┨
	Did the organization have a written document retention and destruction policy?			4		t
	Did the organization have a written document retention and destruction policy?			·		t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					I
	The organization's CEO, Executive Director, or top management official		1/	ōa	Х	l
	Other officers or key employees of the organization			5b		t
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			~		t
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				I
	taxable entity during the year?		16	6a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					ţ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					I
	exempt status with respect to such arrangements?		16	6b		J
	ion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Section 50)1(c)(3)s c	only)	avai	k
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain the content of the content	in on Schedule O)				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year.	,	icy, and fi	inano	cial	
		a a lea a suad yaa a suda 🔊				-
0	State the name, address, and telephone number of the person who possesses the organization's b DARYL PETRICK – (209) 473–1040					
0	DARYL PETRICK - (209) 473-1040	5219				_
0	DARYL PETRICK - (209) 473-1040		 F(orm 9	990	-

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

Т

X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(da	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or din	0			ted		organization	(W-2/1099-MISC)	from the
	related	stee (ruste			oen sa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		loye	co ml				and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) DARYL PETRICK	line)	Ĕ	ű	Ð	Ke	en Hig	요			
CHAIRMAN	5.00	x						0.	0.	0.
(2) STEVE BECK	1.00							0.	0.	<u>0 </u>
BOARD MEMBER	1.00	x						0.	0.	0.
(3) ALAN PRESTON	1.00							0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
	10.00	^						0.	0.	0.
(4) DR. PHILIP C. RASORI MEDICAL DIRECTOR	10.00	x						0.	0.	0.
	1.00	<u>^</u>						0.	0.	0.
(5) DR. CAROL CLINTON BOARD MEMBER	1.00	x						0.	0.	0.
(6) ANNE GILDEA	3.00	<u>^</u>						0.	0.	0.
BOARD MEMBER	5.00	x						0.	0.	0.
(7) PHILIP M. RASORI	1.00							0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(8) SUSAN PRESTON	3.00							0.	0.	<u>0 </u>
SECRETARY	5.00	x						0.	0.	0.
(9) DR. RICHARD MUCCI	1.00								••	U
BOARD MEMBER	1.00	x						0.	0.	0.
(10) LOUIS JORDAN	1.00									
BOARD MEMBER		x						0.	0.	0.
(11) KAJIRA MUGAMBI	40.00									
CEO				x				0.	0.	37,800.
		1								
		1								
		1								
		1								
. <u></u>										
932007 01-20-20										Form 990 (2019)

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932007 01-20-20

											age 8			
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C					(=)	
	(A) Name and title	(B) Average hours per week (list any	box, offic	not cl , unle:	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n I	an	(F) stimate nount other	of
					organization (W-2/1099-MIS		fr org an	pensa rom the anizat d relat anizatio	e ion ed					
с	Subtotal Total from continuation sheets to Part VI	I, Section A							0.		0.			
2 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							no re	•••	,000 of reportab	• •	5	7,0	000
3	Did the organization list any former officer,	director. truste	ee. k	(ev e	emp	love	e. or	hio	nhest compensated emp	olovee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	uch individual										3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue comper	nsati	ion f	rom	any	unr	elat	ed organization or indiv	dual for services		4		x
	rendered to the organization? <i>If "Yes," comp</i> tion B. Independent Contractors											5		X
1	Complete this table for your five highest con the organization. Report compensation for t								n the organization's tax		npens			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	ompe	nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to		se lis)	stec	above) who received n	nore than			990 ()	

Form 990 (2019) VILLAGE	HOPECORE	INTERNATIONAL	
Part VIII	Statement of Revenue			

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
ts t	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		• Membership dues 1b					
۵,G		Fundraising events					
ifts ar A		Related organizations 10					
nils,		e Government grants (contributions) 1e					
Sir		All other contributions, gifts, grants, and					
her			702,979.				
trib Otl			102,515.				
u o u		g Noncash contributions included in lines 1a-1f	>	702,979.			
9.0		n Total. Add lines 1a-1f		102,919.			
•	•		Business Code				
/ice	2 8						
Ser)					
Program Service Revenue							
gra Re		i					
J.							
-		All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes		10 665	10 665		
		other similar amounts)		10,665.	10,665.		
	4	Income from investment of tax-exempt bond pr	-				
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6 8	a Gross rents 6a					
		b Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	I	b Less: cost or other basis					
Other Revenue		and sales expenses 7b					
eve		Gain or (loss) 7c					
Å		l Net gain or (loss)	►				
hei	8 8	a Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	I	b Less: direct expenses 8b					
		Net income or (loss) from fundraising events	►				
	9 8	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	I	D Less: direct expenses 9b					
	(Net income or (loss) from gaming activities	►				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	1	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
s			Business Code				
Miscellaneous Revenue	11 a	OTHER INCOME	624100	11,364.	11,364.		
an€	I						
Sell	(·					
Alis((All other revenue					
~		• Total. Add lines 11a-11d	►	11,364.			
	12	Total revenue. See instructions	►	725,008.	22,029.	0.	0.
93200	9 01-:						Form 990 (2019)

10

Part IX Statement of Functional Expenses

VILLAGE HOPECORE INTERNATIONAL

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	37,800.	27,000.	7,200.	3,600
6	trustees, and key employees	57,000.	27,000.	7,200.	5,000
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	286,452.	243,484.	42,968.	
7 8	Pension plan accruals and contributions (include	200,4320	<u> </u>		
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
a					
b					
c	•	21,805.		21,805.	
d		,			
e					
f	Investment management fees				
g					
Ū	column (A) amount, list line 11g expenses on Sch 0.)	100.		100.	
12	Advertising and promotion	3,813.	3,813.		
13	Office expenses	32,184.	27,358.	4,826.	
14	Information technology				
15	Royalties				
6	Occupancy	38,864.	33,034.	5,830.	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	67,405.	67,405.		
3	Insurance	2,887.	2,460.	427.	
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	TRANSPORTATION	112,706.	106,565.	3,071.	3,070
a b	CLINIC EXPENSES	64,802.	64,802.		
c	MISCELLANEOUS	21,959.	21,959.		
d	TRAINING	21,713.	21,713.		
e		8,453.	8,453.		
5	Total functional expenses. Add lines 1 through 24e	720,943.	628,046.	86,227.	6,670
6	Joint costs. 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)				

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Form **990** (2019)

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VILLAGE HOPECORE INTERNATIONAL Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 187,177. 201,772. 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 182,662. basis. Complete Part VI of Schedule D _____ 10a 110,569. 54,683. 72,093. 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 15 871,977. 896,239. 16 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses 17 Grants payable 18 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 42,599. 62,796. Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 42,599. 62,796. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗌 and complete lines 27, 28, 32, and 33. 27

833,443.

833,443.

896,239.

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0.

0.

28

29

30

31

32

33

0.

0.

1

2

(B)

End of year

622,374.

(A)

Beginning of year

630,117.

Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, 6 7 8 9 **10a** Land, buildings, and equipment: cost or other b Less: accumulated depreciation 10b 11 12 13 14 15 16 17 18 19 20 21 22

Form 990 (2019)

1

2

Assets

_iabilities

Net Assets or Fund Balances

23 24 25 26 Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here \blacktriangleright X and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 829,378. 31 Retained earnings, endowment, accumulated income, or other funds 829,378. Total net assets or fund balances 32 871,977. 33 Total liabilities and net assets/fund balances

	1 990 (2019) VILLAGE HOPECORE INTERNATIONAL	95-384	1347	Pag	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			705	- ^	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			08.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			43.	
3	Revenue less expenses. Subtract line 2 from line 1	3			65.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	825	1,3	78.	
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	833	3,4	43.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
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 reviewed	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 separat	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.				
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b			
			Form		(0010)	

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

Nan	ne of t	he organization	ACE HODECO	RE INTERNATI	ONAT.				r identification number 5-3841347
Pa	rt I	Reason for Public				uis nart) Se	ee instruction		<u>7-2647241</u>
		ization is not a private found							
1		A church, convention of ch		. .		,			
2	\square	A school described in sect					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3	\square	A hospital or a cooperative					::)		
4	\square	A medical research organiz					•	Viiii) Entor	the hospital's name
-		city, and state:	ation operated in co					, iii). Liitei	the hospital's hame,
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	unit descrit	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governr	nental unit described in	section 1	70(b)(1)(A)	(v).		
7	X	An organization that norma	ally receives a substa	intial part of its support	from a gov	vernmental	l unit or from t	he general	l public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operat	ed in conju	unction with a	land-grant	college
		or university or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, city	y, and state o	i the colleg	je or
		university:					<u> </u>		
10		An organization that norma							
		activities related to its exer							
		income and unrelated busin		(less section 511 tax) fi	om busine	esses acqu	lired by the or	ganization	after June 30, 1975.
11		See section 509(a)(2). (Col An organization organized a	. ,	ively to test for public s	afoty Soo	caction 5(10(2)(4)		
12	\square	An organization organized a	-	•	-			arry out the	a nurnoses of one or
		more publicly supported or							
		lines 12a through 12d that	-						
а		Type I. A supporting orga				-		-	/ aivina
		the supported organization	-	-	•				
		organization. You must o							
b		Type II. A supporting org	-		tion with i	ts support	ed organizatio	on(s), by ha	aving
		control or management of	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or mana	ige the sup	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrat	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization ope	rated in co	nnection v	with its suppo	rted organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	tiveness
		requirement (see instruct	tions). You must cor	nplete Part IV, Section	s A and D	, and Part	V .		
е		Check this box if the orga					а Туре I, Туре	II, Type III	
	_	functionally integrated, o		nally integrated suppor	ting organi	zation.			
f		er the number of supported of	•						
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	ed organization(s).	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization		(described on lines 1-10	in your govern Yes	ing document? No	support (see in		support (see instructions)
				above (see instructions))					
Tota									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14

Schedule A (Form 990 or 990 EZ) 2019 VILLAGE HOPECORE INTERNATIONAL

95-3841347 Page 2

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	385,316.	485,931.	554,817.	624,645.	692,822.	2,743,531.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	385,316.	485,931.	554,817.	624,645.	692,822.	2,743,531.
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)						1,025,815.
6	Public support. Subtract line 5 from line 4.						1,717,716.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015 385,316.	(b) 2016 485,931.	(c) 2017	(d) 2018	(e) 2019 692,822.	(f) Total
7	Amounts from line 4	385,316.	485,931.	554,817.	624,645.	692,822.	2,743,531.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	11,374.	18,209.	28,724.	43,173.	10,665.	112,145.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,901.	4,311.	13,468.	6,513.		27,193.
11	Total support. Add lines 7 through 10						2,882,869.
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u></u>	organization, check this box and stor	here					
	ction C. Computation of Publ						
	Public support percentage for 2019 (14	59.58 %
	Public support percentage from 2018					15	80.02 %
1 6a	33 1/3% support test - 2019. If the o	-			14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		•				► X
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac		•	•	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Scho	dule & (Form 990	or 440_171 2010

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 VILLAGE HOPECORE INTERNATIONAL 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.)

 Gifts, grants, contributions membership fees received include any "unusual gran Gross receipts from admis merchandise sold or servid formed, or facilities furnish any activity that is related organization's tax-exempt 	d. (Do not nts.")				1			
 include any "unusual gran Gross receipts from admis merchandise sold or servin formed, or facilities furnish any activity that is related 	nts.")							
2 Gross receipts from admis merchandise sold or servir formed, or facilities furnish any activity that is related								
2 Gross receipts from admis merchandise sold or servir formed, or facilities furnish any activity that is related								
formed, or facilities furnish any activity that is related	5510115,							
any activity that is related								
3 Gross receipts from activit								
are not an unrelated trade								
iness under section 513								
4 Tax revenues levied for the	e organ-							
ization's benefit and either	° i							
or expended on its behalf								
5 The value of services or fa								
furnished by a governmen								
the organization without c								
								—
6 Total. Add lines 1 through			1					
7a Amounts included on lines								
3 received from disqualifie			<u> </u>					
b Amounts included on lines 2 and 3 from other than disqualified person								
exceed the greater of \$5,000 or 1%	6 of the							
amount on line 13 for the year					_			
c Add lines 7a and 7b								
8 Public support. (Subtract line 7)								
ection B. Total Suppor		<u> </u>	1	1				
alendar year (or fiscal year begi		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9 Amounts from line 6								
0a Gross income from interes dividends, payments receiption								
securities loans, rents, roy	/alties,							
and income from similar so	ources							
b Unrelated business taxable in	come							
(less section 511 taxes) from	businesses							
acquired after June 30, 1975								
c Add lines 10a and 10b								
1 Net income from unrelated	d business							
activities not included in li	,							
whether or not the busines regularly carried on								
2 Other income. Do not inclu	ude gain							
or loss from the sale of ca	pital							
assets (Explain in Part VI.) Total support. (Add lines 9, 10c)								_
			 ind fourth or fifth t				untion .	
I4 First five years. If the For				-	-	J(S) Organiz	ation,	
check this box and stop h Section C. Computation		Percentage				<u></u>		_
			I					
15 Public support percentage			()) ())		15			%
6 Public support percentage					16			%
ection D. Computation	n of Investment Inco				1 - 1			
•					17			%
7 Investment income percer					18			%
7 Investment income percer8 Investment income percer			on line 14, and line	e 15 is more than		5, and line 1	7 is not	_
 Investment income percer Investment income percer 33 1/3% support tests - 2 	2019. If the organization of							- I
Investment income percerInvestment income percer	2019. If the organization of			supported organiz	ation		▶∟	
 Investment income percer Investment income percer 33 1/3% support tests - 2 	2019. If the organization of k this box and stop here.	The organization qual	lifies as a publicly s					
 Investment income percer <	2019. If the organization of k this box and stop here. 2018. If the organization of	The organization qual lid not check a box o	lifies as a publicly s n line 14 or line 19a	a, and line 16 is m	ore thar	n 33 1/3%, a	and	
 Investment income percer Investment income percer 33 1/3% support tests - 2 more than 33 1/3%, check b 33 1/3% support tests - 2 	2019. If the organization of k this box and stop here. 2018. If the organization of 3 1/3%, check this box an	The organization qual lid not check a box o d stop here. The orga	ifies as a publicly s n line 14 or line 19a anization qualifies a	a, and line 16 is m as a publicly supp his box and see in	ore thar orted or istructic	n 33 1/3%, a rganization ons	and ▶□ ►□	
 Investment income percer Investment income percer 33 1/3% support tests - 2 more than 33 1/3%, check b 33 1/3% support tests - 2 line 18 is not more than 33 	2019. If the organization of k this box and stop here. 2018. If the organization of 3 1/3%, check this box an	The organization qual lid not check a box o d stop here. The orga	ifies as a publicly s n line 14 or line 19a anization qualifies a	a, and line 16 is m as a publicly supp his box and see in	ore thar orted or istructic	n 33 1/3%, a rganization ons	and	

Schedule A (Form 990 or 990-EZ) 2019 VILLAGE HOPECORE INTERNATIONAL

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1

2

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2019 VILLAGE HOPECORE INTERNATIONAL Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
•	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			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
0	supported organizations played in this regard.	3		
-	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. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		
93202	5 09-25-19 Schedule A (Form S		90-EZ	2019

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Schedule A (Form 990 or 990-EZ) 2019 VILLAGE HOPECORE INTERNATIONAL

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

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 VILLAGE HOPECORE INTERNATIONAL

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

Schedule A (Form 990 or 990-EZ) 2019

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Part VI	(Form 990 or 990-EZ) 2019 VILL Supplemental Information				95-3841347 Pa
	Part IV, Section A, lines 1, 2, 3b, 3c	4b. 4c. 5a 6 9a 9b 9c	11a, 11b and 11c Part	IV. Section B lines 1	and 2: Part IV Section C
	line 1; Part IV, Section D, lines 2 an	d 3; Part IV, Section E, line	es 1c, 2a, 2b, 3a, and 3b	; Part V, line 1; Part V	Section B, line 1e; Part V
	Section D, lines 5, 6, and 8; and Pa	rt V, Section E, lines 2, 5, a	and 6. Also complete thi	s part for any additior	nal information.
	(See instructions.)			· ·	
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			21		, ,
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

95-3841347

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

VILLAGE HOPECORE INTERNATIONAL

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

General Rule

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

Special Rules

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

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

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

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

Employer identification number

VILLAGE HOPECORE INTERNATIONAL

95-3841347

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$105,000.	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		\$\$	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			
3		\$1,000.	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			
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$50,500.	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		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
923452 11-06	- 19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)			

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

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Employer identification number

95-3841347

VILLAGE HOPECORE INTERNATIONAL

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for

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

noncash contributions.)

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923452 11-06-19

Employer identification number

95-3841347

VILLAGE HOPECORE INTERNATIONAL

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
3453 11-06-19		\$Schedule B (Form	990, 990-EZ, or 990-PF) (

Page 3

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

Page	4
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Name of c	organization		Employer identification number			
	GE HOPECORE INTERNATIO	NAL	95-3841347			
Part III		utions to organizations described in se (a) through (e) and the following line entr s, charitable, etc., contributions of \$1,000 or lo	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year year organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	T					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
923454 11-0	06-19	26	Schedule B (Form 990, 990-EZ, or 990-PF) (2019			

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SCHEDULE D

(Form 990)

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

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



Department of the Treasury Internal Revenue Service Name of the organization

VILLAGE HOPECORE INTERNATIONAL

Employer identification number 95-3841347

Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (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 w	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education)	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes 📖 No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	ion easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above		
	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		nts that describes the
De	organization's accounting for conservation easements.	Aut Iliatorical Tracourse or Ot	har Cimilar Acasta
Fa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		ner Sinnar Assets.
10	If the organization elected, as permitted under FASB ASC 958		ad balance aboat works
Ia	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan		
h	If the organization elected, as permitted under FASB ASC 958		
D	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in furthe	erance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		► ¢
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	
2	the following amounts required to be reported under FASB AS		gain, provide
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019
	1 10-02-19		
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Sche		HOPECORE						95-38			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, checl	k any of the	following that	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
с	5										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
De	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par		-	ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or	•	
4.	reported an amount on Form 990, Pa		diam (fau				in altrala al				
Ia	Is the organization an agent, trustee, custod		•						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ L	lites		
b	In res, explain the arrangement in Part XIII	and complete the id	nowing i	lable.					Amoun		
~	Reginning balance						1c		Amoun		
	Beginning balance Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII						• • • • • • • • •]
Par											
	·	(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	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 baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for t	he organiz	ation	г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
	t VI Land, Buildings, and Equipn		owment	tunas.							
1 0	Complete if the organization answere		0 Part IN	/ lino 110 S	Soo Earm 00(Dort V	lino 10				
	Description of property							d	(d) Rec	k volu	
	Description of property	(a) Cost or c basis (investr		. ,	or other (other)	. ,	ccumulate preciation		(d) Boo	n value	2
19	Land			2000	(2						
	Buildings										
	Leasehold improvements										
	Equipment			14	9,004.		79,1	37.	6	9,8	67.
	Other				3,658.		31,4			2,2	
	Add lines 1a through 1e. (Column (d) must e		X. colun		-		. , -			2,0	
		,,,,	, - 5.41	,	- /			<u> </u>			

Schedule D (Form 990) 2019

932052 10-02-19

Schedule D	(Form 990)	2019	VILLAGE	HOPECORE	INTERNATIONAL
Part VII	Investn	nents - Ot	ther Securitie	es.	

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

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

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 VILLAGE HOPECORE INTERNAT	IONAL	95-3841347 _{Pa}	age 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Rev	venue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Ex	penses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	t XIII Supplemental Information.			

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

Name of the organization					Employer identifi	cation number
VILLAGE HOPECOR	E INTERN	ATIONAL			95-384134	7
Part I General Info	rmation on A	ctivities Ou	tside the United States. Compl	ete if the orgar		
Form 990, Part IN	/, line 14b.					
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award th	e grants or ass	istance?	Yes 🛄 No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistance outs	side the
	he following Part	L line 3 table c	an be duplicated if additional space is	needed)		
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
	offices	èmployees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent	gram services, investments, grants to		e specific type	investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
				THE ORGANI	ZATION	
					EALTH SERVICES	
SUB-SAHARAN			PROGRAM SERVICESMEDICAL	AND MICROF:		
AFRICAKENYA	1	185	AND MICROENTERPRISE	BUSINESS TH	RAINING TO ITS	734,860.
3 a Subtotal	1	185				734,860.
b Total from continuation						, <u>,</u>
sheets to Part I	0	0				٥.
c Totals (add lines 3a						
and 3b)	1	185				734,860.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2019

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Statement of Activities Outside the United States	
Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 10	6.

Attach to Form 990.

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

6. OMB No. 1545-0047 **2019** Open to Public Inspection

nternal Revenue Service

Department of the Treasury	
Internal Revenue Service	

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the				1	1
			tion 501(c)(3) equivalency lette	er				
3 Enter total number of	other organizations of	or entities				🕨		

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

VILLAGE	HOPECORE	INTERNATIONAL
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95-3841347

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. --

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 VILLAGE HOPECORE INTERNATIONAL 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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? 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) 2019

932074 10-12-19

Schedule F (Form 990) 2019	VILLAGE	HOPECORE	INTERNATIONAL
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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 3, COLUMN (E):

Supplemental Information

Part V

REGION: SUB-SAHARAN AFRICA--KENYA

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE ORGANIZATION PROVIDES

HEALTH SERVICES AND MICROFINANCE BUSINESS TRAINING TO ITS CLIENTS.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 95-3841347

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

PHILIP C. RASORI AND PHILIP M. RASORI ARE FATHER AND SON, AND BOTH SERVE ON

THE BOARD OF DIRECTORS WITHOUT COMPENSATION. ALAN AND SUSAN PRESTON ARE

HUSBAND AND WIFE, AND BOTH SERVE ON THE BOARD OF DIRECTORS WITHOUT

VILLAGE HOPECORE INTERNATIONAL

COMPENSATION.

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

THE FORM 990 WAS CIRCULATED TO THE BOARD FOR THEIR APPROVAL BY EMAIL PRIOR

TO ITS FILING.

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

THE BOARD OF DIRECTORS REVIEWS THE CEO'S SALARY IN LIGHT OF COMPARABLE

SALARIES FOR EXECUTIVES IN RURAL KENYA.

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

THE INFORMATION IS AVAILABLE UPON REQUEST.

PART VII SECTION A

COMPENSATION PAID TO KAJIRA MUGAMBI IS PAID IN KENYA, AND IS NOT

REPORTABLE ON FORM W-2 AS IT IS PAID TO A NON-U.S. PERSON FOR SERVICES

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PROVIDED OUTSIDE THE UNITED STATES.

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

Schedule O (Form 990 or 990-EZ) (2019)

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Form 4562
Department of the Treasury Internal Revenue Service (99)
Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

Attachment Sequence No. **179** Identifying number

20

OMB No. 1545-0172

9

	LLAGE HOPECORE INTE			ам 990 ра			95-3841347
Pa	ITT I Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have any lis	sted property, c	complete Parl		
	Maximum amount (see instructions)						1,020,000.
	Total cost of section 179 property pla						
	Threshold cost of section 179 proper						2,550,000.
	Reduction in limitation. Subtract line 3						
	Dollar limitation for tax year. Subtract line 4 from li (a) Description of		-0 If married filing separately, see (b) Cost (busir		(c) Elected		
6		Jopeny	(b) 0031 (busin	less use only)	(C) Liected		
7	Listed property. Enter the amount from	m line 29	I	7			
	Total elected cost of section 179 prop					8	
	Tentative deduction. Enter the smalle						
	Carryover of disallowed deduction fro						
	Business income limitation. Enter the						
12	Section 179 expense deduction. Add	lines 9 and 10, but	t don't enter more than line	e 11		12	
	Carryover of disallowed deduction to						
_	e: Don't use Part II or Part III below fo	r listed property. In	istead, use Part V.				
Pa	ITT II Special Depreciation Allow	ance and Other D	epreciation (Don't includ	e listed propert	y.)		
14	Special depreciation allowance for qu	alified property (oth	her than listed property) p	laced in service	during		
	the tax year					14	
15	Property subject to section 168(f)(1) e	election				15	
	Other depreciation (including ACRS)					16	
Pa	MACRS Depreciation (Don	't include listed pro					
			Section A				<u> </u>
	MACRS deductions for assets placed					17	50,442.
18	If you are electing to group any assets placed in se						
	Section B - Asset	(b) Month and	(c) Basis for depreciation	<u> </u>	eral Deprecia	ation Syste	m
	(a) Classification of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property		04.015			00000	10.000
b	5-year property		84,815.	5 YRS.	HY	200DB	16,963.
<u> </u>	7-year property						
d	10-year property						
<u>e</u>	15-year property						
f	20-year property			05		0/1	
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L S/L	
		/		27.5 yrs.	MM	S/L S/L	
i	Nonresidential real property	1		39 yrs.	MM	S/L S/L	
	Section C - Assets	Placed in Service	During 2019 Tax Year U	l sing the Altern			tem
20a						S/L	
<u>200</u> b				12 yrs.		S/L	
 c		/		30 yrs.	MM	S/L	
d		/		40 yrs.	MM	S/L S/L	
	ITT IV Summary (See instructions.))				0, 1	
	Listed property. Enter amount from lir					21	
	Total. Add amounts from line 12, lines		ies 19 and 20 in column (o), and line 21.			
	Enter here and on the appropriate line	-			• • • • • • • • • • • • • • • • • • • •	22	67,405.
	For assets shown above and placed i					· ,	
	portion of the basis attributable to see	-	• *	23			

91625112-12-19LHAFor Paperwork Reduction Act Notice, see separate instructions.15010420758669828502019.06030VILLAG

Foi	rm 4562 (2019)	VIL	LAGE HO	OPECC	DRE I	NTEF	RNATI	ONA	L			95-	3841	347	Page 2
P	art V Listed Propert entertainment,				her vehic	les, cer	rtain airc	raft, ar	nd propert	y used f	or				
	Note: For any 24b, columns (vehicle for w	hich you are	using the	e standar Section B	d milea , and S	ige rate of	or dedu if app	ucting leas licable.	se exper	ise, com	nplete or	ily 24a,		
			on and Other							mits for	passenę	ger autoi	nobiles.)		
24a	a Do you have evidence to s	support the bu	siness/investm	ent use cl	aimed?	Υ	/es	No	24b If "Y	′es," is tl	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business, investmen use percenta	t of	(d) Cost or ther basis		(e) sis for depr usiness/inve use only	estment	(f) Recovery period	Me	(g) thod/ vention	Depre	(h) eciation uction	Eleo sectio	(i) cted on 179 ost
25	Special depreciation allo	wance for o	ualified listed	propert	v placed	in servi	ice durin	a the t	ax vear ar	nd					
	used more than 50% in							•	-		25				
26	Property used more that														
		: :	İ	%								1			
				%											
				%											
27	Property used 50% or le	ess in a qual	ified business	s use:					•	•					
				%						S/L -					
		: :		%						S/L -					
				%						S/L -					
28	Add amounts in column	(h), lines 25	through 27. I	Enter her	e and on	line 21	, page 1			·	28				
	Add amounts in column												. 29		
					B - Infor								•		
Co	mplete this section for ve	hicles used	by a sole pro	prietor, p	oartner, o	r other	"more th	nan 5%	owner,"	or relate	d persor	n. If you	provideo	vehicles	5
	your employees, first ans														
-		·			,				·	0					
				(a)	((b)		(c)	(d)	(e)	(f)
30	Total business/investment	miles driven d	uring the	Vel	hicle	Ve	hicle	V	/ehicle	Ve	nicle	Vel	nicle	Veh	
	year (don't include commu	ting miles)													
31	Total commuting miles of														
	Total other personal (no														
	driven														
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	ble for perso	onal												
	use?														
		Section C	- Questions	for Emp	loyers W	/ho Pro	ovide Ve	hicles	for Use b	y Their	Employ	ees			
Ans	swer these questions to a	determine if	you meet an o	exceptio	n to com	pleting	Section	B for v	ehicles us	sed by e	mployee	es who a	ren't		
mo	ore than 5% owners or rel	ated person	S.												
37	Do you maintain a writte	en policy stat	tement that p	rohibits a	all persor	nal use	of vehicl	les, inc	luding co	mmuting	, by you	ır		Yes	No
	employees?														
38	Do you maintain a writte														
	employees? See the ins	tructions for	vehicles use	d by cor	porate of	ficers, o	directors	, or 1%	6 or more	owners					
39	Do you treat all use of v	ehicles by er	mployees as j	personal	use?										
	Do you provide more the														
	the use of the vehicles,	and retain th	ne informatior	n received	d?										
41	Do you meet the require														
	Note: If your answer to														
P	art VI Amortization														
	(a) Description of	f costs	Dat	(b) e amortization begins		(c) Amortiza amoun	ıble it		(d) Code section		(e) Amortiza period or pe	ation	Ar fc	(f) mortization or this year	
42	Amortization of costs th	at begins du	iring vour 201	-	ar:					I	Pound of he	soniayo		-	
<u> </u>		- 3		: :											
				: :				+							
43	Amortization of costs th	at began be	fore vour 201		ar					I		43			
	Total. Add amounts in c											44			
	252 12-12-19											1 1	F	orm 456 2	2 (2019)

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8938		ment of Specified For				OMB No. 1545-219
Form UJUU Department of the Treasury	► Go to v	vww.irs.gov/Form8938 for instru Attach to your		e latest information.		2019 Attachment
Internal Revenue Service		2019 or tax year beginning		and ending		Sequence No. 17
lf you ha	ave attached continu	ation statements, check here	X Nu	mber of continuatio	n statem	ients
1 Name(s) shown on re VTT.T		RE INTERNATIONAL		2 Taxpayer 95-38413	dentific	cation Number (TIN)
3 Type of filer						
a Specified in		Partnership c	Corporat		d 🗌	_ Trust
•		ou checked box 3b or 3c, enter th		-		•
	-	box 3d, enter the name and TIN	-	-		•
a Name	definitions and what i	o do if you have more than one s		b TIN	on to list.)	1
	eposit and Custo	dial Accounts Summary				
-	•	Part V)				
		, 			\$	493,76
		n Part V)				
4 Maximum Value of A	Il Custodial Accounts				\$	
		ounts closed during the tax year?				Yes X No
Part II Other Fore	eign Assets Sum	mary				
· · · · ·	· ·	t VI)		►		
	II Assets (reported in I	,			\$	
	sets acquired or sold of		·····			Yes X No
Part III Summary	of Tax Items Att	ributable to Specified For	eign Financ			ons)
(a) Asset Category	(b) Tax item	(c) Amount reported on form or schedule	(d) E	orm and line	reported) Schedule and line
., .,	.,		(u)			
1 Foreign Deposit and Custodial Accounts	1a Interest	\$	-		┨────	
	1b Dividends	\$			<u> </u>	
	1c Royalties 1d Other income	\$				
	1e Gains (losses)	\$				
	1 Deductions	\$				
	1g Credits	\$				
2 Other Foreign Assets	2a Interest	\$				
5	2b Dividends	\$			<u> </u>	
	2c Royalties	\$				
	2d Other income	\$				
	2e Gains (losses)	\$				
	2f Deductions	\$				
	2g Credits	\$				
Part IV Excepted	Specified Foreig	n Financial Assets (see ins	structions)			
f you reported specified f	oreign financial asset	s on one or more of the following t	orms, enter the	e number of such for	ms filed. `	You do not need to
nclude these assets on F	orm 8938 for the tax y					
1. Number of Forms 3520		2. Number of Forms 3520	A	3. Nu	Imber of I	Forms 5471
4. Number of Forms 8621	l	5. Number of Forms 8865		-		
Dart V Datailad	formation for F	oh Earaign Danasit and f	Suptadial A		1 in the	Dort Summerson
		ach Foreign Deposit and (Justodial A	ccount included	i în the	Part I Summary
(see instruc	/	Dart V attach a continuation stat	mont for each	additional account (
	X Deposit	Part V, attach a continuation state Custodial		Account number or		
		Custodiai		L118683579	other des	Signation
3 Check all that apply	a Account or	bened during tax year b	1	ed during tax year		
		intly owned with spouse d	7	eported in Part III wit	h respect	t to this asset
4 Maximum value of a	•			•		58,19
		ate to convert the value of the ac				
6 If you answered "Yes						
(a) Foreign currency		(b) Foreign currency exchange	rate used to	(c) Source of exch	ange rate	e used if not from U.S.
is maintained		convert to U.S. dollars		Treasury Departme	ent's Bure	eau of the Fiscal Servio
KENYA, SHILLI	NG	101.250000	000			RTING RATES
HA For Paperwork R	eduction Act Notice	, see the separate instructions.	923021 12	2-18-19		Form 8938 (20
			39			
10420 758669	82850	2019.06030 VI	LLAGE H	OPECORE IN	FERNA	LTIO 82850

Form 8938 (2019)			Page 2
Part V Detailed Information for Eac	ch Foreign Deposit and Cust	odial Account Included in the	e Part I Summary
(see instructions) (continued)			
7a Name of financial institution in which accou KENYA COMMERCIAL BANK		b Global Intermediary Identification	Number (GIIN) (Optional)
8 Mailing address of financial institution in wh P.O. BOX 440	ich account is maintained. Number, st	reet, and room or suite no.	
9 City or town, state or province, and country CHOGORIA	(including postal code) KENYA	60401	
Part VI Detailed Information for Ea	ach "Other Foreign Asset" Ind		v (see instructions)
If you have more than one asset to report in Part			
1 Description of asset		dentifying number or other designation	
3 Complete all that apply. See instructions for	reporting of multiple acquisition or di	sposition dates.	
a Date asset acquired during tax year, if appli			
b Date asset disposed of during tax year, if an			
c Check if asset jointly owned with sp		k if no tax item reported in Part III with	
4 Maximum value of asset during tax year (ch	eck box that applies)		
a 🛄 \$0 - \$50,000 b 🛄 \$50,0	001 - \$100,000 c 🗌 \$100	,001 - \$150,000 d 🗌 \$1	50,001 - \$200,000
e If more than \$200,000, list value			. \$
5 Did you use a foreign currency exchange ra	te to convert the value of the asset int	o U.S. dollars?	. 🔄 Yes 🗔 No
6 If you answered "Yes" to line 5, complete a			
(a) Foreign currency in which asset is	(b) Foreign currency exchange rate u		
denominated	convert to U.S. dollars	Treasury Department's Bui	reau of the Fiscal Service
7 If asset reported on line 1 is stock of a foreig	an ontitu or an interact in a foreign ont	ty optor the following information for	the asset
a Name of foreign entity	grienity of an interest in a loreign ent	b GIIN (Optional)	ine asset.
c Type of foreign entity (1)	Partnership (2) Co	rporation (3) Trust	(4) Estate
d Mailing address of foreign entity. Number, s	1 ()		(1) Lotato
e City or town, state or province, and country	(including postal code)		
8 If asset reported on line 1 is not stock of a fo	reign entity or an interest in a foreign e	entity, enter the following information f	or the asset.
Note: If this asset has more than one issuer	or counterparty, attach a continuation	statement with the same information	for each additional issuer
or counterparty (see instructions).			
a Name of issuer or counterparty			
Check if information is for	Issuer Counterparty		
h. Turne of inclusive on accurate market			
b Type of issuer or counterparty (1) Individual (2)	Partnership (3) Co	rporation (4) 🗌 Trust	(5) Estate
(1) [] Individual (2) []	Partnership (3) Co	rporation (4) L Trust	(5) L Estate
c Check if issuer or counterparty is a	U.S. person Dereign p	erson	
d Mailing address of issuer or counterparty. N	lumber, street, and room or suite no.		
-			
e City or town, state or province, and country	(including postal code)		

Form 8938 (2019)

923022 12-18-19

Last	t Name or Organization Name				Identification Number 95-3841347	Form 8938
Pa	art V Foreign Deposit and Custor	lial Accounts (see instr	uctions)		
	Type of account X Deposit	Custodial		2	Account number or other designation	า
3		ened during tax year b ntly owned with spouse d			ed during tax year eported in Part III with respect to this	
4	Maximum value of account during tax year					236,403.
5	Did you use a foreign currency exchange ra	ate to convert the value of the	e account	into U.S.	dollars? X Yes	No
6	If you answered "Yes" to line 5, complete a					
	(1) Foreign currency in which account	(2) Foreign currency exchar	nge rate u	used to	(3) Source of exchange rate used if	not from U.S.
	is maintained KENYA, SHILLING	convert to U.S. dollars 101.250000			Treasury Department's Bureau of th TREASURY REPORTING	
7a	Name of financial institution in which accou	unt is maintained		b Glob	al Intermediary Identification Number	(GIIN) (Optional)
	KENYA COMMERCIAL BANK	LIMITED				
8	Mailing address of financial institution in whether the second se	nich account is maintained. N	umber, st	reet, and	room or suite no.	
	P.O. BOX 440					
9	City or town, province or state, and country CHOGORIA KENYA	y (including postal code) 60401				
1	Type of account X Deposit	Custodial			Account number or other designation	า
3	Check all that apply a Account op	ened during tax year b	Acc	ount clos	ed during tax year	
-		ntly owned with spouse d			eported in Part III with respect to this	asset
4	Maximum value of account during tax year					3,572.
5	Did you use a foreign currency exchange ra					No
6	If you answered "Yes" to line 5, complete a					
	(1) Foreign currency in which account	(2) Foreign currency exchar	nge rate i	used to	(3) Source of exchange rate used if	not from U.S.
	is maintained KENYA, SHILLING	convert to U.S. dollars 101.250000			Treasury Department's Bureau of th TREASURY REPORTING	e Fiscal Service
	Name of financial institution in which accou			b Glob	al Intermediary Identification Number	(GIIN) (Optional)
	KENYA COMMERCIAL BANK				,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8	Mailing address of financial institution in whether the second se	nich account is maintained. N	umber, st	reet, and	room or suite no.	
	P.O. BOX 440					
9	City or town, province or state, and country CHOGORIA KENYA	y (including postal code) 60401				
	Type of account X Deposit	Custodial			Assount number or other designation	
1				11	Account number or other designation	1
3		ened during tax year b			ed during tax year	
_	· · · · ·	ntly owned with spouse d			eported in Part III with respect to this	asset 6,651.
4	Maximum value of account during tax year					
5	Did you use a foreign currency exchange ra		e account	into U.S.	dollars? LA Yes	L No
6	If you answered "Yes" to line 5, complete a				(0) O	
	(1) Foreign currency in which account	(2) Foreign currency exchar	nge rate t	ised to	(3) Source of exchange rate used if	
	is maintained KENYA, SHILLING	convert to U.S. dollars 101.250000	000		Treasury Department's Bureau of th TREASURY REPORTING	
			000			
78	Name of financial institution in which account KENYA COMMERCIAL BANK			DGIOL	bal Intermediary Identification Number	(GIIN) (Optional)
			umb e trait		room or quite to	
8	Mailing address of financial institution in wi	nich account is maintained. N	umber, si	reet, and	room of suite no.	
_	P.O. BOX 440	<i>и</i> про 1111 - 111 - 111				
9	City or town, province or state, and country CHOGORIA KENYA	y (including postal code) 60401				
9230	31 04-01-19		41			

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	Name or Organization Name			Identification Number 95-3841347	Form 893
	rt V Foreign Deposit and Custoc	lial Accounts (see instructions)			
		Custodial	11	Account number or other designation 48392750	
3				ed during tax year eported in Part III with respect to this a	
	Maximum value of account during tax year				7,200
5	Did you use a foreign currency exchange ra	ate to convert the value of the account	into U.S.	dollars? X Yes	L No
6	If you answered "Yes" to line 5, complete a	II that apply.			
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate u convert to U.S. dollars 101.250000000	ised to	(3) Source of exchange rate used if r Treasury Department's Bureau of the TREASURY REPORTING	Fiscal Servic
	KENYA, SHILLING				
'a	Name of financial institution in which account KENYA COMMERCIAL BANK		b Glob	al Intermediary Identification Number (GIIN) (Optiona
3	Mailing address of financial institution in wh		reet, and	room or suite no.	
	P.O. BOX 440		·		
9	City or town, province or state, and country CHOGORIA KENYA	/ (including postal code) 60401			
1	Type of account X Deposit	Custodial		Account number or other designation 48391975	
3				ed during tax year	
				ported in Part III with respect to this a	sset
	Maximum value of account during tax year				6,069
5	Did you use a foreign currency exchange ra	ate to convert the value of the account	into U.S.	dollars? X Yes	L No
6	If you answered "Yes" to line 5, complete a	II that apply.			
	(1) Foreign currency in which account	(2) Foreign currency exchange rate u	ised to	(3) Source of exchange rate used if r	not from U.S.
	is maintained	convert to U.S. dollars		Treasury Department's Bureau of the	
	KENYA, SHILLING	101.25000000		TREASURY REPORTING	
/a	Name of financial institution in which account KENYA COMMERCIAL BANK		b Glob	al Intermediary Identification Number (GIIN) (Optiona
8	Mailing address of financial institution in wh		reet, and	room or suite no.	
	P.O. BOX 440				
9	City or town, province or state, and country CHOGORIA KENYA	/ (including postal code) 60401			
1	Type of account X Deposit	Custodial		Account number or other designation .48392416	
	Check all that apply a Account op			ed during tax year	
3		atly owned with spouse d Not	ov itom ro	ported in Dart III with respect to this a	reat
	· · · · · · · · · · · · · · · · · · ·	· ·		eported in Part III with respect to this as	
4	Maximum value of account during tax year	·····		\$\$	4,947
4 5	Maximum value of account during tax year Did you use a foreign currency exchange ra	ate to convert the value of the account		\$\$	
4 5 6	Maximum value of account during tax year Did you use a foreign currency exchange ra If you answered "Yes" to line 5, complete a	ate to convert the value of the account Il that apply.	into U.S.	dollars? \$	4,947
4 5 6	Maximum value of account during tax year Did you use a foreign currency exchange ra If you answered "Yes" to line 5, complete a (1) Foreign currency in which account is maintained	ate to convert the value of the account ill that apply. (2) Foreign currency exchange rate u convert to U.S. dollars	into U.S.	dollars?\$ Yes (3) Source of exchange rate used if r Treasury Department's Bureau of the	4,947 No not from U.S. Fiscal Service
4 5 6	Maximum value of account during tax year Did you use a foreign currency exchange ra If you answered "Yes" to line 5, complete a (1) Foreign currency in which account	ate to convert the value of the account III that apply. (2) Foreign currency exchange rate u convert to U.S. dollars 101.250000000	into U.S.	dollars?\$ Yes (3) Source of exchange rate used if r	4,947 No not from U.S. Fiscal Service RATES C
4 5 6 F	Maximum value of account during tax year Did you use a foreign currency exchange ra If you answered "Yes" to line 5, complete a (1) Foreign currency in which account is maintained KENYA, SHILLING	ate to convert the value of the account III that apply. (2) Foreign currency exchange rate u convert to U.S. dollars 101.250000000 unt is maintained	into U.S.	dollars?\$ (3) Source of exchange rate used if r Treasury Department's Bureau of the TREASURY REPORTING	4,947 No not from U.S. Fiscal Service RATES C
4 5 6 7a	Maximum value of account during tax year Did you use a foreign currency exchange ra If you answered "Yes" to line 5, complete a (1) Foreign currency in which account is maintained KENYA, SHILLING Name of financial institution in which account	ate to convert the value of the account III that apply. (2) Foreign currency exchange rate u convert to U.S. dollars 101.250000000 Int is maintained LIMITED	into U.S. Ised to b Glob	dollars?\$ Yes (3) Source of exchange rate used if r Treasury Department's Bureau of the TREASURY REPORTING al Intermediary Identification Number (4,947 No No Fiscal Service RATES C
4 5 6 7a 8	Maximum value of account during tax year Did you use a foreign currency exchange ra If you answered "Yes" to line 5, complete a (1) Foreign currency in which account is maintained KENYA, SHILLING Name of financial institution in which account KENYA COMMERCIAL BANK Mailing address of financial institution in wh P.O. BOX 440	ate to convert the value of the account II that apply. (2) Foreign currency exchange rate u convert to U.S. dollars 101.250000000 unt is maintained LIMITED nich account is maintained. Number, st	into U.S. Ised to b Glob	dollars?\$ Yes (3) Source of exchange rate used if r Treasury Department's Bureau of the TREASURY REPORTING al Intermediary Identification Number (4,947 No not from U.S. Fiscal Service RATES C
4 5 6 7a 8	Maximum value of account during tax year Did you use a foreign currency exchange ra If you answered "Yes" to line 5, complete a (1) Foreign currency in which account is maintained KENYA, SHILLING Name of financial institution in which account KENYA COMMERCIAL BANK Mailing address of financial institution in wh	ate to convert the value of the account II that apply. (2) Foreign currency exchange rate u convert to U.S. dollars 101.250000000 unt is maintained LIMITED nich account is maintained. Number, st	into U.S. Ised to b Glob	dollars?\$ Yes (3) Source of exchange rate used if r Treasury Department's Bureau of the TREASURY REPORTING al Intermediary Identification Number (4,947 No not from U.S. Fiscal Service RATES O

Part V Foreign Deposit and Custodial 2. Account number or other designation 1 Type of account Account opened during tax year b Account number or other designation 3 Check all that apply a Account opened during tax year b Account into Cost during tax year s 5, 1 Maximum value of account during tax year b Account into Cost during tax year s 5, 1 Maximum value of account during tax year b Account into Cost during tax year s 5, 1 Maximum value of account during tax year b Account into Cost during tax year s 5, 1 Maximum value of account during tax year (a) Foreign currency exchange rate used to City Foreign currency exchange rate used to City Foreign currency exchange inter used to City Foreign currency exchange inter used to City Foreign currency exchange rate used to City Foreign currency exchange rate used to City Foreign currency exchange inter used to City Foreign curency exchange i	ast	t Name or Organization Name			Identification Number 95-3841347	Form 8
Check all that apply a Account opened during tax year b Account closed during tax year c Account is maintained b Global Intermediary Identification Number (GIN) (Cr KENYA COMMERCIAL BANK LIMITED Account is maintained C HOGORIA 50401 KENYA COMMERCIAL BANK LIMITED A Account closed during tax year c Account jointly wome with spouse d No tax item reported in Far III with respect to this asset o Account jointly wome with spouse d No tax item reported in Far III with respect to this asset (15339853) Account during tax year c Account jointly wome with spouse d No tax item reported in Far III with respect to this asset (16) For account (17) Foreign currency exchange rate used to Criver to U.S. dolars (18) For a Account jointly wome with spouse d No tax item reported in Far III with respect to this asset (17) Foreign currency in which account I is maintained (17) Foreign currency in which account I is maintained (18) For a Account former with which account I is maintained (19) Foreign currency in which account I is maintained (19) Foreign currency in which account I is maintained (19) Foreign currency in which account I is maintained (19) Foreign currency in which account I is maintained (19) Foreign currency in which account I is maintained (19) Foreign currency in which account I is maintained (19) Fo	Pa	art V Foreign Deposit and Custor	lial Accounts (see instructions)			
	1	Type of account X Deposit	Custodial			n
2 DIdyou use a foreign currency exchange rate to convert the value of the account into U.S. dollars? IX Yes IN 3 If you answered "Yes" to line 5, complete all that apply. (3) Source of exchange rate used if not from Treasury Department's Bureau of the Fical S (3) Source of exchange rate used if not from Treasury Department's Bureau of the Fical S Yes IDI 2.550000000 IREASARY REPORTING RATE Yes IDI 2.550000000 IREASARY REPORTING RATE Walling address of financial institution in which account is maintained Number, street, and room or suite no. P.O. BOX 440 60401 2 City or form, province or state, and country (including postal code) CheGORIA 6 Add I Account closed during tax year b a Account opened during tax year c Account form would weat weat to U.S. dollars? 3 Check all that apply a Account opened during tax year s 5, 5 Did you cas a foreign currency withic account (2) Foreign currency exchange rate used if not from the asset (3) Source of exchange rate used if not from the answer of the Scalas set 1 Type of account during tax year c Account onto year weat weat of the Scalas set 5, 2 Did you use a foreign currency with account is maintained Number, street, and room or suite no. 7, <td< td=""><td>3</td><td></td><td></td><td></td><td></td><td>asset</td></td<>	3					asset
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3 If you answered 'Yes' to line 5, complete at that apply. (4) Foreign currency in which account is maintained in maintained in which account is maintained in which account is maintained in which account is maintained. Number, street, and room or suite no. (3) Source of exchange rate used if not from Treasury Department's Bursau of the Facal S TREASURY REPORTING RATE is a strength of the second is maintained in the second is maintained. Number, street, and room or suite no. P.O. BOX 440 2 Account number or other designation in the second is maintained. Number, street, and room or suite no. P.O. BOX 440 2 Account number or other designation in 1153539853 3 Check all that apply a	5					No
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5 If you answered "Yes" to line 5, complete all that apply. (1) Foreign currency in which account is maintained (2) Foreign currency exchange rate used to convert to U.S. dollars is maintained 101.250000000 KENYA, SHILLING 101.250000000 7a Name of financial institution in which account is maintained b Global Intermediary Identification Number (GIIN) (Operation Number (GIIN) (O	-					
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is maintained KENYA, SHILLING Convert to U.S. dollars 101.250000000 Treasury Department's Bureau of the Fiscal S TREASURY REPORTING RATE 7a Name of financial institution in which account is maintained b Global Intermediary Identification Number (GIIN) (Op KENYA COMMERCIAL BANK LIMITED 3 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. P.O. BOX 440 9 City or town, province or state, and country (including postal code) CHOGORIA 60401 42	6	If you answered "Yes" to line 5, complete a	1 1 2		1	
7a Name of financial institution in which account is maintained b Global Intermediary Identification Number (GIIN) (Or KENYA COMMERCIAL BANK LIMITED b Global Intermediary Identification Number (GIIN) (Or 3 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. p.0. BOX 440 9 City or town, province or state, and country (including postal code) cHOGORIA 60401 KENYA		is maintained	convert to U.S. dollars	sed to	Treasury Department's Bureau of th	ne Fiscal Ser
 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. P.O. BOX 440 City or town, province or state, and country (including postal code) CHOGORIA 60401 KENYA 				b Glob		
P.O. BOX 440 City or town, province or state, and country (including postal code) CHOGORIA 60401 KENYA		KENYA COMMERCIAL BANK	LIMITED			
 City or town, province or state, and country (including postal code) CHOGORIA 60401 KENYA 	8	Mailing address of financial institution in whether the second se	nich account is maintained. Number, st	reet, and	room or suite no.	
CHOGORIA 60401 KENYA						
40	9	CHOGORIA				
	000	31 04-01-19	43			

-	t Name or Organization Name			Identification Number 95-3841347	Form 893
Pa	art V Foreign Deposit and Custor	lial Accounts (see instructions)			
1		Custodial	11	Account number or other designation 65385252	
3				ed during tax year ported in Part III with respect to this a	sset
4	Maximum value of account during tax year			· · · · ·	3,19
5	Did you use a foreign currency exchange ra				No
6	If you answered "Yes" to line 5, complete a				
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate u convert to U.S. dollars	sed to	(3) Source of exchange rate used if n Treasury Department's Bureau of the	e Fiscal Servio
	KENYA, SHILLING	101.250000000		TREASURY REPORTING	RATES
7a	Name of financial institution in which account KENYA COMMERCIAL BANK		b Glob	al Intermediary Identification Number ((GIIN) (Option
8	Mailing address of financial institution in where the second seco		reet, and	room or suite no.	
9	City or town, province or state, and country CHOGORIA KENYA	/ (including postal code) 60401			
1	Type of account X Deposit	Custodial		Account number or other designation 72047316	
3	Check all that apply a Account op	ened during tax year 🛛 b 🗔 Acc	ount close	ed during tax year	
	c 🗌 Account joir	ntly owned with spouse 🛛 🔲 No t	ax item re	ported in Part III with respect to this a	
4	Maximum value of account during tax year			\$	5,42
5	Did you use a foreign currency exchange ra				No
6	If you answered "Yes" to line 5, complete a				
	(1) Foreign currency in which account	(2) Foreign currency exchange rate L	sed to	(3) Source of exchange rate used if	not from U.S.
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1121094589 3 Check all that apply a Account opened during tax year b Account closed during tax year c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset 4 Maximum value of account during tax year \$ 26,37.5 5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? X Yes No 6 If you answered "Yes" to line 5, complete all that apply. (2) Foreign currency exchange rate used to convert to U.S. dollars (3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Servic 101.2500000000 7a Name of financial institution in which account is maintained b Global Intermediary Identification Number (GIIN) (Option 8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. P.O. BOX 440 9 City or town, province or state, and country (including postal code) CHOGORIA 60401 KENYA KENYA 60401 KENYA	CHOGORIA				
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City or town, province or state, and country (including postal code) CHOGORIA 60401 KENYA			reet, and	room or suite no.	
CHOGORIA 60401 KENYA	P.O. BOX 440				
4 5	CHOGORIA				
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	tion Name			Identification Number 95-3841347	Form 893
Part V Foreign	Deposit and Custor	dial Accounts (see instructions)		
1 Type of account	X Deposit	Custodial	11	Account number or other designation 58443390	
3 Check all that app				ed during tax year eported in Part III with respect to this a	
					6,79
5 Did you use a fore	eign currency exchange r	ate to convert the value of the accoun	t into U.S.	dollars? X Yes	L No
6 If you answered "	Yes" to line 5, complete a	all that apply.		1	
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	institution in which account MERCIAL BANK			al Intermediary Identification Number	(Gina) (Option
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P.O. BOX					
9 City or town, prov CHOGORIA KENYA	ince or state, and countr	60401			
1 Type of account	X Deposit	Custodial		Account number or other designation	
3 Check all that app	oly a 🛄 Account op	ened during tax year 🛛 b 📃 Acc	count close	ed during tax year	
	c 🗌 Account joi	ntly owned with spouse d 🗌 No	tax item re	eported in Part III with respect to this a	
4 Maximum value o	f account during tax year			\$	20,62
5 Did you use a fore	eign currency exchange r	ate to convert the value of the accoun	t into U.S.	dollars? X Yes	No
6 If you answered "	Yes" to line 5, complete a	all that apply.			
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is maintained		convert to U.S. dollars 101.250000000		Treasury Department's Bureau of the TREASURY REPORTING	e Fiscal Servic
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	MERCIAL BANK	hich account is maintained. Number, s	treet, and	room or suite no.	
	f financial institution in w		I treet, and	room or suite no.	
 8 Mailing address o P.O. BOX 9 City or town, prov CHOGORIA 	f financial institution in w	hich account is maintained. Number, s	I treet, and	room or suite no.	
 8 Mailing address o P.O. BOX 9 City or town, prov CHOGORIA KENYA 	f financial institution in w 440	hich account is maintained. Number, s y (including postal code)	2	room or suite no. Account number or other designation .25399775	
 8 Mailing address o P.O. BOX 9 City or town, prov CHOGORIA KENYA 	f financial institution in w 440 ince or state, and countr X Deposit	hich account is maintained. Number, s y (including postal code) 60401 Custodial	2 11 count close	Account number or other designation 25399775 ed during tax year	
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D -	t Name or Organization Name			Identification Number 95-3841347	Form 8
۲a	art V Foreign Deposit and Custo	dial Accounts (see instructions)		55 5611517	
1	Type of account X Deposit	Custodial	11	Account number or other designation	1
3	c Account jo	intly owned with spouse d 🗌 No t	ax item re	ed during tax year eported in Part III with respect to this a	
4	Maximum value of account during tax year				47,82
	Did you use a foreign currency exchange r		into U.S.	dollars? X Yes	L No
6	If you answered "Yes" to line 5, complete	all that apply.			
	(1) Foreign currency in which account is maintained KENYA, SHILLING	(2) Foreign currency exchange rate u convert to U.S. dollars 101.250000000	sed to	(3) Source of exchange rate used if Treasury Department's Bureau of th TREASURY REPORTING	e Fiscal Ser
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8	Mailing address of financial institution in w		reet, and	room or suite no.	
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9	City or town, province or state, and countr CHOGORIA KENYA	y (including postal code) 60401			
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3				ed during tax year ported in Part III with respect to this a	asset
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]	KENYA, SHILLING	101.250000000		TREASURY REPORTING	RATES
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8	KENYA COMMERCIAL BANK Mailing address of financial institution in w		reet, and	room or suite no.	
8			reet, and	room or suite no.	
	Mailing address of financial institution in w	hich account is maintained. Number, st	reet, and	room or suite no.	
9	Mailing address of financial institution in w P.O. BOX 440 City or town, province or state, and countre CHOGORIA	hich account is maintained. Number, st y (including postal code)	2	room or suite no. Account number or other designatior .69075991	1
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9 1 3 4 5 6	Mailing address of financial institution in w P.O. BOX 440 City or town, province or state, and countre CHOGORIA KENYA Type of account X Deposit Check all that apply a Account of c Account jo Maximum value of account during tax year Did you use a foreign currency exchange or If you answered "Yes" to line 5, complete (1) Foreign currency in which account is maintained KENYA, SHILLING Name of financial institution in which account	hich account is maintained. Number, st y (including postal code) 60401 Custodial bened during tax year b Acc intly owned with spouse d No t r rate to convert the value of the account all that apply. (2) Foreign currency exchange rate u convert to U.S. dollars 101.250000000 unt is maintained K LIMITED	2 11 ount close ax item re into U.S. sed to b Glob	Account number or other designation 69075991 ed during tax year sported in Part III with respect to this a dollars?\$ (3) Source of exchange rate used if Treasury Department's Bureau of th TREASURY REPORTING al Intermediary Identification Number	Asset 9,9 No not from U. e Fiscal Ser RATES
9 1 3 4 5 6 7 7 8	Mailing address of financial institution in w P.O. BOX 440 City or town, province or state, and countre CHOGORIA KENYA Type of account X Deposit Check all that apply a Account of c Account jo Maximum value of account during tax year Did you use a foreign currency exchange of If you answered "Yes" to line 5, complete If you answered "Yes" to line 5, complete (1) Foreign currency in which account is maintained KENYA, SHILLING Name of financial institution in which accoond KENYA COMMERCIAL BANK Mailing address of financial institution in w P.O. BOX 440	hich account is maintained. Number, st y (including postal code) 60401 Custodial custodial pened during tax year b Acc intly owned with spouse d Acc intly owned with spouse d No to r r ate to convert the value of the account all that apply. (2) Foreign currency exchange rate u convert to U.S. dollars 101.250000000 unt is maintained X LIMITED hich account is maintained. Number, st	2 11 ount close ax item re into U.S. sed to b Glob	Account number or other designation 69075991 ed during tax year sported in Part III with respect to this a dollars?\$ (3) Source of exchange rate used if Treasury Department's Bureau of th TREASURY REPORTING al Intermediary Identification Number	Asset 9,9 No not from U. e Fiscal Ser RATES
9 1 3 4 5 6 7a 8	Mailing address of financial institution in w P.O. BOX 440 City or town, province or state, and countre CHOGORIA KENYA Type of account X Deposit Check all that apply a Account op c Account jo Maximum value of account during tax year Did you use a foreign currency exchange or If you answered "Yes" to line 5, complete (1) Foreign currency in which account is maintained KENYA, SHILLING Name of financial institution in which acco KENYA COMMERCIAL BANK	hich account is maintained. Number, st y (including postal code) 60401 Custodial custodial pened during tax year b Acc intly owned with spouse d Acc intly owned with spouse d No to r r ate to convert the value of the account all that apply. (2) Foreign currency exchange rate u convert to U.S. dollars 101.250000000 unt is maintained X LIMITED hich account is maintained. Number, st	2 11 ount close ax item re into U.S. sed to b Glob	Account number or other designation 69075991 ed during tax year sported in Part III with respect to this a dollars?\$ (3) Source of exchange rate used if Treasury Department's Bureau of th TREASURY REPORTING al Intermediary Identification Number	Asset 9,9 No not from U. e Fiscal Ser RATES

Last Name or Organization Name				Identification Number 95-3841347	Form 8938	
Pa	art V Foreign Deposit and Custod	ial Accounts (see instructions)				
		Custodial	2	Account number or other designation 72046107	1	
3				ed during tax year eported in Part III with respect to this a	assat	
4	Maximum value of account during tax year					
5	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?					
6	If you answered "Yes" to line 5, complete all that apply.					
				(3) Source of exchange rate used if	not from U.S.	
	is maintained KENYA, SHILLING	convert to U.S. dollars 101.250000000		Treasury Department's Bureau of the Fiscal Service TREASURY REPORTING RATES O		
7a	Name of financial institution in which accou	nt is maintained	b Glob	al Intermediary Identification Number	(GIIN) (Optional)	
KENYA COMMERCIAL BANK LIMITED						
8	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.					
	P.O. BOX 440					
9	City or town, province or state, and country CHOGORIA KENYA	(including postal code) 60401				
1	Type of account Deposit	Custodial	2	Account number or other designation	1	
3				ed during tax year eported in Part III with respect to this a	assat	
4	Maximum value of account during tax year					
5	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?					
6	If you answered "Yes" to line 5, complete all that apply.					
<u> </u>	(1) Foreign currency in which account (2) Foreign currency exchange rate used			d to (3) Source of exchange rate used if not from U.S.		
	is maintained convert to U.S. dollars			Treasury Department's Bureau of the Fiscal Service		
7a	Name of financial institution in which account is maintained b			Global Intermediary Identification Number (GIIN) (Optional)		
8	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.					
9	City or town, province or state, and country	r (including postal code)				
1	Type of account Deposit	Custodial	2	Account number or other designation	1	
3	Check all that apply a Account op	ened during tax year b Acco	ount clos	ed during tax year		
	c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset					
4	Maximum value of account during tax year					
5	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes					
6	If you answered "Yes" to line 5, complete all that apply.					
				(3) Source of exchange rate used if	not from U.S.	
	s maintained convert to U.S. dollars			Treasury Department's Bureau of the Fiscal Service		
7a	Name of financial institution in which account is maintained		b Glob	b Global Intermediary Identification Number (GIIN) (Optional)		
8	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.					
9	City or town, province or state, and country	(including postal code)				