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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.



Α	For th	e 2020 calendar year, or tax year beginning and	ending	-	
B	Check if applicat	le: C Name of organization		D Employer identified	cation number
Г	Addr	VILLAGE HOPECORE INTERNATIONAL			
	Name			95-38413	47
	Initial		Room/suite	E Telephone numbe	r
	Final returr termi			(209) 47	
	termi ated	n- City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	659,564.
	Amer	SIDERION, CA 95219		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: DANTE TETRICK		for subordinates	? <b>Yes</b> X No
		IUIUU TRINITY PARKWAY, SUITE 310, STOCH	KTON,	H(b) Are all subordinates ir	ncluded? Yes No
		xempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 🛄 527		list. See instructions
-		ite: WWW.VILLAGEHOPECORE.ORG		H(c) Group exemptio	
	_	f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	<b>L</b> Year	of formation: 1982	A State of legal domicile: CA
P	art I	Summary	0003317	BARTON DROW	
e	1	Briefly describe the organization's mission or most significant activities: THE (		ZATION PROV	IDES HEALTH
Activities & Governance		SERVICES AND MICROFINANCE LOANS TO NEEDY			-
verr	2	Check this box      if the organization discontinued its operations or dispose			ssets.
ĝ	3				8
<del>م</del>	4	Number of independent voting members of the governing body (Part VI, line 1b)		·····	0
itie	6	Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary)			600
Ę	-	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
¢	8	Contributions and grants (Part VIII, line 1h)		702,979.	624,532.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,665.	24,590.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,364.	10,442.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		725,008.	659,564.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		324,252.	337,988.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Т. Д	b	Total fundraising expenses (Part IX, column (D), line 25) <b>7</b> , 39		206 601	
	111	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		396,691.	291,857.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		720,943. 4,065.	629,845. 29,719.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances		Table and the (Dash V, line 40)		eginning of Current Year 896 , 239 •	End of Year 928,910.
Asse	20	Total assets (Part X, line 16)		62,796.	65,748.
Vet /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		833,443.	863,162.
		Signature Block		000,110.	005,102.

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		PETRICK,	CHAIRMAN						
	Type or print	t name and title							
	Print/Type prepare	er's name	Prepar	er's signat	ure	Date	Check	PTIN	
Paid	DARYL R.	PETRICK	DARY	L R.	PETRICK	04/20		P00045987	
Preparer	Firm's name 🕒		COMPANY, LI				Firm's EIN ▶ 94	-1481988	
Use Only	Firm's address	10100 TR	INITY PARKWA	AY,ST	E 310				
		STOCKTON	, CA 95219				Phone no. ( 209	)473-1040	ł
May the I	RS discuss this re	eturn with the prep	arer shown above? Se	e instruc	ions			Yes X	No
032001 12-2	23-20 LHA For	Paperwork Redu	ction Act Notice, see	the sepa	rate instructions.			Form <b>990</b> (20	020)

	990 (2020) VILLAGE HOPECORE INTERNATIONAL 95-3841347 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 ORGANIZATION WORKING IN
	CHOGORIA, KENYA TO ALLEVIATE POVERTY THROUGH MICROFINANCE LOANS WITH
	BUSINESS TRAINING AND SUPPORT, AND HEALTH PROMOTION AND DISEASE
	PREVENTION PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 383,446 · including grants of \$ ) (Revenue \$ )
	THE ORGANIZATION FOCUSES ON DISEASE PREVENTION AND HEALTH PROMOTION
	THROUGH COMMUNITY OUTREACH, HEALTH EDUCATION, MOSQUITO NET
	DISTRIBUTION, AND CLINICAL SERVICES IN SCHOOLS & HOMES. WITH THE HELP
	OF A KENYAN NURSE, LOCAL COMMUNITY HEALTH WORKERS AND YOUTH PEER
	EDUCATORS, OVER 1,000 PEOPLE ARE REACHED EACH MONTH WITH MESSAGES OF
	HEALTH, ALONG WITH FREE TESTING & TREATMENT FOR THE MOST COMMON
	DISEASES SUCH AS MALARIA. CLEAN DRINKING WATER AND HANDWASHING STATIONS
	ARE MAINTAINED IN 200 SCHOOLS, SERVING APPROXIMATELY 50,000
	SCHOOLCHILDREN. SCHOOL MOBILE HEALTH CLINICS REACH 72 SCHOOLS AND
	PROVIDE SERVICES TO 20,000 STUDENTS. COVID EDUCATIONAL VISITS WERE
	PROVIDED TO THE ENTIRE SERVICE REGION.
	PROVIDED TO THE ENTIRE SERVICE REGION.
	(Code: )(Expenses \$ 149,118. including grants of \$ ) (Revenue \$ 35,032.)
4b	(Code:) (Expenses \$149,118. including grants of \$) (Revenue \$35,032.)
	THE ORGANIZATION PROVIDES MICROLOANS TO HOUSEHOLDS IN THE AREA TO
	ESTABLISH MICROENTERPRISES TO LIFT THEMSELVES, AND THEIR FAMILIES, OUT
	OF POVERTY. THE MICROFINANCE PROGRAM INCLUDES COMPREHENSIVE BUSINESS
	TRAINING ON AGRICULTURE, ACCOUNTING AND MARKETING AS WELL AS REGULAR
	BUSINESS MONITORING AND SUPPORT THROUGHOUT THE TWO YEAR LOAN CYCLE. SO
	FAR DURING THE DURATION OF THE PROGRAM, THERE HAS BEEN A 35% REDUCTION
	IN POVERTY FOR PROGRAM PARTICIPANTS.
	IN FOVERIT FOR FROGRAM FARITCIPANIS.
4c	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
-tu	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ► 532,564.
-+0	Form <b>990</b> (2020)
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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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	3		- 23
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	·		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII	12a		
D	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	106		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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			37
	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? If "Yes,"			v
00	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200-		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		- 23
C	"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			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		х	
	(gambling) winnings to prize winners?	1c		(2020)
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			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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	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 <b>KENYA</b>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		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	6a		- 23
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
а	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		
	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		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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 L	Did the sponsoring organization make any taxable distributions under section 4966?	9a Oh		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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			
	Enter the amount of reserves on hand	4.4		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
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Form **990** (2020)

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Form 990	(2020)
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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.

the number of voting members of the governing body at the end of the tax year	1b       8         o with any other       9         e direct supervision       9         90 was filed?       9         sets?       9         opoint one or       9         tockholders, or       9         or by the following:       9         ched at the       9         evenue Code.)       9         mapters, affiliates,       9         y before filing the form?       9	2 3 4 5 6 7a 7b 8a 8b 9 9	X	
delegated broad authority to an executive committee or similar committee, explain on Schedule 0. The number of voting members included on line 1a, above, who are independent ny officer, director, trustee, or key employee have a family relationship or a business relationship r, director, trustee, or key employees to a management duties customarily performed by or under the icers, directors, trustees, or key employees to a management company or other person? The organization make any significant changes to its governing documents since the prior Form 9 The organization become aware during the year of a significant diversion of the organization's ass the organization have members or stockholders? The organization have members, stockholders, or other persons who had the power to elect or ag members of the governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year organization contemporaneously document the meetings held or written actions undertaken during the year organization's mailing address? If "Yes," provide the names and addresses on Schedule O The organization have local chapters, branches, or affiliates? The organization have local chapters, branches, or affiliates? The organization have local chapters, branches, or affiliates? The organization have their operations are consistent with the organization's exempt purposes? The organization provided a complete copy of this Form 990 to all members of its governing bod The organization provide a complete copy of this Form 990. The organization of the organization about policies not review this Form 990. The organization have their operations are consistent with the organization's exempt purposes? The organization provided a complete copy of this Form 990 to all members of its governing bod The process, if any, used by the organization to review this Form 990.	b with any other e direct supervision 900 was filed? sets? popoint one or tockholders, or ar by the following: ched at the evenue Code.) hapters, affiliates, y before filing the form?	2 3 4 5 6 7a 7b 8a 8b 9 9	X X Yes	
the number of voting members included on line 1a, above, who are independent	b with any other e direct supervision 900 was filed? sets? popoint one or tockholders, or ar by the following: ched at the evenue Code.) hapters, affiliates, y before filing the form?	2 3 4 5 6 7a 7b 8a 8b 9 9	X X Yes	
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ne organization delegate control over management duties customarily performed by or under the icers, directors, trustees, or key employees to a management company or other person?	e direct supervision 190 was filed? 190 was filed? 190 point one or 190 tockholders, or 190 the following: 190 ched at the 190 evenue Code.) 190 mapters, affiliates, 190 y before filing the form?	3 4 5 6 7a 7b 8a 8b 9 9	X X Yes	
ne organization delegate control over management duties customarily performed by or under the icers, directors, trustees, or key employees to a management company or other person?	e direct supervision 190 was filed? 190 was filed? 190 point one or 190 tockholders, or 190 the following: 190 ched at the 190 evenue Code.) 190 mapters, affiliates, 190 y before filing the form?	4 5 6 7a 7b 8a 8b 9 9	X Yes	
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ny governance decisions of the organization reserved to (or subject to approval by) members, so ons other than the governing body?	tockholders, or Ir by the following: ched at the evenue Code.) napters, affiliates, y before filing the form?	8a 8b 9 10a 10b	X Yes	2
ons other than the governing body?	rr by the following: ched at the evenue Code.) napters, affiliates, y before filing the form?	8a 8b 9 10a 10b	X Yes	2 2
e organization contemporaneously document the meetings held or written actions undertaken during the year governing body? committee with authority to act on behalf of the governing body? ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rean <u>nization's mailing address? If "Yes," provide the names and addresses on Schedule O</u> <b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Re</i> ne organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such ch pranches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing bod ribe in Schedule O the process, if any, used by the organization to review this Form 990.	ar by the following: ched at the evenue Code.) napters, affiliates, y before filing the form?	8a 8b 9 10a 10b	X Yes	N
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committee with authority to act on behalf of the governing body?	ched at the evenue Code.) napters, affiliates, y before filing the form?	8b 9 10a 10b	X Yes	N
ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real nization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	ched at the evenue Code.) napters, affiliates, y before filing the form?	9 10a 10b	Yes	N
<b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Re</i> ne organization have local chapters, branches, or affiliates?	evenue Code.) napters, affiliates, y before filing the form?	10a 10b		N
<b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Re</i> ne organization have local chapters, branches, or affiliates?	napters, affiliates, y before filing the form?	10a 10b		N
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branches to ensure their operations are consistent with the organization's exempt purposes? he organization provided a complete copy of this Form 990 to all members of its governing bod ribe in Schedule O the process, if any, used by the organization to review this Form 990.	y before filing the form?		X	
he organization provided a complete copy of this Form 990 to all members of its governing bod ribe in Schedule O the process, if any, used by the organization to review this Form 990.	y before filing the form?		X	⊢
ribe in Schedule O the process, if any, used by the organization to review this Form 990.		Па		1
				-
ne organization have a written conflict of interest policy? It "No," go to line 13		10-		2
officers, disectory, or two tests and have explored a provided to disclose approach, interprets that equilable vice	to connicts?	12a		- 4
officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b		_
ne organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				
hedule O how this was done		12c		-
ne organization have a written whistleblower policy?		13		2 2
ne organization have a written document retention and destruction policy?		14		
ne process for determining compensation of the following persons include a review and approva	al by independent			
ons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
organization's CEO, Executive Director, or top management official		15a	Х	
r officers or key employees of the organization		15b		Σ
es" to line 15a or 15b, describe the process in Schedule O (see instructions).				
ne organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			
ble entity during the year?		16a		2
es," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation			
nt venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
pt status with respect to such arrangements?		16b		
C. Disclosure				
he states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$				
	nd 990-T (Section 501(c)(	3)s only	) avail	ab
ublic inspection. Indicate how you made these available. Check all that apply.	on Schedule O)			
	,		ncial	
Own website Another's website X Upon request Other (explain		nd finar		
Own website       Another's website       X       Upon request       Other (explain ribe on Schedule O whether (and if so, how) the organization made its governing documents, compared to the state of the state o	a number of interest policy, a	nd finar		
Own website Another's website X Upon request Other (explain ribe on Schedule O whether (and if so, how) the organization made its governing documents, comments available to the public during the tax year.		nd finar		_
Own website Another's website X Upon request Other ( <i>explain</i> ribe on Schedule O whether (and if so, how) the organization made its governing documents, comments available to the public during the tax year.		nd finar		
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Own websiteAnother's website $X$ Upon requestOther (explainribe on Schedule O whether (and if so, how) the organization made its governing documents, comments available to the public during the tax year.The name, address, and telephone number of the person who possesses the organization's boRYLPETRICK- (209) $473 - 1040$			990	(2)
	on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an ublic inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other ( <i>explain</i>	on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)( ublic inspection. Indicate how you made these available. Check all that apply. Own website Another's website U Upon request Other ( <i>explain on Schedule O</i> )	on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only ublic inspection. Indicate how you made these available. Check all that apply. Own website Another's website I Upon request Other <i>(explain on Schedule O)</i> ribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar ments available to the public during the tax year.	on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail ublic inspection. Indicate how you made these available. Check all that apply. Own website Another's website I Upon request Other <i>(explain on Schedule O)</i> ribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial ments available to the public during the tax year. the name, address, and telephone number of the person who possesses the organization's books and records

### 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

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)	l	211120		C)	npo	iout	(D)	(E)	(F)
م) Name and title	Average			Pos		ı		Reportable	(L) Reportable	(F) Estimated
Name and the	hours per	(do box	not c . unle	heck ss pe	more erson	than is bot	one h an	compensation	compensation	amount of
	week			nd a d				from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	s for 🚆			ted		organization	(W-2/1099-MISC)	from the	
	related	stee c	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)		organization
	organizations	al tru	al tru: onal ti		loye	co ml				and related
	below line)	dividu	stituti	Officer	Key employee	ghest	Former			organizations
(1) DARYL PETRICK	3.00	드	-	6	Å	포등	요			
CHAIRMAN	5.00	x						0.	0.	0.
(2) SUSAN PRESTON	3.00								•	0.
SECRETARY	5.00	x						0.	0.	0.
(3) DR. PHILIP C. RASORI	10.00								•	0.
MEDICAL DIRECTOR		x						0.	0.	0.
(4) STEVE BECK	1.00	<u> </u>								0.
BOARD MEMBER	100	x						0.	0.	0.
(5) ALAN PRESTON	1.00									
BOARD MEMBER		x						0.	0.	0.
(6) DR. CAROL CLINTON	1.00									•••
BOARD MEMBER		x						0.	0.	0.
(7) ANNE RIITHO	3.00									
BOARD MEMBER		x						0.	0.	0.
(8) PHILIP M. RASORI	1.00									
BOARD MEMBER		x						0.	0.	0.
(9) DR. RICHARD MUCCI	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) LOUIS JORDAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(11) KAJIRA MUGAMBI	40.00									
CEO				Х				0.	0.	54,180.
		-								
		<u> </u>								
		-								
		<u> </u>			<u> </u>					
		-								
			1							Form <b>990</b> (2020)
032007 12-23-20										rorm <b>330</b> (2020)

9

032007 12-23-20

Form 990 (2020)

	m 990 (2020) VILLAGE HOPECORE INTERNATIONAL 95-3841347 Page 8													
Par	t VII Section A. Officers, Directors, Trus (A)	tees, Key Em (B)	oloy		(0	C)		st C	Compensated Employe (D)	es (continued) (E)			(F)	
	Name and title	Average hours per week (list any	box, offic	not c , unle	ss pe	more rson i	than o is botl pr/trus	n an	Reportable compensation from the	Reportable compensatio from related organization	n I	am	timate Iount o other Densa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga anc	om the anizati d relate nizatio	e on ed
		,	In	II	-0	Ke	H	5						
с	Subtotal Total from continuation sheets to Part VI	I, Section A							0.		0.0.		$\frac{4}{4}, 18$	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							lo re	•••	),000 of reportab	-	54	±,⊥0	000
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	bloyee on	 		Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	m of reportabl	le co	omp	ensa	atior	n and	ot		the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	iccrue comper	nsati	ion f	rom	any	unr	elat	ed organization or indiv			4		X X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piele Scheduie	9 J I	orsu	ucn j	pers	son <u>.</u>					5		21
1	Complete this table for your five highest con the organization. Report compensation for t										Ipens	ation fi	rom	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(C omper		ı
								_						
								_						
								-						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to	tho: (	se lis )	stec	d above) who received n	nore than				
												Form S	<b>990</b> (2	2020)

032008 12-23-20

Form 990 (2020)	VILLAGE	HOPECORE	INTERNATIONAL	9!
Part VIII Statement	of Revenue			

			Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
			•		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						Tunction revenue	business revenue	sections 512 - 514
ts t	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
۵Ĕ			Fundraising events					
r A			<b>3</b>					
ja G								
Sins			Government grants (contributions) <b>1e</b>					
er lic		t	All other contributions, gifts, grants, and	624 522				
<u>e</u> E			similar amounts not included above 1f	624,532.				
out		g	Noncash contributions included in lines 1a-1f		604 500			
σē		h	Total. Add lines 1a-1f		624,532.			
				Business Code				
e	2	а						
e vi		b						
Program Service Revenue		с						
eve		d						
Ba		е						
P		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3	3	Investment income (including dividends, inte					
	Ũ		other similar amounts)		24,590.	24,590.		
	4		Income from investment of tax-exempt bond			,		
	5		Royalties	· ·				
	5		(i) Real	(ii) Personal				
	6	_						
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
Revenue			and sales expenses 7b					
Ne l		С	Gain or (loss)					
Å		d	Net gain or (loss)	🕨				
ther	8	а	Gross income from fundraising events (not					
ð			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
		b	Less: direct expenses 8	<b>b</b>				
			Net income or (loss) from fundraising events	<b>&gt;</b>				
			Gross income from gaming activities. See	F				
	-	-	Part IV, line 19					
		b	Less: direct expenses 9					
			Net income or (loss) from gaming activities	·				
			Gross sales of inventory, less returns					
	10	a						
		h						
			• · · · · · · · · · · · · · · ·	-				
		С	Net income or (loss) from sales of inventory					
sņ		_		Business Code 624100	10,442.	10,442.		
oer ue	11		OTHER INCOME	024100	10,442.	10,442.		<u> </u>
Miscellaneous Revenue		b						
Be		С					ļ	
Ξ.			All other revenue		10 110		ļ	
		е	Total. Add lines 11a-11d	🕨	10,442.			
	12		Total revenue. See instructions	►	659,564.	35,032.	0.	0.
03200	9 12-	23	-20					Form <b>990</b> (2020)

11

Part IX Statement of Functional Expenses

VILLAGE HOPECORE INTERNATIONAL

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	54,180.	37,926.	10,836.	5,418.
~	trustees, and key employees	54,100.	57,920.	10,030.	5,410
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
7	persons described in section 4958(c)(3)(B)	283,808.	241,237.	42,571.	
7 0	Other salaries and wages Pension plan accruals and contributions (include	203,000	471,437.		
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10					
11	Payroll taxes Fees for services (nonemployees):				
'' a	Management				
b	Legal				
c	Accounting	25,768.		25,768.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	105.		105.	
12	Advertising and promotion	8,848.	8,848.		
13	Office expenses	21,474.	18,253.	3,221.	
14	Information technology				
15	Royalties				
16	Occupancy	34,626.	29,432.	5,194.	
17	Travel	79,006.	75,056.	1,975.	1,975.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,968.	29,968.		
23	Insurance	1,454.	1,236.	218.	
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	amount, list line 24e expenses on Schedule 0.)	60,037.	60,037.		
a b	TRAINING	20,265.	20,265.		
с С	MISCELLANEOUS	9,654.	9,654.		
d	BAD DEBTS	652.	652.		
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	629,845.	532,564.	89,888.	7,393
26	<b>Joint costs.</b> Complete this line only if the organization	,	,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

032010 12-23-20

15000420 758669 82850

2020.06000 VILLAGE HOPECORE INTERNATIO 82850\_\_1

Form **990** (2020)

12

15000420 758669 82850

### 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

(B)

1

(A)

Beginning of year

622,374.

#### 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from 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 5 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 201,772. 243,109. 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 182,662. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 140,537. 72,093. 42,125. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 896,239. 928,910. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 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 23 Secured mortgages and notes payable to unrelated third parties 23 62,796. 65,748. Unsecured notes and loans payable to unrelated third parties 24 24 25 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 62,796. 65,748. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗌 and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here $\blacktriangleright$ X and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 0. 0. Paid-in or capital surplus, or land, building, or equipment fund 30 30 833,443. 863,162. 31 31 Retained earnings, endowment, accumulated income, or other funds 833,443. 863,162. Total net assets or fund balances 32 32 896,239. 928,910. 33 33 Total liabilities and net assets/fund balances ....

Form 990 (2020)

End of year

643,676.

1

Assets

\_iabilities

Net Assets or Fund Balances

	1 990 (2020) VILLAGE HOPECORE INTERNATIONAL	95-384	<u>1347</u>	Paç	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			6 5 6	_	~ •
1	Total revenue (must equal Part VIII, column (A), line 12)	1	659		
2	Total expenses (must equal Part IX, column (A), line 25)	2	629		
3	Revenue less expenses. Subtract line 2 from line 1	3			19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	833	5,4	43.
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	863	8,1	62.
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 reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		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		3b		
			Eorm C	an /	0000

Form **990** (2020)

032012 12-23-20

**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
2020
Open to Public Inspection

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

Name o	f the organization			-				identification number			
			RE INTERNATI					5-3841347			
Part I	Reason for Public	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructior	ıs.				
The orga	anization is not a private found	dation because it is: (	For lines 1 through 12, o	heck only	one box.)						
1	A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	n 170(b)(1	l)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3	A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(ii	i).					
4	A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,			
	city, and state:										
5	An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrit	bed in			
	section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7 X	An organization that norma	ally receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in			
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)							
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college			
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	je or			
	university:										
10	An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from o	contributic	ns, members	hip fees, a	nd gross receipts from			
	activities related to its exer	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of	its support	from gross investment			
	income and unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.			
	See section 509(a)(2). (Co	mplete Part III.)									
11 📃	An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	)9(a)(4).					
12	An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or			
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in										
_	lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.				
a L	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	/ giving			
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	ees of the s	supporting			
_	organization. You must o	complete Part IV, Se	ections A and B.								
b 🗆	<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving			
	control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported			
_	organization(s). You mus	t complete Part IV,	Sections A and C.								
cL	Type III functionally inte	egrated. A supporting	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 l	Part IV, Se	ections A,	D, and E.					
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organ	ization(s)			
	that is not functionally inf	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness			
_	requirement (see instruct	tions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.					
e	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III				
	functionally integrated, o		, , ,	0 0				<b></b>			
	ter the number of supported										
g Pr	ovide the following information			(iv) is the orna	nization listed						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)			
	organization		above (see instructions))	Yes	No						
Total											
iutai								1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 15

### Schedule A (Form 990 or 990 EZ) 2020 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.)

Calendar year (of fiscal year beginning in) Gifts: gurants, contributions, and membership fees received. (Do not include any "unsusal grants") 2 Tax revenues levied for the organization without charge trainibility agovernmental unit to the organization of the term of the organization without charge 485, 931. 554, 817. 624, 645. 692, 822. 635, 896. 2, 994, 111. 3 The value of services or facilities trainibility agovernmental unit to the organization without charge 485, 931. 554, 817. 624, 645. 692, 822. 635, 896. 2, 994, 111. 5 The portion of total contributions by each person (famit fama a governmental unit or total contributions by each person (famit fama a governmental unit or publicly supported organization (famit fama a governmental unit or publicly supported organization in the 4. 6 Public support. Advance the store in the 4. 8 Gross income from interest, dividends, payment needwid on accurites loads. rents. roylines, and income from sinterest, dividends, payment needwid on 18, 209. 28, 724. 43, 173. 10, 665. 24, 590. 125, 361. 9 Net income from include gan or loss from related activities, etc. (see instructions) 12 Construction of the store organization 14 Juli support. Additions of the organization 15, 200. 125, 361. 10 Other income. Do not include gan or loss from related activities, etc. (see instructions) 12 Construction of Public Support Percentage Section C. Computation of the distribution of the organization of the organization of the store organization 4, 311. 13, 468. 6, 513. 10, 442. 34, 734. 11 Total support test 2020. (the organization of the organization of the store organization 4 Public support test 2020. (the organization of the organization of the organization of the organization to organization mets the fast-and-circumstances test - 200. (the organization of the store on line 13, 43, 59, 734. 5 7. 5 8 5 5 5 5 8 5 6 5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	See	ction A. Public Support						
membership fees records. (Do not include any Pursular) grants?       485,931.       554,817.       624,645.       692,822.       635,896.       2,994,111.         2 Tax revenues levied for the organ- ization's benefit and ether pad to or expended on its behat timished by agovernmental unit to the organization without charge       485,931.       554,817.       624,645.       692,822.       635,896.       2,994,111.         3 The value of services or facilities timished by agovernmental unit or publicly supported organization include grants from interest.       485,931.       554,817.       624,645.       692,822.       635,896.       2,994,111.         5 The portion of total contributions by each person (other than a growernmental unit or publicly supported organization) include and unit at the sceede 2/8 of the amount shown on line 11, column (f)       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (d) 2020       (f) Total 485,931.       554,817.       624,645.       692,822.       635,896.       2,994,111.         7 Amounts from interest, dividends, payments received on securities loans, remts, rogilants and income from initizets, dividends, payments received on securities loans, remts, rogilants and income from initizets, dividends, payments received on securities loans, remts, rogilants and income from solid coglinations or loss from the sale of capital assets (Epsilant Part M) and set (Epsilant Part M) and divides, the partial on to the sale of capital assets (Epsilant Part M) and divides, the regarization divides, etc. (see instructions)       12         3 First System.	Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
include any 'unusual grants ')       485,931.554,817.624,645.692,822.635,896.2,994,111.         2 Tax reverues levied for the organization interpaid to or expended on its behalf       485,931.554,817.624,645.692,822.635,896.2,994,111.         3 The value of services or facilities turnished by a governmental unit to the organization without charge and a services or facilities turnished by a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the annount shown on line 1.       485,931.554,817.624,645.692,822.635,896.2,994,111.         6 Public support.       485,931.554,817.624,645.692,822.635,896.2,994,111.       1,403,986.         6 Public support.       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (d) 2020         7 Amounts from line 4       485,931.554,817.624,645.692,822.635,896.2,994,111.       1,403,986.       2,994,111.         8 Gross income from line 4       485,931.554,817.624,645.692,822.635,896.2,994,111.       1,403,986.       2,994,111.         9 Net income from line 4       485,931.554,817.624,645.692,822.635,896.2,994.112.5,361.       18,209.28,724.43,173.10,665.24,590.125,361.       125,361.         9 Net income from interest, mystites, and income from interest, mystites, and income from interest and order the sale or capital assots (Explain in Part V).       4,311.13,468.6,513.10,442.34,734.       10,442.34,734.         10 Other income. Do not include gain or in the sale or capital assots (Explain in Part V).       4.311.13,468.6,513.10,442.34,734.       10,442.34,734.	1	Gifts, grants, contributions, and						
2       Tar revenues levied for the organization is behalf         3       The value of services or facilities trunished by a governmental unit to the organization without charge is trunished by a governmental unit to the organization without charge is an organization included go in list half is a store in a the exceeds 2% of the amount shown on line 11, column (f)       485, 931. 554, 817. 624, 645. 692, 822. 635, 896. 2, 994, 111.         5       The portion of total contributions by each person (ofter than a governmental unit or publicly support.       485, 931. 554, 817. 624, 645. 692, 822. 635, 896. 2, 994, 111.         6       Public support.       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7       Amounts from line 4       485, 931. 554, 817. 624, 645. 692, 822. 635, 896. 2, 994, 111.       (a) 2019       (b) 2020       (f) Total         8       Gross income from interest.       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         9       Net income from interest.       (a) 3, 154, 205.       (a) 2, 994, 111.       (a) 442. 34, 734.       (a) 442. 34, 734.         10       Other income. Do not include gain or los anor the sale of capital as a		membership fees received. (Do not						
icrain's bonefit and ether pair to or expended on its behalf       Image: constraints of the organization without charge in the organization without charge in the organization without charge in governmental unit or publicly supported organization induced on line 1 that exceeds 2% of the amount shown on line 11, column (f)       Image: constraints of the organization induced on line 1 that exceeds 2% of the amount shown on line 11, column (f)       Image: constraints of the organization induced or constraints of the organization induced on line 1 that exceeds 2% of the amount shown on line 14.       Image: constraints of the organization induced or constraints or constraints or constraints of the organization of constraints from line 4       Image: constraints or constraints		include any "unusual grants.")	485,931.	554,817.	624,645.	692,822.	635,896.	2,994,111.
or expended on its behalf         3 The value of services or facilities turnished by a governmental unit to the organization without charge         4 Total. Add lines it through a governmental unit or publicly supported organization included on line 1 that exceeds 28 of the amount shown on line 11, column (f)         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 28 of the amount shown on line 11, column (f)         6 Public support, betware the store test.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources         9 Net income from similar sources or loss from the sale of capital assets (Explain in part).         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in part).         11 Total support. Add lines 7 through 10 or loss from the sale of capital assets (Explain in part).         12 Gross necepts from related activities, etc. (see instructions)         13 First 5 years. If the Form 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.         Section C. Computation of Public Support Percentage         6 Public support percentage for 2020 (the 6, column (f), divided by line 11, column (f)).       14 50.43.9 (15 Public support percentage for 2020 (the 6, column (f), divided by line 11, column (f)).         14 Support 40 line 7 hubito 31 (3% yeapport 42.200. (the coganization din ot check a box on line 13, 16a, and line 14 i	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge in the organization without charge in the organization without charge in the organization included on line 1 that exceeds 2% of the amount shown on line 11.       485,931.554,817.624,645.692,822.635,896.2,994,111.         5 The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11.       1,403,396.         6 Public support of contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11.       1,403,396.         Calledar year (of fisel year beginning in) The control of the organization increast, dividends, payments received on securities loads and the control of the organization interest, dividends, payments received on securities loads in next vity.       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total support.         18 , 209       28 , 724 + 43 , 173 + 10 , 665 + 24 , 590 + 125 , 361 + 10 , 442 + 34 , 734 + 10 , 442 + 34 , 734 + 11 , 13 , 468 + 6 , 513 + 10 , 442 + 34 , 734 + 12 + 13 , 13 , 468 + 6 , 513 + 10 , 442 + 34 , 734 + 13 , 154 , 266 + 12 Gross receipts from related activities, etc. (see instructions)       12 + 13 , 14 + 50 , 43 + 95 + 58 + 58 + 58 + 58 + 58 + 58 + 58		ization's benefit and either paid to						
function of total contributions by each pression (other than a governmental unit or publicly supported organization included on line 1 that exceeds 296 the amount shown on line 11, column (f)       485,931.554,817.624,645.692,822.635,896.2,994,111.         6 Public support. Auteractive 5 from time 4       1,403,396.         7 Amounts from line 4		or expended on its behalf						
the organization without charge       485,931.554,817.624,645.692,822.635,896.2,994,111.         485,931.554,817.624,645.692,822.635,896.2,994,111.       485,931.554,817.624,645.692,822.635,896.2,994,111.         9 representation included       1,403,396.1         on line 1 that exceeds 2% of the amount shown on line 11.       1,403,396.1         column (1)       1,403,396.1         6 Public support. Subract mest the interest.       (a) 2016         (b) 2017       (c) 2018         (c) Social representation included       (a) 2016         (c) Social representation included       (a) 2016         (c) Social representation included       (a) 2016         (c) Social representation included       (b) 2017         Calendary set (or fiscal year beginning in) (a)       (a) 2016         (c) Social representation in interest.       (a) 2016         (c) Social representation in interest.       (b) 2017         (c) Social representation in interest.       (a) 2016         (c) Social representation in interest.       (a) 2018         (c) Social representation in interest.       (a) 2019         (c) Social representation in its sequence and income from initrates.       (b) 2017         (c) Social representation in its sequence and income from initrates.       (a) 2016         (c) Social representatin its sequence and income from initrates. </th <td>3</td> <td>The value of services or facilities</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	3	The value of services or facilities						
4 Total. Add lines 1 through 3       485,931.554,817.624,645.692,822.635,896.2,994,111.         5 The portion of total contributions by each press of 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).       1,403,396.1,590,715.         6 Public support. Substatine's termine 1       1,403,296.1,590,715.       1,590,715.         Section B. Total Support       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         3 Gross income from interest, dividends, payments received on securities loans, error, royatiles, and income from similar sources       18,209       28,724.43,173.10,665.24,590.125,361.       125,361.         9 Net income from interest, dividends, payments received on securities is regularly carried on or too the business is regularly carried on or too the said of capital assets (Explain in Part VI)       18,209.28,724.43,173.10,665.24,590.125,361.         10 Other income. Do not include gain or loss for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       12         12 Gross receits from related activities, etc. (see instructions)       12       14       50.43.96       55.58.96         14 Public support percentage for 2019 Cheddle A, Part II, Ine 14       15       55.58.89       55.58.89       55.58.89         14 3 10% support tercentage for 2020 (line 6, column (h), divided by line 11, column (h)).       14		furnished by a governmental unit to						
5 The portion of total contributions by each person (dther than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       1,403,396, 1,590,715.         6 Public support, Subtext time 1 too in the 4       1,590,715.         Section B. Total Support       1,590,715.         Calendar year (or fiscal year beginning in) ► A mounts from line 4       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         8 Gross income from interest, dividends, payments received on securities cans, rents, royatiles, and income from similar sources activities, whether or not the business is regularly carried on to 0 ther income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       18, 209. 28, 724.       43, 173.       10, 665.       24, 590.       125, 361.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       13, 14, 268.       6, 513.       10, 442.       34, 734.         13 First Syeers. If the Form 390 is for the organization's first, second, firid, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       14       50, 43 % 5       59. 58. % 59. 58.		the organization without charge $\dots$						
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, 403, 396. 6 Public support. Swhett into 5 from line 4 1, 1, 403, 396. 7 Amounts from line 4 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 485, 931, 554, 817, 624, 645, 692, 822, 635, 896, 2, 994, 111. 6 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources in a securities loans, rents, royatiles, and income from unrelated business is regularly carried on 18, 209, 28, 724, 43, 173, 10, 665, 24, 590, 125, 361. 9 Net income from interest, dividends, payments received on securities loans, rents, royatiles, and income from unrelated business activities, whether or not in the said of capital assets (Explain In Part VI) 4, 311, 13, 468, 6, 513, 10, 442, 34, 734, 206, 207, 200, 125, 361. 11 Total support Add lines 7 through 10 2 are capital assets (Explain In Part VI) 4, 311, 13, 468, 6, 513, 10, 442, 34, 734, 206, 207, 2020 (line 6, column (f), divided by line 11, column (f), 14 50, 43, % 59 Loans, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)), 14 50, 43, % 15 So 18, 30, 133, 205, 200, 116, 30, 200, 200, 116, 3	4	Total. Add lines 1 through 3	485,931.	554,817.	624,645.	692,822.	635,896.	2,994,111.
governmental unit or publicly supported organization jincluded on line 11 that exceeds 2% of the amount shown on line 11, column (f)       1, 403, 396.         6 Public support, Subtrat line 5 from line 4       1, 2016         Calendar year (or fiscal year beginning in) > Calendar year (or fiscal year year year year year year year year	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       1,403,396.         6 Public support. Subtract line 5 from line 4.       1,590,715.         Section B. Total Support       (a) 2016       (b) 2017       (c) 2018       (c) 2019       (e) 2020       (f) Total 485,931.554,817.624,645.692,822.635,896.2,2994,111.         7 Amounts from line 4       485,931.554,817.624,645.692,822.635,896.2,2994,111.       (a) 2016       (b) 2017       (c) 2018       (e) 2020       (f) Total 485,931.554,817.624,645.692,822.635,896.2,2994,111.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources.       18,209.28,724.43,173.10,665.24,590.125,361.         9 Net income from nurelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain IPart VI, )       14,311.13,468.6,513.100,442.34,734.         11 Total support. Add lines 7 through 10       4,311.13,468.6,513.100,442.34,734.         12 First 5 years. If the Form 990 is for the organization s first, second, third, fourth, or fifth tax year as a section 5010(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage       1         14 Ublic support percentage from 2019 Schedule A, Part II, line 14.       15         53 1/3% support test - 2020. If the organization did not check ta box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifi		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f)       1,403,396.         6 Public support. Subtract the 5 from line 4.       1,590,715.         Section B. Total Support       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4.       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         8 Gross income from interest, dividends, payments received on securities loans, enerts, royalties, and income from similar sources.       18,209.28,724.43,173.10,665.24,590.125,361.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain In Part VI)       4,311.13,468.6,513.10,442.34,734.         11 Total support. Add lines 7 through 10       12       3,154,206.         12 Gross receipts from related activities, etc. (see instructions)       12         13 First System. If the Form 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage       14       50.43.96         14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       50.43.96         15 Ay3/3% support test - 2020. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qua		governmental unit or publicly						
amount shown on line 11, column (f)       1,403,396.         6       Public support. Submact time 5 from line 4       1,590,715.         Section B. Total Support         Calendar year (or fiscal year beginning in) ★         (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         A mounts from line 4         A mounts from line 4         485,931.       554,817.       624,645.       692,822.       635,896.       2,994,111.         8       Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from unrelated business activities, whether or not the business is regularly carried on ro loss from the sale of capital assets (Explain in Part VI)       18,209.       28,724.       43,173.       10,665.       24,590.       125,361.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)         12 Gross receipts from related activities, etc. (see instructions)         11       Total support. Add lines 7 through 10       3,154,206.         12         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.          14		supported organization) included						
column (i)       1,403,396.         6 Public support. Subtract line 5 from let.       1,590,715.         Section B. Total Support       (d) 2019       (e) 2020       (f) Total         Calendar year (or fiscal year beginning in) ▶       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       485,931.       554,817.       624,645.       692,822.       635,896.       2,994,111.         8 Gross income from interest,       dividends, payments received on securities loans, rents, royatties, and income from similar sources       18,209.       28,724.       43,173.       10,665.       24,590.       125,361.         9 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       1       13,14,208.       6,513.       10,442.       34,734.         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       Image: stage stag		on line 1 that exceeds 2% of the						
6       Public support. Salvad line 5 from line 4.       1,590,715.         Section B. Total Support         calendar year (or fiscal yar beginning in)       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7       Amounts from line 4       485,931.       554,817.       624,645.       692,822.       635,896.       2,994,111.         8       Gross income from interest, royaltes, and income from similar sources       18,209.       28,724.       43,173.       10,665.       24,590.       125,361.         9       Net income from unrelated business activities, whether or not the business is regularly carried on on tor include gain or loss from the sale of capital assets (Explain in Part VI.)       13,154,206.       12       3,154,206.         12       Cross receipts from related activities, etc. (see instructions)       12       12       3,154,206.         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization of Public Support Percentage       14       15       59.58       5         14       Public support percentage from 2020 (line 6, column (f), divided by line 11, column (f))       14       50.43       4       5       5       5       5       5       5       5       5       5       5 <td< th=""><td></td><td>amount shown on line 11,</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		amount shown on line 11,						
Section B. Total Support       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from unrelated business activities, whether or not the business is regularly carried on       18, 209.       28, 724.       43, 173.       10, 665.       24, 590.       125, 361.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       4, 311.       13, 468.       6, 513.       10, 442.       34, 734.         11 Total support. Add lines 7 through 10       Etc. (see instructions)       12       3, 154, 206.       15       59.58.36       59.59.58.36         12 Gross receipts from related activities, etc. (see instructions)       12       12       14       15       59.58.36       59.58.36         14 Public support percentage from 2019 Schedule A, Part II, line 14       15       59.58.36       59 <td></td> <td>column (f)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1,403,396.</td>		column (f)						1,403,396.
Calendar year (or fiscal year beginning in)       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       485,931.554,817.624,645.692,822.635,896.2,994,111.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       18,209.28,724.43,173.10,665.24,590.125,361.         9 Net income from unrelated business activities, whether or not the business is regularly carried on in torols from the sale of capital assets (Explain in Part VI.)       18,209.28,724.43,173.10,665.24,590.125,361.         10 Other income. Do not include gain or loss form the sale of capital assets (Explain in Part VI.)       4,311.13,468.6,513.10,442.34,734.         11 Total support. Add lines 7 through 10       12       3,154,206.         12 Gross receipts from related activities, etc. (see instructions)       12         13 First S years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       59.58 %         14 Public support percentage from 2019 Schedule A, Part II, line 14       15       59.58 %         15 31/3% support test - 2020. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         16 30 /16 - 43 0%       13 /16 - 13 or 16a, and line 14 is 10% or more, and if the organization did not check a box on line 13,	6	Public support. Subtract line 5 from line 4.						1,590,715.
7       Amounts from line 4       485,931,554,817.624,645.692,822.635,896.2,994,111.         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       18,209.28,724.43,173.10,665.24,590.125,361.         9       Net income from unrelated business activities, whether on to the business is regularly carried on       10       10,665.24,590.125,361.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       4,311.13,468.6,513.10,465.24,734.       10,442.34,734.         11       Total support. Add lines 7 through 10       12       3,154,206.       12         12       First 5 years. If the Form related activities, etc. (see instructions)       12       12       14         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       50.43 %, support test - 2020. If the organization did not check ta box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a       10% -facts-and-circumstances test - 2020. If the organization did not check to box on line 13, and line 14, is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test 2019. If the organization qualifies as a publicly supported organization meets the facts	See	ction B. Total Support						
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       18,209,28,724,43,173,10,665,24,590,125,361.         9       Net income from unrelated business activities, whether or not the business is regularly carried on 10       18,209,28,724,43,173,10,665,24,590,125,361.         9       Net income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       13,468,6,513,10,442,34,734.         11       Total support. Add lines 7 through 10       12,315,206.         12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14         14       Public support test - 2020. (line 6, column (f), divided by line 11, column (f))       14       50,43,96         15       Sp1,58,8,%       16a 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       13         17a       10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test - check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - Check a b	Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019		(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources       18,209.28,724.43,173.10,665.24,590.125,361.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       10,442.34,734.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       4,311.13,468.6,513.10,442.34,734.         11 Total support. Add lines 7 through 10       4,311.13,468.6,513.10,442.34,734.         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c(3) organization, check this box and stop here.         Section C. Computation of Public Support Percentage         14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14 50.43 % 15 59.58 %         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circums	7	Amounts from line 4	485,931.	554,817.	624,645.	692,822.	635,896.	2,994,111.
securities loans, rents, royalties, and income from similar sources       18,209.28,724.43,173.10,665.24,590.125,361.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       10         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       4,311.13,468.6,513.10,442.34,734.         11 Total support. Add lines 7 through 10       3,154,206.         12 Gross receipts from related activities, etc. (see instructions)       12         13 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       59.58.96         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a 10% -facts-and-circumstances test. 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. Check this box and stop here. Explain in P	8	Gross income from interest,						
and income from similar sources       18,209.       28,724.       43,173.       10,665.       24,590.       125,361.         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.)       13,468.       6,513.       10,442.       34,734.         11 Total support. Add lines 7 through 10       4,311.       13,468.       6,513.       10,442.       34,734.         12 Gross receipts from related activities, etc. (see instructions)       12       12       13       14       50.43.%         14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       50.43.%       %         15       59.58.       %       15       59.58.%       %         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X       X         17a 10% - facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization       X         17a 10% - facts-and-circumstances test.		dividends, payments received on						
9 Net income from unrelated business activities, whether or not the business is regularly carried on       10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       11 3, 468. 6, 513. 10, 442. 34, 734. 10, 442. 34, 734. 34, 734. 10, 442. 34, 734. 10, 442. 34, 734. 10, 442. 34, 734. 10, 442. 34, 734. 10, 442. 34, 734. 10, 442. 34, 734. 11, 13, 468. 6, 513. 10, 442. 34, 734. 11, 13, 468. 6, 513. 10, 442. 34, 734. 11, 10, 442. 34, 734. 11, 10, 10, 10, 10, 10, 10, 10, 10, 10,		securities loans, rents, royalties,						
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.)       4,311. 13,468. 6,513. 10,442. 34,734.         11       Total support. Add lines 7 through 10       3,154,206.         12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       >         24       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).       14       50.43. %         15       59.58. %       16       33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a       10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       >         17a       10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2020. If the organization dual into check a box on line 13, 16a, or 16b, or 17a, and line 14 is 10% or more, and if the organization meet		and income from similar sources $\dots$	18,209.	28,724.	43,173.	10,665.	24,590.	125,361.
business is regularly carried on	9	Net income from unrelated business						
10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       4,311.13,468.6,513.10,442.34,734.         11       Total support. Add lines 7 through 10       3,154,206.         12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here         Section C. Computation of Public Support Percentage       Image: Section C. Computation of Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14       50.43 %         16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Section C. Computation qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       Image: Section C.         17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets test. The organization did not check a box on line 13, 16a, or 16b,		activities, whether or not the						
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### Schedule A (Form 990 or 990-EZ) 2020 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.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2	2020	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
-	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
•	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 5								
78	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
C	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								_
	ction B. Total Support								
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	2020	(f) Total	
	Amounts from line 6								
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b								
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	organizati	on,	
	check this box and stop here	-			•		-	►□	
3e	ction C. Computation of Publ	ic Support Pe	ercentage						
	Public support percentage for 2020 (I			column (f))		15			%
	Public support percentage from 2019					16			%
	ction D. Computation of Invest								
	Investment income percentage for 20					17			%
18	Investment income percentage from 2					18			%
	a 33 1/3% support tests - 2020. If the						and line 1	7 is not	/0
	more than 33 1/3%, check this box a	-							٦
b	<b>33 1/3% support tests - 2019.</b> If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 3		and	
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### Schedule A (Form 990 or 990-EZ) 2020 VILLAGE HOPECORE INTERNATIONAL

### 95-3841347 Page 4

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

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### Schedule A (Form 990 or 990 EZ) 2020 VILLAGE HOPECORE INTERNATIONAL

1

2

3

2a

2b

За

3b

Yes No

No

			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's onicers,
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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.

Section (	J. TY	ре п эс	apporting	Organizations	
					-

Part IV Supporting Organizations (continued)

		-	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	ction D. All Type III Supporting Organizations			

			Yes	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			Γ
	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			Γ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			Γ
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard.

### Section 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 durin	g the	yea(see instructions	).
---	---	-------	----------------------	----

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c L		The organization supported	a governmental entity	y. Describe in Part VI how	you supported a	governmental entity	(see instructions).
-----	--	----------------------------	-----------------------	----------------------------	-----------------	---------------------	---------------------

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

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### Schedule A (Form 990 or 990-EZ) 2020 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.

et short-term capital gain ecoveries of prior-year distributions ther gross income (see instructions) dd lines 1 through 3. epreciation and depletion ortion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) ther expenses (see instructions) djusted Net Income (subtract lines 5, 6, and 7 from line 4) • B - Minimum Asset Amount ggregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year):	1 2 3 4 5 6 6 7 8	(A) Prior Year	
ther gross income (see instructions) dd lines 1 through 3. epreciation and depletion ortion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) ther expenses (see instructions) <b>djusted Net Income</b> (subtract lines 5, 6, and 7 from line 4) <b>a B - Minimum Asset Amount</b> ggregate fair market value of all non-exempt-use assets (see	3 4 5 6 7	(A) Prior Year	
dd lines 1 through 3. epreciation and depletion ortion of operating expenses paid or incurred for production or bllection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) ther expenses (see instructions) djusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount ggregate fair market value of all non-exempt-use assets (see	4 5 6 7	(A) Prior Year	
epreciation and depletion ortion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) ther expenses (see instructions) <b>djusted Net Income</b> (subtract lines 5, 6, and 7 from line 4) <b>B</b> - <b>Minimum Asset Amount</b> ggregate fair market value of all non-exempt-use assets (see	5 6 7	(A) Prior Year	
ortion of operating expenses paid or incurred for production or oblection of gross income or for management, conservation, or <u>aintenance of property held for production of income (see instructions)</u> ther expenses (see instructions) <b>djusted Net Income</b> (subtract lines 5, 6, and 7 from line 4) <b>B - Minimum Asset Amount</b> ggregate fair market value of all non-exempt-use assets (see	6	(A) Prior Year	
billection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) ther expenses (see instructions) djusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount ggregate fair market value of all non-exempt-use assets (see	7	(A) Prior Year	
aintenance of property held for production of income (see instructions) ther expenses (see instructions) djusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount ggregate fair market value of all non-exempt-use assets (see	7	(A) Prior Year	
ther expenses (see instructions) djusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount ggregate fair market value of all non-exempt-use assets (see	7	(A) Prior Year	
djusted Net Income (subtract lines 5, 6, and 7 from line 4)         B - Minimum Asset Amount         ggregate fair market value of all non-exempt-use assets (see		(A) Prior Year	
B - Minimum Asset Amount ggregate fair market value of all non-exempt-use assets (see	8	(A) Prior Year	
ggregate fair market value of all non-exempt-use assets (see		(A) Prior Year	
			(B) Current Year (optional)
structions for short tax year or assets held for part of year):			
verage monthly value of securities	1a		
verage monthly cash balances	1b		
air market value of other non-exempt-use assets	1c		
otal (add lines 1a, 1b, and 1c)	1d		
iscount claimed for blockage or other factors			
xplain in detail in <b>Part VI</b> ):			
cquisition indebtedness applicable to non-exempt-use assets	2		
ubtract line 2 from line 1d.	3		
ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
ee instructions).	4		
et value of non-exempt-use assets (subtract line 4 from line 3)	5		
ultiply line 5 by 0.035.	6		
ecoveries of prior-year distributions	7		
linimum Asset Amount (add line 7 to line 6)	8		
C - Distributable Amount			Current Year
djusted net income for prior year (from Section A, line 8, column A)	1		
nter 0.85 of line 1.	2		
inimum asset amount for prior year (from Section B, line 8, column A)	3		
nter greater of line 2 or line 3.	4		
come tax imposed in prior year	5		
istributable Amount. Subtract line 5 from line 4, unless subject to			
	6		
	quisition indebtedness applicable to non-exempt-use assets         abtract line 2 from line 1d.         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).         et value of non-exempt-use assets (subtract line 4 from line 3)         ultiply line 5 by 0.035.         accoveries of prior-year distributions         nimum Asset Amount (add line 7 to line 6)         C - Distributable Amount         ljusted net income for prior year (from Section A, line 8, column A)         ter 0.85 of line 1.         nimum asset amount for prior year (from Section B, line 8, column A)         ter greater of line 2 or line 3.         come tax imposed in prior year	aguisition indebtedness applicable to non-exempt-use assets       2         abbract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         attiply line 5 by 0.035.       6         accoveries of prior-year distributions       7         nimum Asset Amount (add line 7 to line 6)       8         C - Distributable Amount       1         ter 0.85 of line 1.       2         nimum asset amount for prior year (from Section A, line 8, column A)       1         ter greater of line 2 or line 3.       4         come tax imposed in prior year       5         stributable Amount.       5	quisition indebtedness applicable to non-exempt-use assets       2         abbract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         attiply line 5 by 0.035.       6         accoveries of prior-year distributions       7         nimum Asset Amount (add line 7 to line 6)       8         C - Distributable Amount       1         ter 0.85 of line 1.       2         nimum asset amount for prior year (from Section A, line 8, column A)       1         ter greater of line 2 or line 3.       4         come tax imposed in prior year       5         stributable Amount.       5

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

## Schedule A (Form 990 or 990-EZ) 2020 VILLAGE HOPECORE INTERNATIONAL

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	<u></u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Part VI	(Form 990 or 990-EZ) 2020 VILI Supplemental Information				95-3841347 Pa
	Part IV, Section A, lines 1, 2, 3b, 3d	4b. 4c. 5a 6 9a 9b 9c	11a, 11b and 11c	Part IV, Part II, IIne 1	ina or 170, Part III, Ille 12; ines 1 and 2: Part IV Section C
	line 1; Part IV, Section D, lines 2 ar	d 3; Part IV, Section E, line	es 1c, 2a, 2b, 3a, and	d 3b; Part V, line 1; I	Part V, Section B, line 1e; Part \
	Section D, lines 5, 6, and 8; and Pa	rt V, Section E, lines 2, 5, a	and 6. Also complete	e this part for any ad	dditional information.
	(See instructions.)				
2028 01-25-2	21			Sch	nedule A (Form 990 or 990-EZ
			22	501	,
10420	758669 82850	2020.06000		HOPECORE T	NTERNATIO 82850_
0420	190009 02090		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOL DOOLD I	

## 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

2020

Employer identification number

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

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 (entering "N/A" in column (b) instead of the contributor name and address), 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.

Name of organization

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 1 X Person Payroll 27,643. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 84,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х 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** 5 X Person Payroll 200,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 56,000. Noncash \$ (Complete Part II for noncash contributions.) 023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

15000420 758669 82850

Name of organization

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 40,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 8 Person Payroll 56,998. 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.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 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 noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

25 2020.06000 VILLAGE HOPECORE INTERNATIO 82850\_\_1

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Page 3

Employer identification number

95-3841347

VILLAGE HOPECORE INTERNATIONAL

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom 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
		   \$	

15000420 758669 82850

Name of or	ganization			Employer identification number				
VILLAG	E HOPECORE INTERNATIO	NAL		95-3841347				
Part III		utions to organizations described in (a) through (e) and the following line e s, charitable, etc., contributions of \$1,000 c	ntry For organization	8), or (10) that total more than \$1,000 for the yea				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
F		(e) Transfer of g	 ft					
-	Transferee's name, address,	and ZIP + 4	Relationsh	ip of transferor to transferee				
(a) No.								
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(a) Transfor of a						
_	Transferee's name, address,	(e) Transfer of g and ZIP + 4		ip of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
F	(e) Transfer of gift							
-	Transferee's name, address,	and ZIP + 4	Relationsh	ip 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				
	Transferee's name, address,	(e) Transfer of g and ZIP + 4	fer of gift Relationship of transferor to transferee					
	, , , , , , , , , , , , , , , , ,							
023454 11-25-	-20		(					

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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			s 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 v	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's of	exclusive legal control?	Yes 🛛 No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes 🗌 No
Pa			
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 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	of 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
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year ►	, , ,	5 5
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		······································
Ŭ		handling of violations, and chloreling con-	servation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
'	S	ing of violations, and emotering conserva	alon easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(b)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	lote to the organization's inhancial statem	ents that describes the
Pa	t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
1 4	Complete if the organization answered "Yes" on Form		
			and belence aboat works
Ia	If the organization elected, as permitted under FASB ASC 956	· ·	
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finan		
a	If the organization elected, as permitted under FASB ASC 956		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		l gain, provide
	the following amounts required to be reported under FASB AS	-	
а	· · · · · · · · · · · · · · · · · · ·		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020
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		28	

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Sche		HOPECORE						95-38			age <b>2</b>
Par	t III   Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Othe	er Simila	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, checł	< any of the	following that	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c							se in Par	t XIII.		
5	During the year, did the organization solicit of		,		,				7		1
Des	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran	-	ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, oi	•	
4.	reported an amount on Form 990, Pa		diam ( fau				in a lucial a d				
1a	Is the organization an agent, trustee, custod		-						7		1
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······	Yes		No
b	In res, explain the arrangement in Part XIII	and complete the lo	nowing t	able.					Amoun	•	
<u> </u>	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>(b)</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	rrent 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	1		
	by:									Yes	No
							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	runas.							
1 0	Complete if the organization answere		0 Part IV	/ lino 110 S	Soo Earm 00(	Dort V	lino 10				
	Description of property							d	(d) Roo	kvolu	
	Description of property	(a) Cost or o basis (investr		• •	or other (other)		ccumulate preciation	u	( <b>d)</b> Boo	n value	2
19	Land			54010	(		c. colation				
	Land										
	Buildings Leasehold improvements										
	Equipment			14	9,004.		107,62	21.	4	1,3	83.
	Other				3,658.		32,93		-		$\frac{1}{42}$
	Add lines 1a through 1e. (Column (d) must e		X colun		-				4	2,1	
										,	

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020	VILLAGE	HOPECORE	INTERNATIONAL	

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Investments - Other Securities.

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000 Davit V line 10

11h Cas Fauna

Complete il trie organization answered i res			
(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)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
	an Farm 000 Dart IV line	11d Cos Form 000 Doub V line 15	
Complete if the organization answered "Yes"	Description	Tid. See Form 990, Part A, line 15.	(b) Book value
	Description		
(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 2	5.
I.         (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	<b>&gt;</b>	
2. Liability for uncertain tax positions. In Part XIII, provide			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) 2020

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Part VII

Sche	dule D (Form 990) 2020 VILLAGE HOPECORE INTERNAT		95-384134	7 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Reve	enue 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		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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 <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	ments With Exp	enses 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			
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
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.

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Nam	ne of the organization		_			Employer identifi	cation number			
vт	LLAGE HOPECOR	E INTERN	ΑΤΤΟΝΑΤ			95-384134	7			
_	Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on									
	Form 990, Part IV, line 14b.									
1			n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,				
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No									
2	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the									
-	United States.		organization s	procedures for monitoring the use of h	is grants and o					
3		he following Part	I, line 3 table c	an be duplicated if additional space is	needed.)					
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total			
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and			
		in the region	independent	gram services, investments, grants to		e specific type	investments			
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region			
					THE ORGANIZ	LATION				
					PROVIDES HI	EALTH SERVICES				
SUB	-SAHARAN			PROGRAM SERVICESMEDICAL	AND MICROFT	INANCE				
AFR	ICAKENYA	1	250	AND MICROENTERPRISE	BUSINESS TH	RAINING TO ITS	605,054.			
3 a	Subtotal	1	250				605,054.			
b	Total from continuation									
	sheets to Part I	0	(				٥.			
c	<b>Totals</b> (add lines 3a									
	and 3b)	1	250				605,054.			

Statement of Activities Outside the United States

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2020

OMB No. 1545-0047

Open to Public

Inspection

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SCHEDULE F

Department of the Treasury

Internal Revenue Service

(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.

(book, FMV, sal, other)

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

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. (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of

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

Schedule F (Form 990) 2020

# Schedule F (Form 990) 2020 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? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <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? <i>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)</i>	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) 2020

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Schedule F (Form 990) 2020	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.

OMB No 1545-0047 211 **Open to Public** Inspection

VILLAGE HOPECORE INTERNATIONAL

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

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) 2020

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Form <b>8938</b>		ment of Specified For www.irs.gov/Form8938 for instru				OMB No. 1545-2195
Department of the Treasury		Attach to your			Δ	<b>ZUZU</b> Attachment
nternal Revenue Service		2020 or tax year beginning	v	and ending		Sequence No. 938
		ation statements, check here	A Nu	Imber of continuatio		
1 Name(s) shown on re VILI		RE INTERNATIONAL		2 Taxpayer 95-38413		number (TIN)
<b>3</b> Type of filer		Deuteouskie			a 🗌 T	
a Specified in 4 If you checked box 3		Partnership c ou checked box 3b or 3c, enter th			d Ividual who cl	
-		box 3d, enter the name and TIN				-
	•	to do if you have more than one s	-	-		.,
<b>a</b> Name				b TIN		
Part I Foreign D	eposit and Custo	odial Accounts Summary				
1 Number of deposit a	ccounts (reported in I	Part V)		►		1
2 Maximum value of al	•			·····	\$	452,616
		n Part V)		<b>&gt;</b>		
4 Maximum value of al					\$	<b>V</b>
5 Were any foreign de Part II Other Fore		ounts closed during the tax year?	<u></u>		Yes	X No
				<b>&gt;</b>	r	
v	ssets (reported in Par I assets (reported in F			·····	\$	
	sets acquired or sold	· · · · · · · · · · · · · · · · · · ·	<u></u>		Ψ Yes	X No
		ributable to Specified For	eign Finand	cial Assets (see in		
		(c) Amount reported on			reported	/
(a) Asset category	(b) Tax item	form or schedule	(d) F	Form and line	(e) Sch	hedule and line
1 Foreign deposit and	a Interest	\$				
custodial accounts	<b>b</b> Dividends	\$				
	c Royalties	\$				
	d Other income	\$				
	e Gains (losses)	\$				
	f Deductions	\$				
	g Credits	\$				
2 Other foreign assets	a Interest	\$				
	<b>b</b> Dividends	\$				
	<b>c</b> Royalties	\$			ļ	
	d Other income	\$			ļ	
	e Gains (losses)	\$				
	f Deductions	\$				
Dort IV Europeter	g Credits	\$				
		n Financial Assets (see ins				
• • •	-	s on one or more of the following t	forms, enter th	e number of such forr	ns filed. You (	do not need to
nclude these assets on F 1. Number of Forms 3520		2. Number of Forms 3520	- Δ	3 Nu	Imber of Form	ne 5/171
I. Number of Forms 862		5. Number of Forms 8865		_ 0.110		
	·			_		
Part V Detailed In	nformation for E	ach Foreign Deposit and	Custodial A	ccount Included	l in the Pa	rt I Summary
(see instrue		<b>.</b> .				-
f you have more than one	e account to report in	Part V, attach a continuation state	ement for each	additional account. S	See instructio	ns.
1 Type of account	X Deposit	Custodial		Account number or	other designa	ation
			_	1118683579		
3 Check all that apply	a 🔄 Account o	pened during tax year <b>b</b>	Account clos	sed during tax year		
	<b>c</b> Account jo	intly owned with spouse <b>d</b>	No tax item r	reported in Part III wit	h respect to t	
		r				61,296
		rate to convert the value of the ac	count into U.S.	. dollars?	X Yes	No
6 If you answered "Yes						
(a) Foreign currency	in which account	(b) Foreign currency exchange	rate used to	(c) Source of exch	•	
is maintained עדייעא פטדדד ד	NC	convert to U.S. dollars		Treasury Departme		of the Fiscal Service
KENYA, SHILLI				ł	VELOK.I.1	
HA For Paperwork F	reduction Act Notice	e, see the separate instructions.	023021 1 38	1-02-20		Form <b>8938</b> (202
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00-20 100009	52050	2020.00000 VI	п полити			0 0 2 0 3 0

Form 8938 (2020)		Page
		odial Account Included in the Part I Summary
(see instructions) (continued		
7a Name of financial institution in which account KENYA COMMERCIAL BANK		<b>b</b> Global Intermediary Identification Number (GIIN) (Optional
8 Mailing address of financial institution in w P.O. BOX 440	hich account is maintained. Number, sti	reet, and room or suite no.
9 City or town, state or province, and countr CHOGORIA	y (including postal code) KENYA	60401
	ach "Other Foreign Asset" Inc	luded in the Part II Summary (see instructions)
If you have more than one asset to report in Par	·	
1 Description of asset		lentifying number or other designation
3 Complete all that apply. See instructions for	or reporting of multiple acquisition or dis	position dates.
a Date asset acquired during tax year, if app		
<b>b</b> Date asset disposed of during tax year, if a		
c Check if asset jointly owned with s		k if no tax item reported in Part III with respect to this asset
4 Maximum value of asset during tax year (cl		
		001 - \$150,000 <b>d b</b> \$150,001 - \$200,000
e If more than \$200,000, list value 5 Did you use a foreign currency exchange r		
6 If you answered "Yes" to line 5, complete a		
(a) Foreign currency in which asset is	(b) Foreign currency exchange rate us	sed to (c) Source of exchange rate used if not from U.S.
denominated	convert to U.S. dollars	Treasury Department's Bureau of the Fiscal Service
7 If asset reported on line 1 is stock of a fore	ign entity or an interest in a foreign entit	ty, enter the following information for the asset.
a Name of foreign entity		<b>b</b> GIIN (Optional)
c Type of foreign entity (1)	Partnership (2) Cor	poration (3) 🛄 Trust (4) 🛄 Estate
<b>d</b> Mailing address of foreign entity. Number,	street, and room or suite no.	
e City or town, state or province, and countr	y (including postal code)	
9. If appet reported on line 1 is not stock of a f	oroign ontity or on interact in a foreign o	ntity, ontar the following information for the appet
		ntity, enter the following information for the asset. statement with the same information for each additional issue
or counterparty. See instructions.	or counterparty, attach a continuation	
a Name of issuer or counterparty		
Check if information is for	Issuer Counterparty	
<b>b</b> Type of issuer or counterparty		
(1) Individual (2)	Partnership (3) Cor	poration (4) 🗌 Trust (5) 🗌 Estate
<b>c</b> Check if issuer or counterparty is a	U.S. person Foreign p	erson
<b>d</b> Mailing address of issuer or counterparty.	number, street, and room or suite no.	
e City or town, state or province, and countr	v (including postal code)	

Form 8938 (2020)

023022 11-02-20

Las	t Name or Organization Name			Identification Number Form 893 95–3841347
Pa	art V Foreign Deposit and Custod	lial Accounts (see instructions)		
		Custodial		2 Account number or other designation 1124412905
3				closed during tax year
	•		ax ite	em reported in Part III with respect to this asset
4	Maximum value of account during tax year			\$ 245,254
5	Did you use a foreign currency exchange ra	ate to convert the value of the account	into I	U.S. dollars? X Yes No
6	If you answered "Yes" to line 5, complete a	ll that apply.		
	(1) Foreign currency in which account	(2) Foreign currency exchange rate u	sed t	to (3) Source of exchange rate used if not from U.S.
	is maintained KENYA, SHILLING	convert to U.S. dollars		Treasury Department's Bureau of the Fiscal Service TREASURY REPORTING RATES O
7a	Name of financial institution in which accou	int is maintained	b	Global Intermediary Identification Number (GIIN) (Optional
	KENYA COMMERCIAL BANK	LIMITED		
8	Mailing address of financial institution in wh	nich account is maintained. Number, sti	reet,	and room or suite no.
	P.O. BOX 440			
9	City or town, province or state, and country	/ (including postal code)		
	CHOGORIA	60401		
	KENYA			
1	Type of account X Deposit	Custodial		2 Account number or other designation 1131625552
3	Check all that apply <b>a</b> Account op	ened during tax year <b>b</b> Acco	ount	closed during tax year
-				em reported in Part III with respect to this asset
4	Maximum value of account during tax year			\$ 6,795
5	Did you use a foreign currency exchange ra		into I	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 exchange rate u	sed t	to (3) Source of exchange rate used if not from U.S.
	is maintained KENYA, SHILLING	convert to U.S. dollars		Treasury Department's Bureau of the Fiscal Service TREASURY REPORTING RATES O
	Name of financial institution in which accou	I Int is maintained	b	Global Intermediary Identification Number (GIIN) (Optiona
			-	
	KENYA COMMERCIAL BANK	LIMITED		
8	Mailing address of financial institution in wh	nich account is maintained. Number, sti	reet,	and room or suite no.
	P.O. BOX 440			
9	City or town, province or state, and country CHOGORIA	v (including postal code) 60401		
	KENYA			
1	Type of account X Deposit	Custodial		2 Account number or other designation 1172047316
3	Check all that apply <b>a</b> Account op	ened during tax year <b>b</b> Acco	ount	closed during tax year
	c 🗌 Account joir	ntly owned with spouse 🛛 d 🗔 No ta	ax ite	em reported in Part III with respect to this asset
4	Maximum value of account during tax year			\$ 5,127
5	Did you use a foreign currency exchange ra	ate to convert the value of the account	into I	U.S. dollars? X Yes No
6	If you answered "Yes" to line 5, complete a	ll that apply.		
	(1) Foreign currency in which account	(2) Foreign currency exchange rate u	sed t	to (3) Source of exchange rate used if not from U.S.
	is maintained KENYA, SHILLING	convert to U.S. dollars		Treasury Department's Bureau of the Fiscal Service TREASURY REPORTING RATES O
	Name of financial institution in which accou	Int is maintained	b	Global Intermediary Identification Number (GIIN) (Optiona
	KENYA COMMERCIAL BANK			
8	Mailing address of financial institution in wh		reet	and room or suite no
U	C C	non account is maintained. Number, St	eel,	
	P.O. BOX 440			
9	City or town, province or state, and country CHOGORIA KENYA	י (including postal code) 60401		
0230	31 04-01-20	40		

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Las	t Name or Organization Name			Identification Number For 95-3841347	m 8938
Pa	art V Foreign Deposit and Custo	lial Accounts (see instructions)			
-	Type of account X Deposit	Custodial		2 Account number or other designation 1118949846	
3				closed during tax year em reported in Part III with respect to this asset	
4	Maximum value of account during tax year			10	100.
5	Did you use a foreign currency exchange r				0
6	If you answered "Yes" to line 5, complete a				
	(1) Foreign currency in which account	(2) Foreign currency exchange rate us	sed t	to (3) Source of exchange rate used if not from	U.S.
	is maintained KENYA,SHILLING	convert to U.S. dollars		Treasury Department's Bureau of the Fiscal S TREASURY REPORTING RATE	
7a	Name of financial institution in which account	unt is maintained	b	Global Intermediary Identification Number (GIIN) (C	ptional)
	KENYA COMMERCIAL BANK	LIMITED			
8	Mailing address of financial institution in w	nich account is maintained. Number, str	reet,	, and room or suite no.	
	P.O. BOX 440				
9	City or town, province or state, and countr CHOGORIA KENYA	y (including postal code) 60401			
1	Type of account X Deposit	Custodial		2 Account number or other designation 1121094589	
3	Check all that apply <b>a</b> Account op	ened during tax year <b>b</b> Acco		closed during tax year	
3				em reported in Part III with respect to this asset	
4	Maximum value of account during tax year	· · ·			964.
5	Did you use a foreign currency exchange r				
6	If you answered "Yes" to line 5, complete a				
	(1) Foreign currency in which account	(2) Foreign currency exchange rate us	sed t	to (3) Source of exchange rate used if not from	U.S.
	is maintained KENYA,SHILLING	convert to U.S. dollars		Treasury Department's Bureau of the Fiscal S TREASURY REPORTING RATE	
7a	Name of financial institution in which account	unt is maintained	b	Global Intermediary Identification Number (GIIN) (C	ptional)
	KENYA COMMERCIAL BANK	LIMITED			
8	Mailing address of financial institution in w	nich account is maintained. Number, str	eet,	, and room or suite no.	
	P.O. BOX 440				
9	City or town, province or state, and countr	(including postal cada)			
9	CHOGORIA	60401			
	KENYA	00101			
1	Type of account X Deposit	Custodial		2 Account number or other designation	
				1158443390	
3	Check all that apply <b>a</b> Account op	ened during tax year 🛛 b 📃 Acco	ount	closed during tax year	
	c Account joi	ntly owned with spouse <b>d</b> No ta	ax ite	em reported in Part III with respect to this asset	
4	Maximum value of account during tax year				568.
5	Did you use a foreign currency exchange r		nto	U.S. dollars? X Yes N	0
6	If you answered "Yes" to line 5, complete a				
	(1) Foreign currency in which account	(2) Foreign currency exchange rate us	sed t		
	is maintained KENYA, SHILLING	convert to U.S. dollars		Treasury Department's Bureau of the Fiscal S TREASURY REPORTING RATE	
-	Name of financial institution in which account	Int is maintained	h	Global Intermediary Identification Number (GIIN) (C	
74	KENYA COMMERCIAL BANK		2		ptionaly
8	Mailing address of financial institution in w		reet	and room or suite no	
5	P.O. BOX 440		501,		
0		(including postal cada)			
9	City or town, province or state, and countr CHOGORIA KENYA	y (including postal code) 60401			
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as	t Name or Organization Name			Identification Number 95-3841347	Form 8
Pa	rt V Foreign Deposit and Custo	dial Accounts (see instructions	3)		
1	Type of account X Deposit	Custodial	2	Account number or other designation	ו
3				ed during tax year eported in Part III with respect to this a	asset
4	Maximum value of account during tax year			\$	27,90
5	Did you use a foreign 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.			
	(1) Foreign currency in which account is maintained KENYA , SHILLING	(2) Foreign currency exchange rate convert to U.S. dollars	used to	(3) Source of exchange rate used if Treasury Department's Bureau of th TREASURY REPORTING	e Fiscal Serv
7a	Name of financial institution in which account	unt is maintained	<b>b</b> Glob	al Intermediary Identification Number	(GIIN) (Optio
	KENYA COMMERCIAL BANK	LIMITED			
8	Mailing address of financial institution in w	hich account is maintained. Number, s	treet, and	room or suite no.	
	P.O. BOX 440		,		
9	City or town, province or state, and countr CHOGORIA KENYA	y (including postal code) 60401			
1	Type of account X Deposit	Custodial		Account number or other designation	ı
3				ed during tax year eported in Part III with respect to this a	asset
4	Maximum value of account during tax year			· · · · · · · · · · · · · · · · · · ·	11,8
<u>.</u> 5	Did you use a foreign currency exchange r				No
			t into 0.5.		
6	If you answered "Yes" to line 5, complete a			1	
	<ol><li>Foreign currency in which account</li></ol>	(2) Foreign currency exchange rate	used to	(3) Source of exchange rate used if	not from U.S
	is maintained	convert to U.S. dollars		Treasury Department's Bureau of th	e Fiscal Serv
	KENYA, SHILLING			TREASURY REPORTING	RATES
	Name of financial institution in which accord	unt is maintained	<b>b</b> Glob	al Intermediary Identification Number	(GIIN) (Optio
	KENYA COMMERCIAL BANK				
8	Mailing address of financial institution in w	hich account is maintained. Number, s	treet, and	room or suite no.	
	P.O. BOX 440				
9	City or town, province or state, and countr CHOGORIA KENYA	y (including postal code) 60401			
1	Type of account X Deposit	Custodial		Account number or other designation	ı
3	,			ed during tax year eported in Part III with respect to this	asset
4	Maximum value of account during tax year	· ·		•	18,73
5	Did you use a foreign currency exchange r				No
6	If you answered "Yes" to line 5, complete a				
_	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate convert to U.S. dollars	used to	(3) Source of exchange rate used if Treasury Department's Bureau of th	
	KENYA, SHILLING			TREASURY REPORTING	
	Name of financial institution in which accord	unt is maintained	<b>b</b> Glob	pal Intermediary Identification Number	(GIIN) (Optio
	KENYA COMMERCIAL BANK	<b>LIMITED</b>			
8	Mailing address of financial institution in w		treet, and	room or suite no.	
	P.O. BOX 440				
9	City or town, province or state, and countr CHOGORIA KENYA	y (including postal code) 60401			
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Las	t Name or Organization Name				Identification Number 95-3841347	Form 8938
Pa	art V Foreign Deposit and Custo	dial Accounts (see instru	uctions			
1	37	Custodial		2	Account number or other designation 35435693	
3	,	bened during tax year <b>b</b> ntly owned with spouse <b>d</b>			ed during tax year eported in Part III with respect to this a	sset
4	Maximum value of account during tax year	•			\$	2,717.
5	Did you use a foreign currency exchange r	ate to convert the value of the	account	into U.S.	dollars? X Yes	No No
6	If you answered "Yes" to line 5, complete a	all that apply.				
	(1) Foreign currency in which account is maintained KENYA, SHILLING	(2) Foreign currency exchar convert to U.S. dollars	nge rate ι	ised to	(3) Source of exchange rate used if I Treasury Department's Bureau of the TREASURY REPORTING	Fiscal Service
-	Name of financial institution in which acco	unt is maintained		<b>b</b> Glob	al Intermediary Identification Number (	GIIN) (Optional)
	KENYA COMMERCIAL BANN	K LIMITED				
8	Mailing address of financial institution in w	hich account is maintained. N	umber, st	reet, and	room or suite no.	
	P.O. BOX 440			,		
9	City or town, province or state, and countr CHOGORIA KENYA	y (including postal code) 60401				
1	Type of account X Deposit	Custodial			Account number or other designation .69075991	
3		bened during tax year <b>b</b> ntly owned with spouse <b>d</b>			ed during tax year eported in Part III with respect to this a	sset
4	Maximum value of account during tax year	· · · · · · · · · · · · · · · · · · ·			\$	1,588.
5	Did you use a foreign currency exchange r	ate to convert the value of the	account	into U.S.	dollars? X Yes	No No
6	If you answered "Yes" to line 5, complete a	all that apply.				
-	(1) Foreign currency in which account is maintained KENYA, SHILLING	(2) Foreign currency exchar convert to U.S. dollars	nge rate u		(3) Source of exchange rate used if I Treasury Department's Bureau of the TREASURY REPORTING	Fiscal Service
7a	Name of financial institution in which acco KENYA COMMERCIAL BANK			<b>b</b> Glob	al Intermediary Identification Number (	GIIN) (Optional)
8	Mailing address of financial institution in w	hich account is maintained. N	umber, st	reet, and	room or suite no.	
	P.O. BOX 440					
9	City or town, province or state, and countr CHOGORIA KENYA	y (including postal code) 60401				
1	Type of account X Deposit	Custodial			Account number or other designation	
3	,	bened during tax year <b>b</b>			ed during tax year	
	,	ntly owned with spouse <b>d</b>			eported in Part III with respect to this a	
4	Maximum value of account during tax year					11,668.
5	Did you use a foreign currency exchange r	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				1	
	(1) Foreign currency in which account	(2) Foreign currency exchar	nge rate u	ised to	(3) Source of exchange rate used if	
	is maintained	convert to U.S. dollars			Treasury Department's Bureau of the	
	KENYA, SHILLING				TREASURY REPORTING	
7a	Name of financial institution in which acco			<b>b</b> Glob	al Intermediary Identification Number (	GIIN) (Optional)
	KENYA COMMERCIAL BANK					
8	Mailing address of financial institution in w P.O. BOX 440	hich account is maintained. N	umber, st	reet, and	room or suite no.	
9	City or town, province or state, and countr CHOGORIA KENYA	y (including postal code) 60401				
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