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** 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ΑГ	or the	e 2022 calendar year, or tax year beginning and	enaing					
B c	heck if oplicabl	C Name of organization		D Employer identifi	cation number			
	Addre	VILLAGE HOPECORE INTERNATIONAL						
	Name chang	Doing business as		95-3841347				
]Initial _return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Final return/ termin	10100 TRINITY PARKWAY, SUITE 310		(209) 47	3-1040			
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	984,184.			
	Ameno	SICKION, CA 93219		H(a) Is this a group re				
	Application			for subordinates	? Yes X No			
	pendir	9 10100 TRINITY PARKWAY, SUITE 310, STOC	KTON,	H(b) Are all subordinates in	ncluded? Yes No			
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 52	7 If "No," attach a	list. See instructions			
J۷	Vebsit	e: WWW.VILLAGEHOPECORE.ORG		H(c) Group exemption	n number			
K F	orm of	organization: X Corporation Trust Association Other	L Yea	r of formation: 1982	■ State of legal domicile: CA			
	rt I	Summary		•				
_	1	Briefly describe the organization's mission or most significant activities: ${f THE}$	ORGAN	IZATION PROV	IDES HEALTH			
Activities & Governance		SERVICES AND MICROFINANCE LOANS TO NEEDY	PERS	ONS IN CHOGO	RIA, KENYA.			
rna		Check this box if the organization discontinued its operations or dispose						
Ne.				з	9			
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			8			
S S		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			1			
iţie					0			
ţ		Total number of volunteers (estimate if necessary) 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.			
	В	Net unrelated business taxable income from Form 990-1, Part I, line 11	·····	Prior Year	Current Year			
	8	Contributions and grants (Part VIII line 1h)	-	983,197.	921,564.			
Revenue		Contributions and grants (Part VIII, line 1h)		0.	0.			
Ver		Program service revenue (Part VIII, line 2g)		37,357.				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,659.	10,814.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,029,213.	984,184.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		380,255.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 20,1		0.	470,220.			
en	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.			
Ä				395,186.	569,799.			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		775,441.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		253,772.	-63,841.			
_ ഗ	19	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year				
ts o			<u> </u>	•	End of Year			
Net Assets or Fund Balances		Total assets (Part X, line 16)	·····	1,185,818.	1,100,581.			
et Ind		Total liabilities (Part X, line 26)			74,742.			
		Net assets or fund balances. Subtract line 21 from line 20		1,120,522.	1,025,839.			
	rt II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedule t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and bellet, it is			
ırue,	correc	t, and complete. Declaration of preparer (other than officer) is based on an information of wi	nich prepare	I mas any knowledge.				
٠.		Signature of officer		I Date				
Sigr 		DARYL PETRICK, CHAIRMAN		Duto				
Here	е	Type or print name and title						
		31 1		Date Check	TI PTIN			
De: -		Print/Type preparer's name Preparer's signature	_v	11/1//22				
Paid Dron		DARYL R. PETRICK DARYL R. PETRIC	I.		4-1481988			
-	arer	Firm's name BOWMAN & COMPANY, LLP		Firm's EIN 9	#_T#0T200			
use	Only	Firm's address 10100 TRINITY PARKWAY, STE 310		B. / 2	001472 1040			
		STOCKTON, CA 95219		Phone no. (Z	09)473-1040			
May	the IF	RS discuss this return with the preparer shown above? See instructions			Yes X No			

Form	1 990 (2022) 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 ORGANIZAT	TON WORKING	TN
	CHOGORIA, KENYA TO ALLEVIATE POVERTY THROUGH MICROFINAN		
	BUSINESS TRAINING AND SUPPORT, AND HEALTH PROMOTION AND		
	PREVENTION PROGRAMS.	DISHOR	
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	s measured by expense	S.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
		ers, the total expenses,	anu
_	revenue, if any, for each program service reported. (Code:) (Expenses \$. 10	814.)
4a	(Code:) (Expenses \$		
	THE ORGANIZATION FOCUSES ON DISEASE PREVENTION AND HEAL		·
	THROUGH COMMUNITY OUTREACH, HEALTH EDUCATION, MOSQUITO		
	DISTRIBUTION, AND CLINICAL SERVICES IN SCHOOLS & HOMES.		IELP
	OF A KENYAN NURSE, LOCAL COMMUNITY HEALTH WORKERS AND Y		
	EDUCATORS, OVER 1,000 PEOPLE ARE REACHED EACH MONTH WIT	H MESSAGES C)F
	HEALTH, ALONG WITH FREE TESTING & TREATMENT FOR THE MOS	T COMMON	
	DISEASES SUCH AS MALARIA. CLEAN DRINKING WATER AND HAND		IONS
	ARE MAINTAINED IN 200 SCHOOLS, SERVING APPROXIMATELY 50		
	SCHOOLCHILDREN. SCHOOL MOBILE HEALTH CLINICS REACH 72		
			7
	PROVIDE SERVICES TO 20,000 STUDENTS. COVID EDUCATIONAL	ATSTIS MEKE	<u> </u>
	PROVIDED TO THE ENTIRE SERVICE REGION.		
4b	(Code:) (Expenses \$	nue \$51 ,	806.
	THE ORGANIZATION PROVIDES MICROLOANS TO HOUSEHOLDS IN T		
	ESTABLISH MICROENTERPRISES TO LIFT THEMSELVES, AND THEI	R FAMILIES,	OUT
	OF POVERTY. THE MICROFINANCE PROGRAM INCLUDES COMPREHE	NSIVE BUSINE	ISS
	TRAINING ON AGRICULTURE, ACCOUNTING AND MARKETING AS WE		
	BUSINESS MONITORING AND SUPPORT THROUGHOUT THE TWO YEAR		
	FAR DURING THE DURATION OF THE PROGRAM, THERE HAS BEEN		
	IN POVERTY FOR PROGRAM PARTICIPANTS.	A 33% KEDUCI	LON
	IN POVERTY FOR PROGRAM PARTICIPANTS.		
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
	,,,		
	Other program convices (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.)	,	
_	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 877,749.)	
<u>4e</u>	Total program service expenses 8 / / , / 4 9 •		200 (25.5.5.
		Form 🕏	990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	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 similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	э		- 25
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			3.7
	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		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
IZa	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_v
	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,"	ا مر ا		_v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	and the second s	:		

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	1 990 (2022) VILLAGE HOPECORE INTERNATIONAL 95-384 TIV Checklist of Required Schedules (continued)			age 4
	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	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			37
	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			x
	Schedule K. If "No," go to line 25a	24a		_^
	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	240		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
	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			_~
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
200	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?	26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		27		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\vdash	
55	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
			1	

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За	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	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country KENYA				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
10	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	114			
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	.			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		١.		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DARYL PETRICK - (209) 473-1040			
	10100 TRINITY PARKWAY, SUITE 310, STOCKTON, CA 95219			

232006 12-13-22 Form **990** (2022)

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organizat	ion nor any related	orga	aniza	ation	cor	npe	nsat	ed any current officer,	director, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos heck	ition	than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of other	
	week	<u> </u>	Jei ai	lu a c	ill ecit)/ ii us	100)	from	from related		
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	10001420)	and related	
	below	idual	ution	<u></u>	Key employee	est co oyee	-e	,		organizations	
	line)	Indiv	Instit	Officer	Key e	High empl	Former				
(1) DARYL PETRICK	3.00										
CHAIRMAN		Х						0.	0.	0.	
(2) SUSAN PRESTON	3.00										
SECRETARY		Х						0.	0.	0.	
(3) DR. PHILIP C. RASORI	10.00										
MEDICAL DIRECTOR		Х						0.	0.	0.	
(4) STEVE BECK	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(5) ALAN PRESTON	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(6) JAN ZACHRY	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(7) TINA RASORI	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(8) PHILIP M. RASORI	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(9) KAJIRA MUGAMBI	40.00										
CEO				Х				0.	0.	67,507.	
		1									
		1									
		1	l	ı		l	1	l	1		

232007 12-13-22

	(A) Name and title	(B) Average hours per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	pensa om the aniza d rela anizat	ne tion ted
С	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.		0.			07. 0.
2	Total number of individuals (including but no compensation from the organization									I),000 of reportable			, , ,	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4		Х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," cometion B. Independent Contractors											5		Х
1	Complete this table for your five highest co the organization. Report compensation for	-	-								pensa	ation 1	from	
	(A) Name and business	address	NO	ONE	<u> </u>				(B) Description of s	services	Co	ompe		on
	Total number of independent contractors (i	including but a	O+ 13:	mita	d +c	tha	so li	etoo	Jahova) who rossived a	nore than				
	\$100,000 of compensation from the organi	_	OL III	me	u 10))	31 0 0	above, who received h	IOIE HIAH		Form	990	(2022)

232008 12-13-22

Pa	I L V	Ш		or not	a ta any lin	as in this Dort VIII			
			Check if Schedule O contains a response	onse or not	e to any iir	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	sections 512 - 514
ts	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
S, G			Fundraising events 1c						
ar /			Related organizations 1d						
s, G			Government grants (contributions) 1e						
ion r Si			All other contributions, gifts, grants, and						
but			similar amounts not included above 1f	921	,564.				
ntri d O		g	Noncash contributions included in lines 1a-1f						
Co		_	Total. Add lines 1a-1f			921,564.			
					ness Code				
ė	2	а							
e Zi		b							
Se		С							
am eve		d							
Program Service Revenue		е							
P		f	All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including dividends,						
			other similar amounts)			51,806.	51,806.		
	4		Income from investment of tax-exempt be	ond procee	ds				
	5		Royalties						
			(i) Rea	ıl (ii) F	Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securit	ties (ii)	Other				
			assets other than inventory 7a						
•		b	Less: cost or other basis						
Revenue			and sales expenses						
eve			Gain or (loss) 7c						
er R			Net gain or (loss)	······					
Othe	8	а	Gross income from fundraising events (not						
0			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising eve Gross income from gaming activities. See						
	9	a	Part IV, line 19	1 1					
		h	Less: direct expenses						
			Net income or (loss) from gaming activitie						
			Gross sales of inventory, less returns	<u> </u>					
		u	and allowances	10a					
		h	Less: cost of goods sold						
			Net income or (loss) from sales of inventor						
<u></u>			,		ness Code				
Miscellaneous Revenue	11	а	OTHER INCOME	62	4100	10,814.	10,814.		
ane		b				-	-		
eve		С							
Alisc R		d	All other revenue						
~			Total. Add lines 11a-11d			10,814.			
	12		Total revenue. See instructions			984,184.	62,620.	0.	0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	67 507	47 255	12 501	6 751
	trustees, and key employees	67,507.	47,255.	13,501.	6,751
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	110 710	240 111	61 600	
7	Other salaries and wages	410,719.	349,111.	61,608.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	26,498.		26,498.	
	Accounting	20, 400		20,450.	
	Lobbying				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	9,744.		9,744.	
12	Advertising and promotion	30,897.		20,598.	10,299
13	Office expenses	29,852.	25,374.	4,478.	,
14	Information technology	.,	, ,	, -	
 15	Royalties				
16	Occupancy	68,012.	57,810.	10,202.	
17	Travel	124,910.	118,666.	3,122.	3,122
 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	70,812.	70,812.		
23	Insurance	2,354.	2,001.	353.	
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	CLINIC EXPENSES	126,872.	126,872.		
b	MISCELLANEOUS	31,763.	31,763.		
С	MEALS	24,353.	24,353.		
d	TRAINING	23,732.	23,732.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,048,025.	877,749.	150,104.	20,172
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any l	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			682,768.	1	548,382.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the	ese person	ıs		5	
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ţ	7	Notes and loans receivable, net			272,377.	7	235,049.
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D		273,353.			
	b	Less: accumulated depreciation	10b	186,144.	24,427.	10c	87,209.
	11	Investments - publicly traded securities			206,246.	11	229,941.
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed			1,185,818.	16	1,100,581.
	17	Accounts payable and accrued expenses			17	1,174.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
-iaț		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr			CE 20C	23	72 560
	24	Unsecured notes and loans payable to unrela			65,296.	24	73,568.
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin					
		of Schedule D			65,296.	25	74,742.
	26	Total liabilities. Add lines 17 through 25			05,290.	26	/4,/44.
Se		Organizations that follow FASB ASC 958, c	heck here				
ŭ		and complete lines 27, 28, 32, and 33.				07	
Sale	27	Net assets without donor restrictions				27	
ğ	28	Net assets with donor restrictions				28	
Ē		Organizations that do not follow FASB ASC	958, cnec	k nere			
ō		and complete lines 29 through 33.		0.	00	0.	
ets	29	Capital stock or trust principal, or current fund		0.	29 30	0.	
ASS	30	Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated		1,120,522.	31	1,025,839.	
Net Assets or Fund Balances	31			1,120,522.	31	1,025,839.	
Z	32	Total liabilities and not assets fund balances			1,185,818.	33	1,100,581.
	33	Total liabilities and net assets/fund balances			1,100,010.	তত	

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	L,048		
3	Revenue less expenses. Subtract line 2 from line 1	3			3,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	L,120		
5	Net unrealized gains (losses) on investments	5		-3	0,8	42.
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	1	L,02	5,8	39.
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 on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
	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 audi	t,			
	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 Scl	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
	-				$\frac{1}{1}$	· ·

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

VILLAGE HOPECORE INTERNATIONAL

Employer identification number 95-3841347

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	624,645.	692,822.	635,896.	983,197.	927,726.	3,864,286.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	624,645.	692,822.	635,896.	983,197.	927,726.	3,864,286.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,616,725.
6							2,247,561.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	624,645.	692,822.	(c) 2020 635, 896.	(d) 2021 983,197.	927,726.	3,864,286.
	Gross income from interest,	,	,	,	,	,	<u>, , , , , , , , , , , , , , , , , , , </u>
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	43,173.	10,665.	24,590.	37,324.	31,279.	147,031.
a	Net income from unrelated business				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 - 7 - 1 - 1	
J	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	6,513.		10,442.	8,659.	10,814.	36,428.
11	Total support. Add lines 7 through 10	0,0201		10,111	0,0001	20,0210	4,047,745.
12	Gross receipts from related activities,	etc (see instruction	one)			12	2,027,720.
13	First 5 years. If the Form 990 is for the			fourth or fifth tax			
.0	organization, check this box and stor	. la aua					
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2022 (column (f))		14	55.53 %
15	Public support percentage from 2021					15	53.21 %
16a	33 1/3% support test - 2022. If the o						x and
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to		•	•	•		
h	10% -facts-and-circumstances tes	-	•		-		
	more, and if the organization meets the	-					/
	organization meets the facts-and-circ				-		
12	Private foundation. If the organization						
	i invate iounidation. Il the organizatio	and not officer a	557 OH III G 10, 100	a, 100, 17a, 01 17k	, or rook it its DUX 8	ina see manuelloni	·

Schedule A (Form 990) 2022

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

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

Se	ction A. Public Support	clow, picase com	pioto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	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						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5	<u> </u>		+	+	+	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	-					17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		· ·	

232023 12-09-22

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
3a		
3b		
SD		
3с		
4a		
4 a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
10b	000	

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	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		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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 .	3a		
a	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.

ORE	INTERNATIONAL	95-3841347	Page 6

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990) 2022

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

05 20/12/7

	VILLAGE HOPECORE INTERNATIONAL 95-3641.	34 /
Organization type (che	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	ation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions	S.
General Rule		
	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contribution	
Special Rules		
sections 509(a contributor, de	pization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulation (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, 90-EZ, line 1. Complete Parts I and II.	om any one
contributor, de literary, or edu	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ducational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering umn (b) instead of the contributor name and address), II, and III.	
year, contribu is checked, er purpose. Don	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor utions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., n't complete any of the parts unless the General Rule applies to this organization because it received nonexclus aritable, etc., contributions totaling \$5,000 or more during the year\$	this box
answer "No" on Part IV	tion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it mu V, 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 center filing requirements of Schedule B (Form 990).	

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

VILLAGE HOPECORE INTERNATIONAL

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 27,029.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 66,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 20,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 220,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 77,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

Name of organization

Employer identification number

VILLAGE HOPECORE INTERNATIONAL

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$85,477.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

VILLAGE HOPECORE INTERNATIONAL

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

Name of organization

Employer identification number

	INTERNATIONA	

Part III	Exclusively religious, charitable, etc., contribution		ribed in section 5	95-3641347 01(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	through (e) and the following haritable, etc., contributions of §	na line entry. For a	rganizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
		(e) Trans	fer of gift	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
-		(e) Trans	fer of gift	
	Transferee's name, address, ar		_	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
-		(e) Trans	fer of gift	
	Transferee's name, address, ar			elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
ł		(e) Trans	fer of gift	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

VILLAGE HOPECORE INTERNATIONAL

Employer identification number 95-3841347

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 51161 4411054 141145	(2) - 2.1.20 2.1.2 2.1.0 2.20
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	L	sed funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f 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 quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerve	ation agreements during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(b)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservat		
•	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	e 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		\$ <u></u>
			•
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Othe	r Simil	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	t make s	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı <u> </u>	Loan or exc	hange progra	am				
b	Scholarly research	e	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er similar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	TIV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	on answered '	'Yes" on	Form 990), Part IV,	line 9, or	
10	Is the organization an agent, trustee, custodi	•	diany for	contribution	ac or other oc	coto not	ingludad			
ıa			-						Yes	□ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII								J 163	110
D	ii res, explain the arrangement in Fart Alli	and complete the ic	niowing	labie.					Amount	
_	Beginning balance						1c		7	
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fe								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.									
Pai										
	·	(a) Current year		rior year	(c) Two year			ears back	(e) Four ye	ars back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:	•				
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	/ /								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	red for th	ne			
	organization by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr		` '	t or other (other)	. ,	cumulate reciation	ed	(d) Book v	alue
1a	Land									
	Buildings									
	Leasehold improvements			_						-
d	Equipment				9,695.	1	.52,4		87	,209.
	Other				3,658.		33,6	58.		0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c.)				87	,209.

Schedule D (Form 990) 2022

ORE INTERNATION	ONAL	95-3841347	Page 3
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Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.	F 000 D+ IV II	44 - 0 - 5 000 Part V line 40
Complete if the organization answered "Yes" ((a) Description of investment		
	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.
	Description	(b) Book value
(1)	<u> </u>	. ,
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	
Part X Other Liabilities.		
		= =
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.
(a) Description of lightlife.	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25. (b) Book value
	on Form 990, Part IV, line	
1. (a) Description of liability	on Form 990, Part IV, line	-
(a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	
(a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, line	
(a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line	
(a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line	
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line	
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line	
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		(b) Book value

Schedule D (Form 990) 2022

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statem	ents With Rev	renue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total re	venue, gains, and other support per audited financial statements		1	
2	Amount	s included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unre	ealized gains (losses) on investments	. 2a		
b	Donated	d services and use of facilities	2b		
С		ries of prior year grants			
d		Describe in Part XIII.)			
е	Add line	es 2a through 2d		2e	
3	Subtrac	t line 2e from line 1		3	
4	Amount	s included on Form 990, Part VIII, line 12, but not on line 1:			
а		ent expenses not included on Form 990, Part VIII, line 7b	· — — — — — — — — — — — — — — — — — — —		
b	Other (E	Describe in Part XIII.)	4b		
С		es 4a and 4b			
5		venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Ра		Reconciliation of Expenses per Audited Financial Stater		penses per Heturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1		penses and losses per audited financial statements		1	
2		s included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a		d services and use of facilities			
b		ar adjustments			
C	Other lo				
d		Describe in Part XIII.)	-	0.0	
e		es 2a through 2d			
3		t line 2e from line 1 s included on Form 990, Part IX, line 25, but not on line 1:			
4		ent expenses not included on Form 990, Part VIII, line 7b	4a		
a b		Describe in Part XIII.)	· — — — — — — — — — — — — — — — — — — —		
		and Annual Alle		4c	
5		es 4a and 4b epenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
		Supplemental Information.			
		escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV. lines 1b and 2	2b: Part V. line 4: Part X. line 2: Part XI.	
		b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	e of the organization					Employer identifi	cation number
VII	LLAGE HOPECOR	E INTERN	ATIONAL			95-384134	7
Par				tside the United States. Comple	ete if the organ		
	Form 990, Part I\	/, line 14b.			_		
1	_	-		ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes L No
_							
2		ribe in Part V the	e organization's _l	procedures for monitoring the use of its	s grants and o	ther assistance outs	ide the
2	United States.	ha fallowing Dad	. L line O toble of	on he dunlicated if additional anges is	acadad \		
3	(a) Region	(b) Number of		an be duplicated if additional space is r (d) Activities conducted in the region		vity listed in (d)	(f) Total
	(4)	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	independent	gram services, investments, grants to		specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
			·		THE ORGANIZ	ATION	
					PROVIDES HE	ALTH SERVICES	
SUB-	SAHARAN			PROGRAM SERVICESMEDICAL	AND MICROFI	NANCE	
AFRI	CAKENYA	1	200	AND MICROENTERPRISE	BUSINESS TR	AINING TO ITS	782,358.
3 a	Subtotal	1	200				782,358.
	Total from continuation						,
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	1	200				782,358.

232071 10-17-22

Schedule F (Form 990) 2022

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

			Outside the United States. Cated if additional space is ne		rganization answere	d "Yes" on Form	990, Part IV, line 15, fo	or any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organization	ns listed above that are	recognized as charities by the	e foreign country	recognized as a tax	<u> </u>		
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IBS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

3 Enter total number of other organizations or entities

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

Page 4

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

Schedule F (Form 990) 2022

Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 3, COLUMN (E): 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 F (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

QMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

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. TINA RASORI IS THE WIFE OF PHILIP M. RASORI AND SERVES ON THE BOARD 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 12C:

BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF INTEREST.

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

THE BOARD OF DIRECTORS REVIEWS THE SALARY OF THE CEO AND KEY EMPLOYEES 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

PROVIDED OUTSIDE THE UNITED STATES.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 20)22			Page 2
Name of the organization	VILLAGE	HOPECORE	INTERNATIONAL	Employer identification number 95-3841347

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

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

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

VII	LAGE HOPECORE INTE	RNATIONAL	ı	FORM	M 990 P	AGE 10		95-3841347
Par	t Election To Expense Certain Prop	erty Under Section 1	79 Note: If you ha	ve any list	ted property,	complete Part	V before	you complete Part I.
1 N	Maximum amount (see instructions)	1	1,080,000.					
2 T	otal cost of section 179 property pla							
	hreshold cost of section 179 propert		2,700,000.					
	Reduction in limitation. Subtract line 3							
5 D	ollar limitation for tax year. Subtract line 4 from lir	5						
6	(a) Description of p	cost						
					7			
	isted property. Enter the amount fron	<u> </u>						
	otal elected cost of section 179 prop							
	entative deduction. Enter the smalle		.					
	Carryover of disallowed deduction from							
	Business income limitation. Enter the section 179 expense deduction. Add							
	Carryover of disallowed deduction to 2						12	
	: Don't use Part II or Part III below for				10			
Par			· · · · · · · · · · · · · · · · · · ·		listed proper	tv.)		
	pecial depreciation allowance for qua		• •		• •			
	ne tax year		•			ū	14	
	Property subject to section 168(f)(1) e							
	Other depreciation (including ACRS)						16	
Par							•	•
			Section	n A				
17 N	MACRS deductions for assets placed	in service in tax ye	ears beginning be	fore 2022		<u></u>	17	9,771.
18 If	you are electing to group any assets placed in se							
	Section B - Asset		. 		Ising the Ger	neral Deprecia	ation Sys	stem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investm only - see instruc	ent use	(d) Recovery period	(e) Convention	(f) Method	d (g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	o your proporty		90,	691.	5 YRS.	НҮ	200D	B 18,138.
	7-year property		90,	691.	5 YRS.	НУ	200D	В 18,138.
d			90,	691.	5 YRS.	НУ	200D	B 18,138.
	7-year property 10-year property 15-year property		90,	691.	5 YRS.	НУ	200D	В 18,138.
d	7-year property 10-year property 15-year property 20-year property		90,	691.		НУ		В 18,138.
d e	7-year property 10-year property 15-year property		90,	691.	25 yrs.		S/L	В 18,138.
d e f	7-year property 10-year property 15-year property 20-year property	/	90,	691.	25 yrs. 27.5 yrs.	MM	S/L S/L	В 18,138.
d e f g	7-year property 10-year property 15-year property 20-year property 25-year property	/	90,	691.	25 yrs. 27.5 yrs. 27.5 yrs.	MM	S/L S/L S/L	В 18,138.
d e f g	7-year property 10-year property 15-year property 20-year property 25-year property	/ / /	90,	691.	25 yrs. 27.5 yrs.	MM MM MM	S/L S/L S/L S/L	В 18,138.
d e f g	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	/ / / Placed in Service			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM	S/L S/L S/L S/L	
d e f g h	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets	/ / / Placed in Service			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM	S/L S/L S/L S/L S/L	
d e f g h	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life	/ / / Placed in Service			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ing the Alter	MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L Siation S	
d e f g h i	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year	/ // // Placed in Service			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ing the Alter	MM MM MM MM native Depred	S/L S/L S/L S/L S/L S/L S/L S/L	
d e f g h	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year	/ // Placed in Service			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ing the Alter	MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L Siation S	
d e f g h i 20a b c d	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year	/ / / Placed in Service			25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ing the Alter 12 yrs. 30 yrs.	MM MM MM MM native Depred	S/L S/L	
d e f g h i	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year **IV Summary (See instructions.)	/		(Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ing the Alter 12 yrs. 30 yrs. 40 yrs.	MM MM MM MM native Depred	S/L S/L	ystem
d e f g h i 20a b c d Par 21 L	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year	/ / / ee 28	During 2022 Tax	(Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ing the Alter 12 yrs. 30 yrs. 40 yrs.	MM MM MM MM native Depred	S/L S/L S/L S/L S/L Siation S S/L S/L S/L	ystem
d e f g h	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year **T IV Summary (See instructions.)	/ / see 28s 14 through 17, lir	During 2022 Tax	Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ing the Alter 12 yrs. 30 yrs. 40 yrs.	MM MM MM native Deprec	S/L S/L	ystem
d e f g h	7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year **T IV Summary* (See instructions.) isted property. Enter amount from lin otal. Add amounts from line 12, lines	/ // le 28	During 2022 Tax nes 19 and 20 in cartnerships and S	Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ing the Alter 12 yrs. 30 yrs. 40 yrs.	MM MM MM native Deprec	S/L S/L	ystem

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

			on and Other			Ition: S	ee the i	nstruc	tions for i	mits for p	assenç	ger autor	nobiles.)			
<u>24a</u>	a Do you have evidence to s	support the bu	siness/investme	nt use cl	aimed?	<u> </u>	es L	_ No	24b If "Y	es," is th	e evide	nce writ	ten? L	J Yes ∟	No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	nt COSI		Basis for depre (business/inveuse only		estment	(f) Recovery period	(g) Method/ Convention		Depre	(h) eciation uction	Elec sectio	(i) cted n 179 ost	
25	Special depreciation alle	owance for q	ualified listed	property	/ placed i	n servic	e durin	g the t	ax year ar	nd						
	used more than 50% in	a qualified b	usiness use								25					
26	Property used more that	n 50% in a c	ualified busin	ess use:												
		1 1	ç	6												
		1 1		6												
		6														
<u>27</u>	Property used 50% or le	ess in a quali	ified business	use:					1 1							
		1 1		6						S/L -						
		1 1		6		_				S/L -						
		1 1 1		6					S/L -							
	Add amounts in column								28							
<u>29</u>	Add amounts in column	ı (i), line 26. E											. 29			
_			-		B - Inforr											
	mplete this section for ve								•		•	•	•		3	
to	your employees, first ans	wer the ques	stions in Secti	on C to s	see ir you	meet a	ın excep	otion to	o complet	ing this se	ection t	or those	venicies	5.		
					٥)		۵)	1	(0)	16	11	,	۵)	/4	(4)	
30	Total husiness/investment	atal business/investment miles driven during the		(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		1	e) nicle	(f) Vehicle		
30		otal business/investment miles driven during the		Vei	licie	VEI	ilicie veri		GIIIGIG	Verilicie		Vei	Vehicle V		ICIG	
31		rear (don't include commuting miles)														
	Total other personal (no															
U.	driven	•	•													
33	Total miles driven during															
-	Add lines 30 through 32	•														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?	•														
35	5 Was the vehicle used primarily by a more															
	than 5% owner or relate															
36	Is another vehicle availa															
	use?															
		Section C	- Questions 1	or Emp	loyers W	ho Pro	vide Vel	nicles	for Use b	y Their E	mploye	ees				
An	swer these questions to	determine if	you meet an e	xceptior	n to comp	leting S	Section	B for v	ehicles us	sed by en	nployee	s who a	ren't			
mo	re than 5% owners or re	lated person	S.													
37	7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?										Yes	No				
38	Do you maintain a writte	en policy stat	tement that pr	ohibits p	oersonal ı	use of v	ehicles,	excep	ot commu	ting, by y	our					
	employees? See the ins	structions for	vehicles used	by corp	orate off	icers, d	irectors	, or 1%	6 or more	owners						
39	Do you treat all use of v	ehicles by er	mployees as p	ersonal	use?											
40 Do you provide more than five vehicles to your employees, obtain information from your employees about																
	the use of the vehicles,															
41	Do you meet the require															
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t complet	te Secti	on B for	the c	overed ve	hicles.						
P	art VI Amortization															
	Description of costs Date a			(b) (c) amortization Amortizable amount			ole	(d) Code section		(e) Amortizatio period or perce		for		(f) nortization this year		
42	Amortization of costs th	at begins du	ıring your 202		ar:											
				: :												
				: :												
43	Amortization of costs th	at began be	fore your 2022	tax yea	ar							43				
44	Total. Add amounts in	column (f). Se	ee the instruct	ions for	where to	report						44				