

Form **990**
 Department of the Treasury
 Internal Revenue Service

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
 ▶ Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOSEA FEED THE HUNGRY AND HOMELESS INC Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 1035 DONNELLY AVENUE SW City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30310 F Name and address of principal officer ELISABETH OMILAMI 1035 DONNELLY AVENUE SW ATLANTA, GA 30310	D Employer identification number 58-1340903 E Telephone number (404) 373-5755 G Gross receipts \$ 3,036,914
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 3891
J Website: ▶ WWW.4HOSEA.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1976 M State of legal domicile GA

Part I Summary

1	Briefly describe the organization's mission or most significant activities OUR MISSION IS TO INVESTIGATE AND THEN RAISE PUBLIC AWARENESS ABOUT THE MANY PROBLEMS THAT ARE FACING FAMILIES AND INDIVIDUALS THAT ARE AT RISK OF SLIPPING INTO POVERTY OR THAT ARE LIVING IN POVERTY, AND THEN TO MOBILIZE FINANCIAL RESOURCES, PRODUCTS AND VOLUNTEERS TO SOLVE THOSE PROBLEMS, OR TO EASE THE BURDEN THAT THOSE PROBLEMS CAUSE		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	11	
4	Number of independent voting members of the governing body (Part VI, line 1b)	11	
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	20	
6	Total number of volunteers (estimate if necessary)	24,800	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,673,136	3,025,723
	9 Program service revenue (Part VIII, line 2g)	8,886	2,278
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6	19
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,767	8,894
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,715,795	3,036,914
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	563,256
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		649,422	733,583
16a Professional fundraising fees (Part IX, column (A), line 11e)		1,411	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 184,720			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		643,795	655,355
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,857,884	2,810,450
19 Revenue less expenses Subtract line 18 from line 12	-142,089	226,464	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	924,699	844,122
	21 Total liabilities (Part X, line 26)	460,015	448,914
	22 Net assets or fund balances Subtract line 21 from line 20	464,684	395,208

Part II Signature Block

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

Sign Here	***** Signature of officer	2017-05-10 Date
	RUBY HOWARD CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name STEVEN E TRUMBO	Preparer's signature STEVEN E TRUMBO	Date 2017-05-10	Check <input type="checkbox"/> if self-employed	PTIN P01069014
	Firm's name ▶ BROOKS MCGINNIS & COMPANY LLC			Firm's EIN ▶ 58-2161308	
	Firm's address ▶ 5607 GLENRIDGE DR STE 650 ATLANTA, GA 303424959			Phone no (404) 531-4940	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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

OUR MISSION IS TO INVESTIGATE AND THEN RAISE PUBLIC AWARENESS ABOUT THE MANY PROBLEMS THAT ARE FACING FAMILIES AND INDIVIDUALS THAT ARE AT RISK OF SLIPPING INTO POVERTY OR THAT ARE LIVING IN POVERTY, AND THEN TO MOBILIZE FINANCIAL RESOURCES, PRODUCTS AND VOLUNTEERS TO SOLVE THOSE PROBLEMS, OR TO EASE THE BURDEN THAT THOSE PROBLEMS CAUSE

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 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 No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 825,244 including grants of \$ 426,679) (Revenue \$) DAY CENTER/FOOD BANK - THE FIFTH DAY CENTER IS THE VEHICLE THAT OPERATES THE FOOD BANK, THE OUTREACH TO THE HOMELESS, THE SIT-N-SIPS FOR THE SENIORS, THE INTERNAL YOUTH MENTORING PROGRAM AND MORE THE DAY CENTER IS OPEN AT 1035 DONNELLY AVE 4 DAYS A WEEK AND WELCOMES OVER 25 FAMILIES PER DAY PROVIDING THEM WITH VARIOUS SERVICES INCLUDING FOOD, FINANCIAL COUNSELING, CLOTHING, AND TOILETRY DISTRIBUTION WE SERVE SOME 6000 PEOPLE PER YEAR AND PROVIDE VOLUNTEERS WITH OVER 5500 VOLUNTEER HOURS ONSITE CHILDREN & YOUTH PROGRAMS - BACK TO SCHOOL JAMBOREE HELD ONCE PER YEAR JUST PRIOR TO SCHOOL OPENING, PROVIDES 3,500 POOR CHILDREN WITH THE BOOK BAGS, SCHOOL SUPPLIES BASED ON GRADE, IDENTIFICATION KITS, DENTAL SCREENINGS AND DENTAL SUPPLIES, BOOKS, ENTERTAINMENT AND VISITS BY MENTORS AND OTHER INSPIRATIONAL SPEAKERS, NEW SHOES, AND REFERRALS TO VARIOUS COMMUNITY SERVICES THEY NEED TO SUCCEED DAILY DISTRIBUTION OF NUTRITIOUS FOOD TO POOR CHILDREN ESPECIALLY IN THE SUMMER MONTHS WHEN 80% OF CHILDREN LIVING IN POVERTY DO NOT RECEIVE LUNCH HOLIDAY DINNER FESTIVAL OF SERVICES PROVIDES 1,277 CHILDREN FROM LOCAL SUBSIDIZED HOUSING FOOD, CLOTHING, EDUCATIONAL BOOKS, TOILETRY ITEMS AND BEAUTY & GROOMING SUPPLIES "HFTH CHILDREN'S CHRISTMAS PARTY PROVIDED 1,500 CHILDREN WITH NEW TOYS, CLOTHES AND SHOES, ENTERTAINMENT AND VISITS BY MENTORS AND OTHER INSPIRATIONAL SPEAKERS TO FAMILIES IN THE METRO ATLANTA COMMUNITY THAT ARE IN NEED "HFTH YOUTH COMMUNITY CONNECT PROGRAM PARTNERS WITH YOUTH SERVING ORGANIZATIONS TO PROVIDE A VOLUNTEER OPPORTUNITY FOR THEIR PARTICIPANTS AT OUR LOCAL FACILITY OVER 350 YOUTH CONNECT TO HFTH EACH YEAR TO COMPLETE COMMUNITY SERVICE HOURS "YOUTH EMPOWERMENT SUMMIT WILL PARTNER WITH CORPORATIONS TO PROVIDE CREDIT AND FINANCIAL LITERACY, PERFORMING ARTS EDUCATION, JOB READINESS TRAINING AND LIFE SKILLS TO UNDERSERVED YOUTH (NEW PROGRAM)

4b (Code) (Expenses \$ 1,300,295 including grants of \$ 810,190) (Revenue \$ 2,278) HOLIDAY DINNER EVENTS - IN 1970 OUR FOUNDERS, REV HOSEA AND MRS JUANITA T WILLIAMS BEGAN WHAT WAS NAMED THEN "HOSEA FEED THE HUNGRY AND HOMELESS" THEY HAD BOTH LIVED THEIR LIVES SINCE THE MID FIFTIES AS CIVIL RIGHTS LEADERS AND COMMUNITY ORGANIZERS AND WORKED FOR ALL OF THEIR GIVEN HOURS ON EFFORTS TO BRING EQUALITY IN PUBLIC FACILITIES, EMPLOYMENT, HOUSING, AND JUSTICE FOR EVERYMAN REGARDLESS OF THE COLOR OF THEIR SKIN OR THEIR ECONOMIC STATUS THEIR ACCOMPLISHMENTS INCLUDED BEING FRONT RUNNERS IN GETTING THE CIVIL RIGHTS ACT PASSED, CREATING THE CHATHAM COUNTY CRUSADE FOR VOTERS, THE POOR PEOPLES UNION, AND BEING BOTH ELECTED OFFICIALS AND CHAMPIONS OF THE POOR THE HOLIDAY DINNERS BEGAN FIRST AS THE RESULT OF REV WILLIAMS SEEING A HOMELESS MAN AS WE COMMONLY DO, IN THE GUTTER BEGGING FOR FOOD HIS CONSCIENCE DID NOT ALLOW HIM TO WALK BY SO HE STARTED A SOUP LINE EVERY SUNDAY FEEDING 100 MOSTLY AFRICAN AMERICAN MEN AT THE WHEAT STREET BAPTIST CHURCH IN ATLANTA GEORGIA UPON THEIR DEATHS IN 2000 THAT PROGRAM HAD GROWN TO FEEDING 5,000 PERSONS EACH THANKSGIVING AND CHRISTMAS ADDING PROGRAMS SUCH AS HOT SHOWERS, BARBERS AND BEAUTICIANS AREA, CHILDREN'S CORNER, CLOTHING DISTRIBUTION, HOME DELIVERY OF FOOD TO THE SHUT-IN, A FULL SEVEN COURSE DINNER AT THE FACILITY, INSPIRATIONAL SPEAKERS AND CHRISTIAN TEACHING, GOSPEL SINGING, AND OTHER SERVICES THE PROGRAM WAS HANDED TO THEIR DAUGHTER AND SON-IN-LAW AND BEGAN A TREMENDOUS PERIOD OF GROWTH AND IS STILL ONE OF THE MAIN PROGRAMS OF HOSEA FEED THE HUNGRY AND HOMELESS THE EVENTS ARE NOW CALLED "FESTIVAL OF SERVICES" FEED 20,000 PEOPLE EACH THANKSGIVING, CHRISTMAS, MARTIN LUTHER KING JR BIRTHDAY AND EASTER SUNDAY AND PROVIDE ALL THE SERVICES LISTED ABOVE UTILIZING APPROXIMATELY 1,500 VOLUNTEERS EACH EVENT AND IS A MODEL FOR A ONE STOP HOMELESS SERVICE INITIATIVE FOR THE ENTIRE COUNTRY THE ADDITION OF LONG DISTANCE TELEPHONE SERVICE, NATIONAL FREE TRANSPORTATION, MEDICAL CLINIC, LEGAL AID COUNSELING, FREE CELL PHONES, VOTER REGISTRATION, CASE MANAGEMENT AND ON-SITE EMPLOYMENT SERVICES HAVE FULLY ROUNDED OUT THE EVENT TO MEAN MORE TO THE HOMELESS IN ATLANTA AND THOSE WHO COME FROM THROUGHOUT THE STATE THAN EVER BEFORE OTHERS IN THE CITY AND IN OTHER CITIES AROUND THE COUNTRY HAVE BEGUN TO INITIATE SIMILAR PROGRAMS AS WELL

4c (Code) (Expenses \$ 262,250 including grants of \$ 142,226) (Revenue \$) SUPPORTIVE HOUSING - HOMELESS PREVENTION - OUR EFFECTIVE HOMELESS PREVENTION PROGRAMS, H E L P - HELPING, EMPOWERING, LEARNING FOR PROGRESS, TYPICALLY ASSESS IMMEDIATE HOUSING NEEDS, EXPLORE HOUSING OPTIONS AND RESOURCES, PROVIDE FLEXIBLE FINANCIAL ASSISTANCE FOR APPROXIMATELY 90 FAMILIES PER YEAR AND, WHEN APPROPRIATE, OFFER VOLUNTARY CASE MANAGEMENT SERVICES FOCUSED ON HOUSING STABILIZATION PARTICIPANTS ARE REQUIRES TO ATTEND FINANCIAL LITERACY AND BUDGETING CLASSES THIS PROGRAM CAN ALSO INCLUDE ASSISTANCE FOR FIRST AND LAST MONTHS' RENT, DEPOSITS, UTILITIES, RENTAL ASSISTANCE FOR A FINAL MONTH AT A LOCATION, MOVING COST ASSISTANCE, OR OTHER ACTIVITIES THAT WILL DIRECTLY HELP A PERSON STAY IN HIS OR HER CURRENT HOUSING SITUATION DISBURSEMENTS ARE BASED ON WHETHER FUNDING WILL HELP OVERCOME AN IMMEDIATE BARRIER TO ENTERING OR MAINTAINING HOUSING RENTAL ASSISTANCE IS PROVIDED FOR 1-18 MONTHS DEPENDING ON THE NEEDS OF THE HOUSEHOLD RENTAL ASSISTANCE TARGETS PEOPLE WHO WILL LIKELY NOT BE ABLE TO MOVE QUICKLY INTO PERMANENT HOUSING WITHOUT IT AT A MINIMUM, PREVENTION RESOURCES ARE TARGETED TO PEOPLE WHO HAVE EXTREMELY LOW INCOMES (BELOW 30 PERCENT OF AREA MEDIAN INCOME), WHO HAVE A DEMONSTRATED HOUSING CRISIS (E G REQUEST TO VACATE A DUAL HOUSEHOLD SITUATION), AND WHO LACK PROTECTIVE FACTORS, SUCH AS FRIENDS OR FAMILY MEMBERS WHO CAN HELP THEM HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) DATA OR OTHER DATA ABOUT HOMELESSNESS IN THE COMMUNITY IS ASSESSED TO IDENTIFY ADDITIONAL FACTORS THAT WOULD HELP TARGET RESOURCES TO THOSE MOST AT RISK OF HOMELESSNESS GRANTS WILL AVERAGE APPROXIMATELY 600, BUT DEPEND GREATLY ON THE CIRCUMSTANCES AND THE COMMUNITY DIVERSION - HFTH DIVERSION PROGRAMS ATTEMPT TO PREVENT HOMELESSNESS FOR PEOPLE WHO ARE APPLYING FOR SHELTER BY HELPING PEOPLE RETURN TO THE HOUSING THEY JUST LEFT OR MOVE IN WITH FRIENDS OR FAMILY USING FINANCIAL INCENTIVES OR MEDIATION IF THAT SITUATION CANNOT BE MADE PERMANENT, THEN THE DIVERSION PROGRAM WORKS TO IMMEDIATELY LOCATE OTHER HOUSING THE DIVERSION PROGRAMS TYPICALLY INVOLVE ONE-TIME FINANCIAL ASSISTANCE AND THE OFFER OF BRIEF CASE MANAGEMENT RAPID RE-HOUSING - HFTH RE-HOUSING PROGRAMS WORK WITH PEOPLE WHO ARE ALREADY HOMELESS TO HELP THEM QUICKLY MOVE INTO RENTAL HOUSING RAPID RE-HOUSING PROGRAMS TEND TO BE SHORT-TERM (1 - 12 MONTHS) AND INVOLVE IDENTIFYING AFFORDABLE HOUSING LOCATIONS, FINANCIAL ASSISTANCE, AND AN OFFER OF CASE MANAGEMENT SHORT-TERM RENTAL ASSISTANCE IS PROVIDED WHEN NECESSARY WHEN SERVING PEOPLE WITH SIGNIFICANT DISABILITIES OR WITH VERY LIMITED INCOME CAPACITY, THE RAPID RE-HOUSING PROGRAMS COORDINATES WITH OTHER COMMUNITY RESOURCES TO ENSURE THAT PARTICIPANTS ARE LINKED TO ONGOING ASSISTANCE, SUCH AS HOUSING VOUCHERS, INTENSIVE CASE MANAGEMENT, OR ASSERTIVE COMMUNITY TREATMENT HOUSING LOCATION - HOUSING LOCATORS IDENTIFY AFFORDABLE HOUSING AND ENCOURAGE LANDLORDS TO RENT TO PEOPLE WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS THEY ALSO HELP NEGOTIATE REASONABLE RENTS AND LEASE TERMS AND WORK TO ADDRESS CREDIT ISSUES WITH A POTENTIAL TENANT HOUSING LOCATORS ARE GENERALLY AVAILABLE TO THE LANDLORD AND TENANT IN CASE THERE ARE PROBLEMS HFTH PARTNERS WITH LANDLORDS WHO WANT THESE PROGRAMS FOR THEIR AT-RISK TENANTS

See Additional Data

4d Other program services (Describe in Schedule O) (Expenses \$ 125,023 including grants of \$ 42,417) (Revenue \$)

4e Total program service expenses 2,512,812

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>		No
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding organizational reporting, tax-exempt bond issues, and Section 501(c)(3) organizations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section 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 in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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 in Schedule O		No

Section 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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in 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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in 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?		No
16b	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?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed GA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
 RUBY HOWARD 1035 DONNELLY AVENUE ATLANTA, GA 30310 (404) 373-5755

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	86,179				
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	329,772				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,609,772				
	g	Noncash contributions included in lines 1a-1f \$	1,581,235				
	h	Total. Add lines 1a-1f ▶		3,025,723			
Program Service Revenue			Business Code				
	2a	SALES OF T SHIRTS		2,278		2,278	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		2,278				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		19		19	
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss) ▶				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b	Less direct expenses b				
		c	Net income or (loss) from fundraising events . . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 a					
		b	Less direct expenses b				
		c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . . . a					
		b	Less cost of goods sold b				
		c	Net income or (loss) from sales of inventory . . . ▶				
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME		7,949		7,949		
b	REIMBURSEMENTS		945		945		
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		8,894				
12	Total revenue. See Instructions ▶		3,036,914			11,191	

Part IX Statement of Functional Expenses

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,421,512	1,421,512		
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, trustees, and key employees	281,869	236,770	16,912	28,187
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	363,631	305,450	21,818	36,363
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,051	23,563	1,683	2,805
10	Payroll taxes	60,032	50,427	3,602	6,003
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	17,600		17,600	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	60,813	51,083	3,649	6,081
12	Advertising and promotion	23,048	300		22,748
13	Office expenses	54,589	45,855	3,275	5,459
14	Information technology	24,838	20,864	1,490	2,484
15	Royalties				
16	Occupancy	48,361	43,767	2,176	2,418
17	Travel	18,849	16,718	799	1,332
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	26,151	24,059	1,569	523
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,109	12,506	4,285	4,318
23	Insurance	26,126	24,035	1,568	523
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	RENT	152,631	137,559	12,058	3,014
b	CONTRACT SERVICES	53,885	45,590	6,786	1,509
c	POSTAGE & SHIPPING	29,099	2,317	165	26,617
d	PRINTING	23,047	3,386	1,436	18,225
e	All other expenses	75,209	47,051	12,047	16,111
25	Total functional expenses. Add lines 1 through 24e	2,810,450	2,512,812	112,918	184,720
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	22,189	1	52,907
	2 Savings and temporary cash investments	4,027	2	
	3 Pledges and grants receivable, net	49,990	3	32,559
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	500	7	500
	8 Inventories for sale or use	446,601	8	382,492
	9 Prepaid expenses and deferred charges	4,355	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 789,733		
	b Less accumulated depreciation	10b 423,274	384,081	10c 366,459
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	3,751	14	
	15 Other assets See Part IV, line 11	9,205	15	9,205
16 Total assets. Add lines 1 through 15 (must equal line 34)	924,699	16	844,122	
Liabilities	17 Accounts payable and accrued expenses	81,415	17	64,602
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	378,600	23	384,312
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	460,015	26	448,914
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	464,684	27	395,208
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	464,684	33	395,208	
34 Total liabilities and net assets/fund balances	924,699	34	844,122	

Part 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	3,036,914
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,810,450
3	Revenue less expenses Subtract line 2 from line 1	3	226,464
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	464,684
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-295,940
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	395,208

Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 58-1340903

Name: HOSEA FEED THE HUNGRY AND
HOMELESS INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	125,023	including grants of \$	42,417) (Revenue \$)
ALL OTHER PROGRAMS					

SCHEDULE A (Form 990 or 990EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HOSEA FEED THE HUNGRY AND HOMELESS INC

Employer identification number

58-1340903

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 11, 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).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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...
10 An organization organized and operated exclusively to test for public safety.
11 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	1,997,132	1,871,437	1,741,063	1,673,136	3,025,723	10,308,491
2 Tax revenues levied for the organization'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	1,997,132	1,871,437	1,741,063	1,673,136	3,025,723	10,308,491
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						10,308,491

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	1,997,132	1,871,437	1,741,063	1,673,136	3,025,723	10,308,491
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41		938	6	19	1,004
9 Net income from unrelated business activities, whether or not the business is regularly carried on	2,800	1,606	346	32,767	7,894	45,413
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			1,545	8,886	2,278	12,709
11 Total support. Add lines 7 through 10						10,367,617

12 Gross receipts from related activities, etc (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.430%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	99.480%

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
PART II, LINE 10	SHIRT SALES, REFUNDS, AND REBATES 10,431

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
HOSEA FEED THE HUNGRY AND HOMELESS INC
Employer identification number
58-1340903

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
 Preservation of land for public use (e.g., recreation or education) Preservation of an 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,995		33,995
b Buildings		516,243	196,848	319,395
c Leasehold improvements		23,244	10,814	12,430
d Equipment		89,976	89,570	406
e Other		126,275	126,042	233
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				366,459

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' 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		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,148,637
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	111,723	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	111,723
3	Subtract line 2e from line 1		3	3,036,914
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	3,036,914

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,922,173
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	111,723	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	111,723
3	Subtract line 2e from line 1		3	2,810,450
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	2,810,450

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. FOR THE YEARS ENDED JUNE 30, 2016 AND 2015, THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME, AND ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS NECESSARY. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THESE FINANCIAL STATEMENTS. THE ORGANIZATION'S EXEMPT TAX RETURNS REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES TYPICALLY FOR THE LAST THREE YEARS.

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization HOSEA FEED THE HUNGRY AND HOMELESS INC

Employer identification number

58-1340903

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) RENTS	56	35,997		ACTUAL	
(2) UTILITIES	31	6,082		ACTUAL	
(3) FOOD SERVICES	32000	15,805		ACTUAL	FOOD-DINNERS
(4) DONATED FOOD & CLOTHING	32000	1,357,353		FMV	FOOD & CLOTHING
(5) TRANSPORTATION	1000	3,975		ACTUAL	BUS
(6) SCHOLARSHIPS	1	300		ACTUAL	
(7) GENERAL SUPPLIES	40	2,000		ACTUAL	

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2015

Open to Public Inspection

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization HOSEA FEED THE HUNGRY AND HOMELESS INC

Employer identification number

58-1340903

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AWODELE OMILAMI	FAMILY OF CEO		EXECUTIVE DIRECTOR		No
(2) TARA OMILAMI	FAMILY OF CEO		VOLUNTEER DIRECTOR		No
(3) JUANITA RAMEY	FAMILY OF CEP		HR DIRECTOR		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization
HOSEA FEED THE HUNGRY AND HOMELESS INC

Employer identification number
58-1340903

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		51,380	THRIFT STORE PRICING
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	179	1,471,032	WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TOYS&EQUIPMENT)	X	19	35,574	THRIFT STORE PRICING
26 Other ▶ (OTHER)	X	24	23,249	THRIFT STORE PRICING
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
----	--

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

**SCHEDULE O
(Form 990 or
990-EZ)**

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2015

**Open to Public
Inspection**

Name of the organization
HOSEA FEED THE HUNGRY AND
HOMELESS INC

Employer identification number

58-1340903

Return Reference

Explanation

FORM 990 -
ORGANIZATION'S
MISSION

OUR MISSION IS TO INVESTIGATE AND THEN RAISE PUBLIC AWARENESS ABOUT THE MANY PROBLEMS THAT ARE FACING FAMILIES AND INDIVIDUALS THAT ARE AT RISK OF SLIPPING INTO POVERTY OR THAT ARE LIVING IN POVERTY, AND THEN TO MOBILIZE FINANCIAL RESOURCES, PRODUCTS AND VOLUNTEERS TO SOLVE THOSE PROBLEMS, OR TO EASE THE BURDEN THAT THOSE PROBLEMS CAUSE

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>INSPIRATIONAL SPEAKERS, NEW SHOES, AND REFERRALS TO VARIOUS COMMUNITY SERVICES THEY NEED TO SUCCEED DAILY DISTRIBUTION OF NUTRITIOUS FOOD TO POOR CHILDREN ESPECIALLY IN THE SUMMER MONTHS WHEN 80% OF CHILDREN LIVING IN POVERTY DO NOT RECEIVE LUNCH HOLIDAY DINNER FESTIVAL OF SERVICES PROVIDES 1,277 CHILDREN FROM LOCAL SUBSIDIZED HOUSING FOOD, CLOTHING, EDUCATIONAL BOOKS, TOILETRY ITEMS AND BEAUTY & GROOMING SUPPLIES "HFTH CHILDREN'S CHRISTMAS PARTY PROVIDED 1,500 CHILDREN WITH NEW TOYS, CLOTHES AND SHOES, ENTERTAINMENT AND VISITS BY MENTORS AND OTHER INSPIRATIONAL SPEAKERS TO FAMILIES IN THE METRO ATLANTA COMMUNITY THAT ARE IN NEED "HFTH YOUTH COMMUNITY CONNECT PROGRAM PARTNERS WITH YOUTH SERVING ORGANIZATIONS TO PROVIDE A VOLUNTEER OPPORTUNITY FOR THEIR PARTICIPANTS AT OUR LOCAL FACILITY OVER 350 YOUTH CONNECT TO HFTH EACH YEAR TO COMPLETE COMMUNITY SERVICE HOURS "YOUTH EMPOWERMENT SUMMIT WILL PARTNER WITH CORPORATIONS TO PROVIDE CREDIT AND FINANCIAL LITERACY, PERFORMING ARTS EDUCATION, JOB READINESS TRAINING AND LIFE SKILLS TO UNDERSERVED YOUTH (NEW PROGRAM)</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>BEGGING FOR FOOD HIS CONSCIENCE DID NOT ALLOW HIM TO WALK BY SO HE STARTED A SOUP LINE EVERY SUNDAY FEEDING 100 MOSTLY AFRICAN AMERICAN MEN AT THE WHEAT STREET BAPTIST CHURCH IN ATLANTA GEORGIA UPON THEIR DEATHS IN 2000 THAT PROGRAM HAD GROWN TO FEEDING 5,000 PERSONS EACH THANKSGIVING AND CHRISTMAS ADDING PROGRAMS SUCH AS HOT SHOWERS, BARBERS AND BEAUTICIANS AREA, CHILDREN'S' CORNER, CLOTHING DISTRIBUTION, HOME DELIVERY OF FOOD TO THE SHUT-IN, A FULL SEVEN COURSE DINNER AT THE FACILITY, INSPIRATIONAL SPEAKERS AND CHRISTIAN TEACHING, GOSPEL SINGING, AND OTHER SERVICES THE PROGRAM WAS HANDED TO THEIR DAUGHTER AND SON-IN-LAW AND BEGAN A TREMENDOUS PERIOD OF GROWTH AND IS STILL ONE OF THE MAIN PROGRAMS OF HOSEA FEED THE HUNGRY AND HOMELESS THE EVENTS ARE NOW CALLED "FESTIVAL OF SERVICES" FEED 20,000 PEOPLE EACH THANKSGIVING, CHRISTMAS, MARTIN LUTHER KING JR BIRTHDAY AND EASTER SUNDAY AND PROVIDE ALL THE SERVICES LISTED ABOVE UTILIZING APPROXIMATELY 1,500 VOLUNTEERS EACH EVENT AND IS A MODEL FOR A ONE STOP HOMELESS SERVICE INITIATIVE FOR THE ENTIRE COUNTRY THE ADDITION OF LONG DISTANCE TELEPHONE SERVICE, NATIONAL FREE TRANSPORTATION, MEDICAL CLINIC, LEGAL AID COUNSELING, FREE CELL PHONES, VOTER REGISTRATION, CASE MANAGEMENT AND ON-SITE EMPLOYMENT SERVICES HAVE FULLY ROUNDED OUT THE EVENT TO MEAN MORE TO THE HOMELESS IN ATLANTA AND THOSE WHO COME FROM THROUGHOUT THE STATE THAN EVER BEFORE OTHERS IN THE CITY AND IN OTHER CITIES AROUND THE COUNTRY HAVE BEGUN TO INITIATE SIMILAR PROGRAMS AS WELL</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>HELP OVERCOME AN IMMEDIATE BARRIER TO ENTERING OR MAINTAINING HOUSING RENTAL ASSISTANCE IS PROVIDED FOR 1-18 MONTHS DEPENDING ON THE NEEDS OF THE HOUSEHOLD RENTAL ASSISTANCE TARGETS PEOPLE WHO WILL LIKELY NOT BE ABLE TO MOVE QUICKLY INTO PERMANENT HOUSING WITHOUT IT AT A MINIMUM, PREVENTION RESOURCES ARE TARGETED TO PEOPLE WHO HAVE EXTREMELY LOW INCOMES (BELOW 30 PERCENT OF AREA MEDIAN INCOME), WHO HAVE A DEMONSTRATED HOUSING CRISIS (E G REQUEST TO VACATE A DUAL HOUSEHOLD SITUATION), AND WHO LACK PROTECTIVE FACTORS, SUCH AS FRIENDS OR FAMILY MEMBERS WHO CAN HELP THEM HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) DATA OR OTHER DATA ABOUT HOMELESSNESS IN THE COMMUNITY IS ASSESSED TO IDENTIFY ADDITIONAL FACTORS THAT WOULD HELP TARGET RESOURCES TO THOSE MOST AT RISK OF HOMELESSNESS GRANTS WILL AVERAGE APPROXIMATELY 600, BUT DEPEND GREATLY ON THE CIRCUMSTANCES AND THE COMMUNITY DIVERSION - HFTH DIVERSION PROGRAMS ATTEMPT TO PREVENT HOMELESSNESS FOR PEOPLE WHO ARE APPLYING FOR SHELTER BY HELPING PEOPLE RETURN TO THE HOUSING THEY JUST LEFT OR MOVE IN WITH FRIENDS OR FAMILY USING FINANCIAL INCENTIVES OR MEDIATION IF THAT SITUATION CANNOT BE MADE PERMANENT, THEN THE DIVERSION PROGRAM WORKS TO IMMEDIATELY LOCATE OTHER HOUSING THE DIVERSION PROGRAMS TYPICALLY INVOLVE ONE-TIME FINANCIAL ASSISTANCE AND THE OFFER OF BRIEF CASE MANAGEMENT RAPID RE-HOUSING - HFTH RE-HOUSING PROGRAMS WORK WITH PEOPLE WHO ARE ALREADY HOMELESS TO HELP THEM QUICKLY MOVE INTO RENTAL HOUSING RAPID RE-HOUSING PROGRAMS TEND TO BE SHORT-TERM (1 - 12 MONTHS) AND INVOLVE IDENTIFYING AFFORDABLE HOUSING LOCATIONS, FINANCIAL ASSISTANCE, AND AN OFFER OF CASE MANAGEMENT SHORT-TERM RENTAL ASSISTANCE IS PROVIDED WHEN NECESSARY WHEN SERVING PEOPLE WITH SIGNIFICANT DISABILITIES OR WITH VERY LIMITED INCOME CAPACITY, THE RAPID RE-HOUSING PROGRAMS COORDINATES WITH OTHER COMMUNITY RESOURCES TO ENSURE THAT PARTICIPANTS ARE LINKED TO ONGOING ASSISTANCE, SUCH AS HOUSING VOUCHERS, INTENSIVE CASE MANAGEMENT, OR ASSERTIVE COMMUNITY TREATMENT HOUSING LOCATION - HOUSING LOCATORS IDENTIFY AFFORDABLE HOUSING AND ENCOURAGE LANDLORDS TO RENT TO PEOPLE WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS THEY ALSO HELP NEGOTIATE REASONABLE RENTS AND LEASE TERMS AND WORK TO ADDRESS CREDIT ISSUES WITH A POTENTIAL TENANT HOUSING LOCATORS ARE GENERALLY AVAILABLE TO THE LANDLORD AND TENANT IN CASE THERE ARE PROBLEMS HFTH PARTNERS WITH LANDLORDS WHO WANT THESE PROGRAMS FOR THEIR AT-RISK TENANTS</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	ALL OTHER PROGRAMS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	ELISABETH OMILAMI A FEMO OMILAMI SPOUSE YOLANDA WILLIAMS FAVORS ELISABETH OMILAMI SISTER

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS VIEWED AT A REGULAR BOARD MEETING OR IF THE FORM 990 IS COMPLETED AFTER THE QUARTERLY BOARD MEETING, THE FORM 990 IS SENT TO ALL BOARD MEMBERS VIA E-MAIL AND THEN A SPECIAL BOARD MEETING IS CALLED VIA CONFERENCE CALL TO DISCUSS AND REVIEW THE FORM 990

Return Reference**Explanation**

FORM 990, PAGE 6, PART VI, LINE 12C

REVIEWS POLICIES AND PRACTICES ANNUALLY AND SUGGEST CHANGES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE CEO'S COMPENSATION RECOMMENDATION IS PRESENTED TO THE BOARD BY THE TREASURER, BASED ON SALARY SURVEY ANALYSIS IN THE AREA FOR NON-PROFIT INDUSTRY OF OUR ANNUAL INCOME LEVEL AND BASED ON THE CEO'S EXPERIENCE THE BOARD VOTES ON THE SALARY RECOMMENDATION

Return Reference**Explanation**

FORM 990, PAGE 6, PART VI, LINE 15B

THE BOARD OF DIRECTORS APPROVES SALARIES FOR ALL EMPLOYEES

Return Reference**Explanation**

FORM 990, PAGE 6, PART VI, LINE 19

DOCUMENTS AVAILABLE FOR REVIEW DURING NORMAL BUSINESS HOURS OR MAILED BY REQUEST