

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/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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
PO BOX 4672
City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30302

D Employer identification number
58-1340903
E Telephone number
(404) 373-5705
G Gross receipts \$ 2,303,833

F Name and address of principal officer
ELIZABETH OMILAMI
8 EAST LAKE DRIVE
ATLANTA, GA 30317
I Tax-exempt status 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶ 3891

J Website: ▶ WWW 4HOSEA ORG

K Form of organization Corporation Trust Association 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 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)	3	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	20
6 Total number of volunteers (estimate if necessary)	6	5,518
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,247,129	2,288,613
9 Program service revenue (Part VIII, line 2g)	2,537	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20	27
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,494	15,193
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,254,180	2,303,833
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	136,494	797,020
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)	705,631	814,596
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶265,179		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	643,540	973,430
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,485,665	2,585,046
19 Revenue less expenses Subtract line 18 from line 12	768,515	-281,213
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,643,137	2,087,102
21 Total liabilities (Part X, line 26)	479,414	1,110,567
22 Net assets or fund balances Subtract line 21 from line 20	1,163,723	976,535

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: *****
Date: 2019-05-08
Type or print name and title: RUBY HOWARD CFO

Paid Preparer Use Only
Print/Type preparer's name: STEVEN E TRUMBO
Preparer's signature: STEVEN E TRUMBO
Date: 2019-05-08
Check 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
Phone no: (404) 531-4940
ATLANTA, GA 303424959

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 \$ 689,479 including grants of \$ 231,135) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 959,737 including grants of \$ 304,462) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 237,751 including grants of \$ 79,702) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 302,745 including grants of \$ 181,721) (Revenue \$)
ALL OTHER PROGRAMS

4d Other program services (Describe in Schedule O)
(Expenses \$ 302,745 including grants of \$ 181,721) (Revenue \$)

4e Total program service expenses ▶ 2,189,712

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)?	Yes	
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

Part IV Checklist of Required Schedules (continued)

	Yes	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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
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? <i>If "Yes," complete Schedule J</i>		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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 ID, question text, and Yes/No response boxes. 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (8), 1b (2), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (GA), 18 (checkboxes), 19, 20 (RUBY HOWARD 8 EAST LAKE DRIVE ATLANTA, GA 30317 (404) 373-5755).

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH OMILAMI CEO/PRESIDEN	50 00	X		X			90,706	0	2,721	
(2) AFEMO OMILAMI COO	50 00	X		X			87,547	0	2,626	
(3) RUBY HOWARD CFO	40 00	X		X			67,786	0	1,860	
(4) CANNON KENT BOARD CHAIR	8 00	X		X			0	0	0	
(5) YOLANDA FAVORS SECRETARY	2 00	X		X			0	0	0	
(6) ANTHEIA POWER TREASURER	2 00	X		X			0	0	0	
(7) KEISHIA WALKER DIRECTOR	2 00	X					0	0	0	
(8) BIRGIT BURTON DIRECTOR	2 00	X					0	0	0	
(9) REGGIE ROUSE DIRECTOR	2 00	X					0	0	0	
(10) AWODELE OMILAMI EXECUTIVE DI	40 00			X			41,965	0	0	

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	71,028				
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	363,743				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,853,842				
	g Noncash contributions included in lines 1a-1f \$ _____		554,464				
	h Total. Add lines 1a-1f			2,288,613			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		27			27	
	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		15,193			15,193		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			15,193				
12 Total revenue. See Instructions			2,303,833		15,220		

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.	797,020	797,020		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	246,039	206,672	14,762	24,605
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.	466,211	391,618	27,973	46,620
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	10,224	8,589	613	1,022
9 Other employee benefits.	29,900	25,114	1,795	2,991
10 Payroll taxes.	62,222	52,267	3,733	6,222
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	3,500		3,500	
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).	142,967	121,411	7,102	14,454
12 Advertising and promotion.	15,713			15,713
13 Office expenses.	37,385	31,404	2,243	3,738
14 Information technology.	32,224	27,069	1,933	3,222
15 Royalties.				
16 Occupancy.	60,274	41,452	9,411	9,411
17 Travel.	20,604	19,129	553	922
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	63,376	43,586	9,895	9,895
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	42,002	28,886	6,558	6,558
23 Insurance.	63,617	53,438	3,817	6,362
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	186,397	164,818	8,092	13,487
b CONTRACT SERVICES	127,052	104,414	7,458	15,180
c POSTAGE & SHIPPING	55,788	2,858	204	52,726
d OTHER	29,268	2,293	12,174	14,801
e All other expenses	93,263	67,674	8,339	17,250
25 Total functional expenses. Add lines 1 through 24e.	2,585,046	2,189,712	130,155	265,179
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	226,707	1	107,721
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	62,406	3	104,980
	4 Accounts receivable, net	64,660	4	26,850
	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	700	7	500
	8 Inventories for sale or use	808,428	8	615,994
	9 Prepaid expenses and deferred charges	11,201	9	6,736
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,679,908		
	b Less accumulated depreciation	486,200		
		439,676	10c	1,193,708
	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	19,272	14	29,113
15 Other assets See Part IV, line 11	10,087	15	1,500	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,643,137	16	2,087,102	
Liabilities	17 Accounts payable and accrued expenses	59,442	17	185,530
	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	419,972	23	925,037
	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	479,414	26	1,110,567
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	938,723	27	951,535
	28 Temporarily restricted net assets	225,000	28	25,000
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	1,163,723	33	976,535
	34 Total liabilities and net assets/fund balances	1,643,137	34	2,087,102

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	2,303,833
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,585,046
3	Revenue less expenses Subtract line 2 from line 1	3	-281,213
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,163,723
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	100,000
7	Investment expenses	7	
8	Prior period adjustments	8	-5,975
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	976,535

Part XII Financial Statements and Reporting

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

		Yes	No
<p>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</p>			
<p>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</p>	2a		No
<p>b 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</p>	2b	Yes	
<p>c 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</p>	2c	Yes	
<p>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?</p>	3a		No
<p>b 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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 58-1340903

Name: HOSEA FEED THE HUNGRY AND
HOMELESS INC

Form 990 (2017)

Form 990, Part III, Line 4a:

DAY CENTER/FOOD BANK - THE HFTH DAY CENTER IS THE VEHICLE THAT OPERATES THE FOOD BANK, THE OUTREACH TO THE HOMELESS, THE MEDICAL CLINIC, THE WOMEN'S EMPOWERMENT PROGRAM AND MORE THE DAY CENTER IS OPEN AT 4215 WENDELL DRIVE 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 3,300 PEOPLE PER YEAR AND PROVIDE VOLUNTEERS WITH OVER 5,500 VOLUNTEER HOURS ONSITE CHILDREN & YOUTH PROGRAMS - BACK TO SCHOOL JAMBOREE HELD ONCE PER YEAR JUST PRIOR TO SCHOOL OPENING, PROVIDES 4,000 LOW INCOME 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 LOW INCOME CHILDREN ESPECIALLY IN THE SUMMER MONTHS WHEN 80% OF CHILDREN LIVING IN POVERTY DO NOT RECEIVE LUNCH HOLIDAY DINNER FESTIVAL OF SERVICES PROVIDES CHILDREN FROM LOCAL SUBSIDIZED HOUSING FOOD, CLOTHING, EDUCATIONAL BOOKS, TOILETRY ITEMS AND BEAUTY & GROOMING SUPPLIES "HFTH CHILDREN'S CHRISTMAS PARTY PROVIDED 1,100 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 100 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)

Form 990, Part III, Line 4b:

HOLIDAY DINNER EVENTS - THANKSGIVING AND CHRISTMAS HOSEA FEED THE HUNGRY SERVED 3,417 INDIVIDUALS ON THANKSGIVING AND CHRISTMAS DAY AT THE GEORGIA WORLD CONGRESS CENTER THESE INDIVIDUALS WERE PROVIDED WITH AN OPPORTUNITY TO RECEIVE NOT ONLY THE NECESSITIES FOR SHORT-TERM STABILITY BUT IN ADDITION, AN ONGOING SYSTEM OF SUPPORT AND PATHWAY TO SELF-SUFFICIENCY FAMILIES, INDIVIDUALS WITH AND WITHOUT DISABILITIES, PARTICIPANTS FROM RE-ENTRY PROGRAMS AND VETERANS TOOK ADVANTAGE OF SERVICES THAT MOST STRUGGLE WITH RECEIVING, SUCH AS MEDICAL SCREENINGS, MENTAL HEALTH ASSISTANCE, MAINSTREAM BENEFIT PLANNING ON SITE APPLICATION PROCESSING AND SUBMISSION FOR FOOD STAMPS, MEDICAID, AND MEDICARE, HOME DELIVERED MEALS, ONSITE DINING WITH FAMILY AND FRIENDS, FRESH FRUIT AND VEGETABLES TO RETURN HOME WITH, SHOWERS FOR THOSE IN HOMELESS SITUATIONS, CLOTHING AND TOYS FOR THEIR CHILDREN COMMUNITY PARTNERS AND VENDORS ON HAND FOR ONGOING RESOURCE DEVELOPMENT AND ONSITE SERVICE DELIVERIES THE LOW ESTIMATED TOTAL VALUE OF SERVICES UTILIZED BY OUR PARTICIPANTS WAS 251,417 MLK DINNER HOSEA HELPS IS HAPPY TO REPORT WE SERVED 1,008 FAMILIES ON SITE WITH FRESH FRUITS AND VEGETABLES, BRAIDING AND HAIRCUTS, DRY GOODS , SCHOOL SUPPLIES, AND CLOTHING MOREHOUSE SCHOOL OF MEDICINE WAS ON SITE FOR MEDICAL SCREENINGS AND DIG MENTAL HEALTH COUNSELORS ATTENDED THOSE IN NEED WHILE GEORGIA STAND UP GAVE PEOPLE THE OPPORTUNITY TO REGISTER TO VOTE ALL SERVICES WERE FREE, ALL TO CELEBRATE THE HUMAN SPIRIT AND SEND THE MESSAGE " DON'T EVER QUIT, DON'T GIVE UP", AND "SHARE THE LOVE BACK IN YOUR COMMUNITIES" HOSEA HELPS CEO ELISABETH OMILAMI CHARGED THE CROWD TO HELP THEMSELVES, AND LOOK IN THE MIRROR FOR THE NEWEST LEADER AROUND "PEOPLE WERE HAPPY, AND FOR A FEW HOURS THAT FEELING OF LOSS AND HOPELESSNESS DISAPPEARED THOSE WHO WERE IN NEED FOR CASE MANAGEMENT SERVICES WERE ALLOWED TO SIGN-IN WITH INTAKE COUNSELORS AND FOLLOW UP APPOINTMENTS ARE NOW A PRIORITY LASTLY, HUNDREDS OF VOLUNTEERS EXPERIENCED WHAT ONLY VOLUNTEERING AT A HOSEA HELPS EVENT CAN PROVIDE, IMMEDIATE HANDS ON RELATIONSHIP BUILDING, COMMUNITY CREATION FROM TALKING TO EACH OTHER AND SPENDING TIME WITH EACH OTHER

Form 990, Part III, Line 4c:

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 REQUIRED 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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2017

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 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 or 990-EZ))
- 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)**. Enter the hospital's name, city, and state _____
- 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)**. (Complete Part II)
- 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)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **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.**
 - 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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - 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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	1,741,063	1,673,136	3,025,723	2,247,129	2,288,613	10,975,664
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	1,741,063	1,673,136	3,025,723	2,247,129	2,288,613	10,975,664
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						10,975,664

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	1,741,063	1,673,136	3,025,723	2,247,129	2,288,613	10,975,664
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	938	6	19	20	27	1,010
9	Net income from unrelated business activities, whether or not the business is regularly carried on	346	32,767	7,894	3,494	14,193	58,694
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	2,537		15,246
11	Total support. Add lines 7 through 10						11,050,614

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 2017 (line 6, column (f) divided by line 11, column (f))	14	99.320%
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	99.410%

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
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>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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.	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section 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	
Section 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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	T SHIRT SALES 15,246

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

OMB No 1545-0047
2017
Open to Public Inspection

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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(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 | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 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" on 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		106,495		106,495
b Buildings		1,120,443	247,965	872,478
c Leasehold improvements		21,830	13,529	8,301
d Equipment		174,013	161,911	12,102
e Other		257,127	62,795	194,332
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,193,708

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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	2,403,833
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	100,000	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	100,000
3	Subtract line 2e from line 1		3	2,303,833
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	2,303,833

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	2,585,046
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,585,046
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	2,585,046

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-1340903

Name: HOSEA FEED THE HUNGRY AND
HOMELESS INC

Supplemental 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, 2018 AND 2017, 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

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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.

OMB No 1545-0047

2017

**Open to Public
Inspection**

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? **Yes** **No**
- 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

(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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) RENTS	63	29,097		ACTUAL	
(2) UTILITIES	45	6,407		ACTUAL	
(3) FOOD SERVICES	32000	12,032		ACTUAL	FOOD-DINNERS
(4) DONATED FOOD & CLOTHING	32000		746,995	FMV	FOOD & CLOTHING
(5) TRANSPORTATION	1000	2,489		ACTUAL	BUS
(6)					
(7)					

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
SCHEDULE I, PAGE 1, PART I, LINE 2	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 REQUIRED 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

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

2017

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 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 (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

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) TARA OMILAMI	FAMILY OF CEO	34,334	VOLUNTEER DIRECTOR		No
(2) JUANITA RAMEY	FAMILY OF CEO	45,560	SPECIAL PROJECTS		No
(3) AWODELE OMILAMI	FAMILY OF CEO	41,965	EXECUTIVE 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)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **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**

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 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		35,176	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	1	505,423	WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TOYS)	X	1	9,450	THRIFT STORE PRICING
26 Other ▶ (OTHER)	X	1	4,415	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

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?

	Yes	No
30a		No
31		No
32a		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 nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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~~Name of the organization
HOSEA FEED THE HUNGRY AND
HOMELESS INC**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.

OMB No 1545-0047

2017**Open to Public
Inspection****Employer identification number**

58-1340903

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	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 LOW INCOME CHILDREN ESPECIALLY IN THE SUMMER MONTHS WHEN 80% OF CHILDREN LIVING IN POVERTY DO NOT RECEIVE LUNCH HOLIDAY DINNER FESTIVAL OF SERVICES PROVIDES CHILDREN FROM LOCAL SUBSIDIZED HOUSING FOOD, CLOTHING, EDUCATIONAL BOOKS, TOILETRY ITEMS AND BEAUTY & GROOMING SUPPLIES "HFTH CHILDREN'S CHRISTMAS PARTY PROVIDED 1,100 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 100 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)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>SCREENINGS, MENTAL HEALTH ASSISTANCE, MAINSTREAM BENEFIT PLANNING ON SITE APPLICATION PROCESSING AND SUBMISSION FOR FOOD STAMPS, MEDICAID, AND MEDICARE, HOME DELIVERED MEALS, ONSITE DINING WITH FAMILY AND FRIENDS, FRESH FRUIT AND VEGETABLES TO RETURN HOME WITH, SHOWERS FOR THOSE IN HOMELESS SITUATIONS, CLOTHING AND TOYS FOR THEIR CHILDREN COMMUNITY PARTNERS AND VENDORS ON HAND FOR ONGOING RESOURCE DEVELOPMENT AND ONSITE SERVICE DELIVERIES THE LOW ESTIMATED TOTAL VALUE OF SERVICES UTILIZED BY OUR PARTICIPANTS WAS 251,417 MLK DINNER HOSEA HELPS IS HAPPY TO REPORT WE SERVED 1,008 FAMILIES ON SITE WITH FRESH FRUITS AND VEGETABLES, BRAIDING AND HAIRCUTS, DRY GOODS , SCHOOL SUPPLIES, AND CLOTHING MOREHOUSE SCHOOL OF MEDICINE WAS ON SITE FOR MEDICAL SCREENINGS AND DIG MENTAL HEALTH COUNSELORS ATTENDED THOSE IN NEED WHILE GEORGIA STAND UP GAVE PEOPLE THE OPPORTUNITY TO REGISTER TO VOTE ALL SERVICES WERE FREE, ALL TO CELEBRATE THE HUMAN SPIRIT AND SEND THE MESSAGE " DON'T EVER QUIT, DON'T GIVE UP", AND "SHARE THE LOVE BACK IN YOUR COMMUNITIES" HOSEA HELPS CEO ELISABETH OMILAMI CHARGED THE CROWD TO HELP THEMSELVES, AND LOOK IN THE MIRROR FOR THE NEWEST LEADER AROUND "PEOPLE WERE HAPPY, AND FOR A FEW HOURS THAT FEELING OF LOSS AND HOPELESSNESS DISAPPEARED THOSE WHO WERE IN NEED FOR CASE MANAGEMENT SERVICES WERE ALLOWED TO SIGN-IN WITH INTAKE COUNSELORS AND FOLLOW UP APPOINTMENTS ARE NOW A PRIORITY LASTLY, HUNDREDS OF VOLUNTEERS EXPERIENCED WHAT ONLY VOLUNTEERING AT A HOSEA HELPS EVENT CAN PROVIDE, IMMEDIATE HANDS ON RELATIONSHIP BUILDING, COMMUNITY CREATION FROM TALKING TO EACH OTHER AND SPENDING TIME WITH EACH OTHER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>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</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE CFO AND TREASURER REVIEW THE FORM 990 ON BEHALF OF THE BOARD THE FORM 990 IS REVIEWED AT THE NEXT BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ANNUAL SIGNING OF CONFLICT OF INTEREST POLICY

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD OF DIRECTORS APPROVES SALARIES FOR ALL EMPLOYEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE KEPT IN THE ACCOUNTING DEPARTMENT AND AVAILABLE TO THE PUBLIC ON AN APPOINTMENT BASIS TO REVIEW