

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.

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

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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 \$ 2,711,519

F Name and address of principal officer:
ELIZABETH OMILAMI
8 EAST LAKE DRIVE
ATLANTA, GA 30317

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

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

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	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	21
6 Total number of volunteers (estimate if necessary)	6	4,676
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,288,613	2,704,885
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27	22
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,193	6,612
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,303,833	2,711,519
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	797,020	266,362
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)	814,596	833,746
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶228,611		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	973,430	838,765
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,585,046	1,938,873
19 Revenue less expenses. Subtract line 18 from line 12	-281,213	772,646
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,087,102	2,778,990
21 Total liabilities (Part X, line 26)	1,110,567	1,029,809
22 Net assets or fund balances. Subtract line 21 from line 20	976,535	1,749,181

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 2020-12-15
ELIZABETH OMILAMI CEO/PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date 2020-12-15 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 ATLANTA, GA 303424959 Phone no. (404) 531-4940

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 \$ 518,794 including grants of \$ 76,701) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 721,789 including grants of \$ 101,034) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 178,895 including grants of \$ 26,449) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 153,271 including grants of \$ 62,178) (Revenue \$)
ALL OTHER PROGRAMS

4d Other program services (Describe in Schedule O.)
(Expenses \$ 153,271 including grants of \$ 62,178) (Revenue \$)

4e Total program service expenses ▶ 1,572,749

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>	23	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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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>	25b	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>	26	Yes
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>	27	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>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	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.	38	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	12
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (12); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (GA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: STANQUANETTIA THOMPSON 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			88,013	0	2,640	
(2) AFEMO OMILAMI COO	50.00	X		X			84,977	0	2,549	
(3) RUBY HOWARD CFO	40.00	X		X			68,127	0	1,860	
(4) BIRGIT BURTON BOARD CHAIR	2.00	X		X			0	0	0	
(5) YOLANDA FAVORS SECRETARY	2.00	X		X			0	0	0	
(6) THOMAS W DORTCH JR DIRECTOR	2.00	X					0	0	0	
(7) CANNON KENT-GRANT DIRECTOR	2.00	X					0	0	0	
(8) KIONA PETERS DIRECTOR	2.00	X					0	0	0	
(9) REGGIE ROUSE DIRECTOR	2.00	X					0	0	0	
(10) KESHIA WALKER DIRECTOR	2.00	X					0	0	0	
(11) MATT WESTMORELAND DIRECTOR	2.00	X					0	0	0	
(12) DARIAN MORGAN DIRECTOR	2.00	X					0	0	0	
(13) AWODELE OMILAMI EXECUTIVE DI	40.00			X			58,123	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 41,074			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 367,051			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,296,760			
	g Noncash contributions included in lines 1a - 1f: \$ _____	191,388			
	h Total. Add lines 1a-1f		2,704,885		

Program Service Revenue			Business Code			
	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue.					
9 Total. Add lines 2a-2f						

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			22			22
	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			6,612			6,612	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			6,612				
12 Total revenue. See Instructions.			2,711,519			6,634	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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	266,362	266,362		
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	299,241	251,362	17,955	29,924
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	435,413	365,747	26,125	43,541
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,048	10,120	723	1,205
9 Other employee benefits	26,631	22,370	1,598	2,663
10 Payroll taxes	60,413	50,747	3,625	6,041
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,700		16,700	
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)	37,895	33,040	2,021	2,834
12 Advertising and promotion	6,000			6,000
13 Office expenses	28,993	24,354	1,740	2,899
14 Information technology	32,639	27,417	1,958	3,264
15 Royalties				
16 Occupancy	64,093	44,079	10,007	10,007
17 Travel	21,489	18,803	1,007	1,679
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	69,244	47,622	10,811	10,811
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,687	32,109	7,289	7,289
23 Insurance	75,884	63,743	4,553	7,588
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	174,519	152,742	8,166	13,611
b CONTRACT SERVICES	106,438	89,408	6,386	10,644
c POSTAGE & SHIPPING	45,768	4,532	324	40,912
d PRINTING	23,244	11,054	790	11,400
e All other expenses	89,172	57,138	15,735	16,299
25 Total functional expenses. Add lines 1 through 24e	1,938,873	1,572,749	137,513	228,611
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	107,721	1	125,471
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	104,980	3	81,942
	4 Accounts receivable, net	26,850	4	41,782
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	500	7	
	8 Inventories for sale or use	615,994	8	616,000
	9 Prepaid expenses and deferred charges	6,736	9	10,596
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,293,900		
	b Less: accumulated depreciation	411,488		
		1,193,708	10c	1,882,412
	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	29,113	14	19,287
15 Other assets. See Part IV, line 11	1,500	15	1,500	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,087,102	16	2,778,990	
Liabilities	17 Accounts payable and accrued expenses	185,530	17	88,594
	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	5,000
	23 Secured mortgages and notes payable to unrelated third parties	925,037	23	936,215
	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	1,110,567	26	1,029,809
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	951,535	27	1,652,871
	28 Temporarily restricted net assets	25,000	28	96,310
	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	976,535	33	1,749,181
	34 Total liabilities and net assets/fund balances	2,087,102	34	2,778,990

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	2,711,519
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,938,873
3	Revenue less expenses. Subtract line 2 from line 1	3	772,646
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	976,535
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain 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	1,749,181

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 58-1340903

Name: HOSEA FEED THE HUNGRY AND
HOMELESS INC

Form 990 (2018)

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 WOMEN'S EMPOWERMENT PROGRAM AND MORE. THE DAY CENTER IS OPEN 4 DAYS A WEEK, TUES. - FRI., AT 4215 WENDELL DRIVE 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, PROVIDED 2,163 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 513 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 2,087 INDIVIDUALS ON THANKSGIVING AND CHRISTMAS DAY AT THE GEORGIA WORLD CONGRESS CENTER AND OFF-SITE PROVIDED 6,973 HOME DELIVERED MEALS. 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 818 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 ELIZABETH 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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
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 **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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,673,136	3,025,723	2,247,129	2,288,613	2,704,885	11,939,486
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	1,673,136	3,025,723	2,247,129	2,288,613	2,704,885	11,939,486
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) . . .						349,965
6	Public support. Subtract line 5 from line 4.						11,589,521

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .	1,673,136	3,025,723	2,247,129	2,288,613	2,704,885	11,939,486
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	6	19	20	27	22	94
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .	32,767	7,894	3,494	14,193	5,612	63,960
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	8,886	2,278	2,537			13,701
11	Total support. Add lines 7 through 10						12,017,241

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 2018 (line 6, column (f) divided by line 11, column (f))	14	96.440 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	99.320 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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.		
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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 13,701

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

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? Yes 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? Yes 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 7/25/06, 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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:
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 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	285,594	834,849
c Leasehold improvements		21,830	14,842	6,988
d Equipment		87,309	75,335	11,974
e Other		957,823	35,717	922,106
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,882,412

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.

(a) Description of liability	(b) Book value
1. (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	2,740,119
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	28,600	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	28,600
3	Subtract line 2e from line 1		3	2,711,519
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	2,711,519

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	1,967,473
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	28,600	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	28,600
3	Subtract line 2e from line 1		3	1,938,873
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	1,938,873

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, 2019 AND 2018, 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 FOR THE LAST THREE YEARS.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 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	80	47,724		ACTUAL	
(2) UTILITIES	23	4,582		ACTUAL	
(3) FOOD SERVICES	6647	18,268		ACTUAL	FOOD-DINNERS
(4) DONATED FOOD & CLOTHING	8127		191,388	FMV	FOOD & CLOTHING
(5) TRANSPORTATION	220	2,525		ACTUAL	BUS
(6) SPONSORSHIP	2	1,875		ACTUAL	
(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.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

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
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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.

1	(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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) ELIZABETH OMILAMI	CEO/PRESIDENT	OPERATING EXPENSES	X		5,000	5,000		No		No		No
Total						5,000	▶ \$					

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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	35,642	VOLUNTEER DIRECTOR		No
(2) JUANITA RAMEY	FAMILY OF CEO	32,809	SPECIAL PROJECTS		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

2018

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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		7,880	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	35,026	WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TOYS AND EQUIP)	X	1	18,229	THRIFT STORE PRICING
26 Other ▶ (SUPPLIES)	X	1	130,253	THRIFT STORE PRICING
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization
HOSEA FEED THE HUNGRY AND HOMELESS INC

Employer identification number

58-1340903

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, ITEM B	THE ORIGINAL FORM 990 WAS FILED WITH PRELIMINARY INFORMATION. THE AMENDED FORM REFLECTS INFORMATION FROM THE AUDITED FINANCIAL STATEMENTS.

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	<p>DAY CENTER/FOOD BANK - THE HFTH DAY CENTER IS THE VEHICLE THAT OPERATES THE FOOD BANK, THE OUTREACH TO THE HOMELESS, THE WOMEN'S EMPOWERMENT PROGRAM AND MORE. THE DAY CENTER IS OPEN 4 DAYS A WEEK, TUES. - FRI., AT 4215 WENDELL DRIVE 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.</p> <p>CHILDREN & YOUTH PROGRAMS - BACK TO SCHOOL JAMBOREE HELD ONCE PER YEAR JUST PRIOR TO SCHOOL OPENING, PROVIDED 2,163 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 513 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)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>HOLIDAY DINNER EVENTS - THANKSGIVING AND CHRISTMAS HOSEA FEED THE HUNGRY SERVED 2,087 INDIVIDUALS ON THANKSGIVING AND CHRISTMAS DAY AT THE GEORGIA WORLD CONGRESS CENTER AND OFF-SITE PROVIDED 6,973 HOME DELIVERED MEALS. 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 818 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 ELIZABETH 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>SUPPORTIVE HOUSING - HOMELESS PREVENTION - OUR EFFECTIVE HOMELESS PREVENTION PROGRAMS, H.E .L.P - HELPING, EMPOWERING, LEARNING FOR PROGRESS, TYPICALLY ASSESS IMMEDIATE HOUSING NEED S, EXPLORE HOUSING OPTIONS AND RESOURCES, PROVIDE FLEXIBLE FINANCIAL ASSISTANCE FOR APPROX IMATELY 90 FAMILIES PER YEAR AND, WHEN APPROPRIATE, OFFER VOLUNTARY CASE MANAGEMENT SERVIC ES FOCUSED ON HOUSING STABILIZATION. PARTICIPANTS ARE REQUIRED TO ATTEND FINANCIAL LITERAC Y AND BUDGETING CLASSES. THIS PROGRAM CAN ALSO INCLUDE ASSISTANCE FOR FIRST AND LAST MONTH S' RENT, DEPOSITS, UTILITIES, RENTAL ASSISTANCE FOR A FINAL MONTH AT A LOCATION, MOVING CO ST ASSISTANCE, OR OTHER ACTIVITIES THAT WILL DIRECTLY HELP A PERSON STAY IN HIS OR HER CUR RENT HOUSING SITUATION. DISBURSEMENTS ARE BASED ON WHETHER FUNDING WILL HELP OVERCOME AN I MMEDIATE BARRIER TO ENTERING OR MAINTAINING HOUSING. RENTAL ASSISTANCE IS PROVIDED FOR 1-1 8 MONTHS DEPENDING ON THE NEEDS OF THE HOUSEHOLD. RENTAL ASSISTANCE TARGETS PEOPLE WHO WIL L LIKELY NOT BE ABLE TO MOVE QUICKLY INTO PERMANENT HOUSING WITHOUT IT. AT A MINIMUM, PREV ENTION RESOURCES ARE TARGETED TO PEOPLE WHO HAVE EXTREMELY LOW INCOMES (BELOW 30 PERCENT O F AREA MEDIAN INCOME), WHO HAVE A DEMONSTRATED HOUSING CRISIS (E.G. REQUEST TO VACATE A DU AL HOUSEHOLD SITUATION), AND WHO LACK PROTECTIVE FACTORS, SUCH AS FRIENDS OR FAMILY MEMBER S WHO CAN HELP THEM. HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) DATA OR OTHER DATA ABOU T 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 DIVER SIO N PROGRAMS ATTEMPT TO PREVENT HOMELESSNESS FOR PEOPLE WHO ARE APPLYING FOR SHELTER BY HELP ING PEOPLE RETURN TO THE HOUSING THEY JUST LEFT OR MOVE IN WITH FRIENDS OR FAMILY USING FI NANCIAL INCENTIVES OR MEDIATION. IF THAT SITUATION CANNOT BE MADE PERMANENT, THEN THE DIVE RSION 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-HOU SING - HFTH RE-HOUSING PROGRAMS WORK WITH PEOPLE WHO ARE ALREADY HOMELESS TO HELP THEM QUI CKLY MOVE INTO RENTAL HOUSING. RAPID RE- HOUSING PROGRAMS TEND TO BE SHORT-TERM (1 - 12 MO NTHS) AND INVOLVE IDENTIFYING AFFORDABLE HOUSING LOCATIONS, FINANCIAL ASSISTANCE, AND AN O FFER OF CASE MANAGEMENT. SHORT-TERM RENTAL ASSISTANCE IS PROVIDED WHEN NECESSARY. WHEN SER VING 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 HO USING AND ENCOURAGE LANDLORDS TO RENT TO PEOPLE WHO ARE HOMELESS OR AT RISK OF HOMELESSNES S. THEY ALSO HELP NEGOTIATE RE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	ASONABLE 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.

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 AWODELE OMILAMI ELISABETH OMILAMI SON

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 SALARIES OF THE CEO & COO ARE SUBMITTED TO THE BOARD OF DIRECTORS FOR APPROVAL. NO SALARY INCREASES HAVE BEEN SUBMITTED IN THE PAST 5 YEARS. THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE CEO. ALL COMPENSATION IS COMPARED TO INDUSTRY STANDARD FOR NON-PROFIT IN ATLANTA WITH LESS THAN 50 EMPLOYEES AND UNDER 5M BUDGET.

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.