

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A I	or the	2016 calenda	ar year, or tax year beginning January 1 , 2016, and ending	Dec	cember 31	, 20 16
B	heck if ap	pplicable.	C Name of organization	D Emp	loyer identifica	tion number
	Address c	hange	Osman Hope Inc.	i	38-3612	2445
=	Name cha	*	Number and street (or P O. box, if mail is not delivered to street address) Room/surte	E Teler	phone number	
=	Indual retur	m m∕terminated	PO Box 1327		423-247-	5418
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exemption	 I
=		on pending	Kingsport, TN 37660	Nur	nber 🕨	NA
G /	Account	ting Method:	☐ Cash	H Check	▶ ☐ If the o	rganization is not
1 V	Vebsite	e:▶ <u>ww</u> w.	osmanhope.org		d to attach Sc	
JT	ax-exen	npt status (che	eck only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	(Form 9	90, 990-EZ, c	or 990-PF).
K	orm of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets		
(Pa	rt II, coli	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	▶ \$	
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the			•
		Check if	the organization used Schedule O to respond to any question in this Par	<u>tl</u>	<u> </u>	<u> 🛘</u>
	1	Contribution	ons, gifts, grants, and similar amounts received		1	155,581
	2	Program se	ervice revenue including government fees and contracts		2	
	3	Membersh	ip dues and assessments		3	
	4	Investment			4	1
00	5a	Gross amo	ount from sale of assets other than inventory 5a	0]	
S	Ь		or other basis and sales expenses	0	1 1	
×	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
\leq	6	Gaming an				
7	а		ome from gaming (attach Schedule G if greater than			
<u> </u>			0	1 1		
SCANNFanuelag	b		me from fundraising events (not including \$ 0 of contributions)	ons		
Œ.			aising events reported on line 1) (attach Schedule G if the			
			th gross income and contributions exceeds \$15,000) 6b	0		
C			t expenses from gaming and fundraising events 6c	0	{	
2017	d	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	subtract		
=	7-	•	a of inventory land returns and allowers		6d	0
	7a		s of inventory, less returns and allowances	0	1 1	
	b		of goods sold	0	1 1	_
	c 8		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c 8	0
	9				9	0
	10	Grante and	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. , y	10	155,582
	11		aid to or for members		11	136,278
S	12			• • •	12	
Se	13	Profession	ther compensation, and employee benefits		13	
e e	14	Occupancy		14		
Expenses	15	Printing n		15	1,301	
	16	Other expe	ublications, postage, and shipping		16	5,162
	17		enses. Add lines 10 through 16		17	142,741
_	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	<u> </u>	18	12,841
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agi		·	12,041
\ss	1		r figure reported on prior year's return)		19	110,093
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20	,
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	122,934
For			ion Act Notice, see the separate instructions. Cat No. 106421			990-EZ (2016)

Pá	rt II Balance Sheets (see the instructions f	•					
	Check if the organization used Schedule	O to respond to a				<u>.</u> .	<u> [/</u>
•				(A) Beginning of	f year		(B) End of year
22	Cash, savings, and investments			1	10,093	22	122,934
23	Land and buildings					23	
24	Other assets (describe in Schedule O)		_			24	
25	Total assets			1	10,093	-	122,934
26	Total liabilities (describe in Schedule O)				_	26	0
27	Net assets or fund balances (line 27 of column				10,093	27	122,934
Par		•		,			Expenses
IA/h-	Check if the organization used Schedule t is the organization's primary exempt purpose?		ny question in this he operation of childi		. 🗸	(Red	quired for section
		-					(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise m	anner, describe the				_	anizations, optional for ers.)
	ons benefited, and other relevant information for ea						
28	This amount went to the operation of four chilldren s for 180 children.			or food and c	are		
	(Grants \$) If this amount	ıncludes foreign gra	ants, check here .	>		28a	126,228
29	This amount provided Secondary School scholarship						120/220
	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u></u> . >		29 a	10,050
30							
				·			
0.4			ants, check here .		ا لیا_	30a	3
31	Other program services (describe in Schedule O) (Grants \$) If this amount	· · · · · · ·					_
			inis check here		' 3	31a	4
32	Total program service expenses (add lines 28a t	includes foreign gra	arto, oricot ricio .			_	
	Total program service expenses (add lines 28a t	hrough 31a)			•	32	136,278
	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list eac	h one even if not com	ensated—se	e the in	32 nstru	136,278 octions for Part IV)
	Total program service expenses (add lines 28a t	hrough 31a) Employees (list eac O to respond to a	h one even if not comp ny question in this (c) Reportable	pensated—se Part IV .	e the ir	32 nstru	136,278 octions for Part IV)
	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key	hrough 31a)	h one even if not comp ny question in this (c) Reportable compensation	pensated—se Part IV . (d) Health b	e the ir	32 nstru 	totions for Part IV)
	Total program service expenses (add lines 28a to total program service expenses (add lines 28a total program servic	hrough 31a) Employees (list eac O to respond to a (b) Average	h one even if not comp ny question in this (c) Reportable	pensated—se Part IV . (d) Health b	ee the ir	32 nstru	136,278 octions for Part IV)
Par	Total program service expenses (add lines 28a to total program service expenses (add lines 28a total program servic	hrough 31a)	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—se Part IV (d) Health b contributions to benefit plan	ee the ir	32 nstru	totions for Part IV)
Par	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a)	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—se Part IV (d) Health b contributions to benefit plan	ee the ir	32 nstru	totions for Part IV)
Par	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Femployees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—se Part IV (d) Health b contributions to benefit plan	ee the ir	32 nstru	totions for Part IV)
Par	Total program service expenses (add lines 28a to 11V) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title arita Grachen - President	hrough 31a) Femployees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—se Part IV (d) Health b contributions to benefit plan	ee the ir	32 nstru	totions for Part IV)
Marg R Pe	Total program service expenses (add lines 28a to 11V) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title arita Grachen - President	hrough 31a) Femployees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—se Part IV (d) Health b contributions to benefit plan	ee the ir	32 nstru	totions for Part IV)
Marg R Pe	Total program service expenses (add lines 28a to 17	hrough 31a) Femployees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—se Part IV (d) Health b contributions to benefit plan	ee the ir	32 nstru	totions for Part IV)
Marg R Pe	Total program service expenses (add lines 28a to 17	hrough 31a) Femployees (list eac O to respond to a (b) Average hours per week devoted to position 10	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—se Part IV (d) Health b contributions to benefit plan	ee the ir	32 nstru	totions for Part IV)
Marg R Pe David	Total program service expenses (add lines 28a to 17	hrough 31a) v Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—se Part IV (d) Health b contributions to benefit plan	ee the ir	32 nstru	totions for Part IV)
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Marg R Pee David	Total program service expenses (add lines 28a to 17	hrough 31a) remployees (list eac O to respond to a (b) Average hours per week devoted to position 10 10 5	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—se Part IV (d) Health b contributions to benefit plan	ee the ir	32 nstru	totions for Part IV)
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Marg R Pee David	Total program service expenses (add lines 28a to 17	hrough 31a) remployees (list eac O to respond to a (b) Average hours per week devoted to position 10 10 5	h one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—se Part IV (d) Health b contributions to benefit plan	ee the ir	32 nstru	totions for Part IV)

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
þ	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	4		
ь	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► Michigan			
42a	The organization's books are in care of ▶ R Peter Borg Telephone no. ▶	423-24	7-541	8
	Located at ► 1109 Devonshire Ct, Kingsport, TN 37660 ZIP + 4 ►	37660	-1188	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	> []
44-			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45h		1

Form 990-	EZ (2016)						P	age 4
46	olid the organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf of	f or in opposit	tion	Yes	No
- to	o candidates for public office? If "Yes," o	complete Schedule C,	Partl	· · · ·		46		✓
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	s must answer que				e tables t	for line	es 🗆
	Oneda ii ine organization deed de		<u> </u>		'' 		Yes	No
	old the organization engage in lobbying ear? If "Yes," complete Schedule C, Par		section 501(h) elec	tion in effec	ct during the	tax . 47		1
48 ls	s the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complet	te Schedule	E	. 48		√
	old the organization make any transfers t		_	nization? .		. 49a	+	✓
50 C	"Yes," was the related organization a se complete this table for the organization's imployees) who each received more than	five highest compens	sated employees (c				es, an	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Heacontribution	alth benefits, ons to employee ns, and deferred opensation	(e) Estimat other cor	ed amoi	unt of
51 (otal number of other employees paid ov Complete this table for the organization 100,000 of compensation from the organization	's five highest compe	ensated independe	nt contract	ors who each	received	l more	than
	(a) Name and business address of each independ		(b) Type of s	service	(c)	Compensat	ion	
			<u> </u>					
52 [otal number of other independent control of the organization complete Scheduce completed Schedule A	-		. ▶ ganızations		n a .▶ ∀ Ye :	s 🗀	 No
Under pen	alties of perjury, I declare that I have examined this ct, and complete Declaration of preparer (other that				the best of my kr			
	K Le Le Kong			T	april 9	201	7	
Sign Here	Signature of officer R Peter Borg - Treasurer				Date	<i>-</i>		
	Type or print name and title							
Paid Prepai	Print/Type preparer's name	Preparer's signature		Date	Check self-emplo		<u> </u>	
Use O	nly Firm's name ▶				Firm's EIN ▶			
May the	Firm's address ► IRS discuss this return with the prepare	r shown above? See	instructions		Phone no.	► □ Ye	s 🗍	No

Form **990-EZ** (2016)

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.

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number Osman Hope Inc. 38-3612445 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ☑ An organization that normally receives: (1) more than 33½% 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 33½% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Part							
	(Complete only if you checked the						alify under
Secti	Part III. If the organization fails to on A. Public Support	quality unde	r the tests lis	ted below, pi	ease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 23 12	(5) 2510	(6) 2511	(4) 2010	(5) 20:0	(y rotar
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	(1) 0040	#1 0040	() 0044	4 B 0045	(10040	(0 T +-1
Calen 7	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0.	0	0	0
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	ne organization	's first, second		•		• • • • • • • • • • • • • • • • • • • •
	organization, check this box and stop he			<u> </u>	<u></u>	<u> </u>	· · > 🗖
	on C. Computation of Public Suppor Public support percentage for 2016 (line 6			1 001:000 (6)		14	<u></u> %
14 15 16a	Public support percentage from 2015 Sch 331/3% support test—2016. If the organi box and stop here. The organization qua	nedule A, Part lization did not lifies as a publi	II, line 14 . check the box icly supported	on line 13, an organization		15 31/3% or more,	check this
b	331/3% support test—2015. If the organithus box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, ch	eck this box a zation qualifies	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ation meets the neets the "fact	e "facts-and-c s-and-circums	circumstances" stances" test.	test, check t The organizati	this box and	stop here. a publicly
18	supported organization	d not check a	box on line 13,		, or 17b, chec		▶ □

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.)

	if the organization rans to quality	under the tes	is iisted beit	w, picase co	inpiete i arti	<u>'''</u>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees		ł	1		1	
	received. (Do not include any "unusual grants.")	165,324	148,415	160,612	148,950	155,581	778,882
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	Ì	ļ	Ì		}	
	organization's tax-exempt purpose	a	o	a	o	o	0
3	Gross receipts from activities that are not an			-	· · · · · · · · · · · ·	-	<u>~</u>
•	unrelated trade or business under section 513	o	o	o	o	o	•
4	Tax revenues levied for the						0
-	organization's benefit and either paid	1		}			
	to or expended on its behalf	_]	_	_]	_		_
_	•	0	O	0	0	O	0
5	The value of services or facilities	j		j		1	
	furnished by a governmental unit to the		}	Ì		1	
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	165,324	148,415	160,612	148,950	155,581	778,882
7a	Amounts included on lines 1, 2, and 3	}	+	}		1	
	received from disqualified persons .	34,520	33,161	43,569	45,923	25,068	182,241
b	Amounts included on lines 2 and 3			Ì		1	
	received from other than disqualified	1		ł		1	
	persons that exceed the greater of \$5,000			{		1	
	or 1% of the amount on line 13 for the year	o	o	o	o	o	0
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)			\$			596,641
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	165,324	148,415	160,612	148,950	155,581	778,882
10a	Gross income from interest, dividends,			100,012	140,000	100,001	,,,,,,
	payments received on securities loans, rents,	1		Ì		}	
	royalties and income from similar sources .	5	2		- 1	1	10
ь	Unrelated business taxable income (less			'		' †	
•	section 511 taxes) from businesses	1	1	j		{	
	acquired after June 30, 1975	ام		ام			•
С	Add lines 10a and 10b	5	0		0	0	0
11	Net income from unrelated business			' {		 - ! }-	10
''	activities not included in line 10b, whether	}		5	}	j	
	or not the business is regularly carried on	Ì		ł		1	
40	· · · · · · · · · · · · · · · · · · ·						
12	Other income. Do not include gain or loss from the sale of capital assets	Į		1			
	(Explain in Part VI.)	1	ł	}		}	
12	· ·						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	•	165,329	148,417	160,613	148,951	155,582	778,892
14	First five years. If the Form 990 is for the	-			-		
<u> </u>	organization, check this box and stop he			 		· · · · ·	
	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8					15	76.6 %
16 Sooti	Public support percentage from 2015 Sch			 		16	71.6 %
	on D. Computation of Investment In					T-27	
17	Investment income percentage for 2016 (17	0 %
18	Investment income percentage from 2015					18	0 %
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/2%, check this box						
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this I	oox and stop he	ere. The organi	zation qualifies	as a publicly su	pported organi	zation 🕨 🗌
20	Private foundation, if the organization di	d not check a b	oox on line 14	19a or 19h c	heck this box a	and see instruc	tions > 🗆

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

Conti	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P on A. All Supporting Organizations	art V	.)	
Secu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated . If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

	e A (t offit 350 of 350-tz) 2010			age O
Part	Supporting Organizations (continued)			
	the state of the s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	110		
		11a 11b		
	A family member of a person described in (a) above?	11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	110	<u> </u>	
Secu	on B. Type I Supporting Organizations		Yes	No
4	Did the divertors trustees or membership of one or more supported organizations have the newer to		res	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	į	, ,	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	(
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	 -		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ĺ		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			Ь
	on or type it dapper unit organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed]		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		اــــــا	٠
	, post of post of the control of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Secti</u>	on 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 it	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	structi	ions).
_				
2	Activities Test. Answer (a) and (b) below.		Yes	No_
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			l
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.			
	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			!
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.			
^	-	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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>	20		
		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	130	لــــــا	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ 			tions 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):			
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). 7 Check here if the current year is the organization's first as a non-functional 	6 lv int	egrated Type III support	ing organization (see
instructions).	,	-3-3-22 . Jpo capport	

Part) Supporting Organi	zations (continued)	
Secti	on D - Distributions	·····		Current Year
`1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			,
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		<u> </u>	
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result	,		
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	,		
7	Excess distributions carryover to 2017. Add lines 3 _j and 4c.			
8	Breakdown of line 7			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

D	¢
Page	c

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.)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

Osman Hope Inc	38-3612445
Line 10: \$31,675 was given to the La Lima shelter, \$33,418 was given to the Santa Cruz shelter, \$45,085	was given to the Villanueva shelter,
\$22,600 was given to the Jesus Rivera shelter, Training \$3500	***************************************
	·
Line 16: Credit card transaction costs, license, liability insurance, audit, bank charges, office supplies	
~	
······································	