IRS e-file Signature Authorization for an Exempt Organization year 2016, or fractil year beginning JUL 1 2016, and sending JUN 30 .2017

OMB No 1545 1878

Department of the Tressury	Do not send to the IRS			20 10		
Internal Revenue Service	Information about Form 8879-EO and its	Instructions is at www.irs.gov/form8i	7900.	11 V 2670		
Name of exempt organization			Employer	16dmps pobabilizabl		
	ed - Florida Region		54-2	082539		
Name and title of officer						
Todd Schultz						
Chief Financi						
	Return and Return Information (Whole D					
on line 1a, 2a, 3a, 4a, or 5a	m for which you are using this Form 8879-EO and a, below, and the amount on that line for the return ank (do not enter .0-). But, if you entered .0- on the	being filed with this form was blank, t	hen leave	ine 15, 25, 35, 45, or 65.		
1a Form 990 check here	b Total revenue, if any (Form 990, F	Part VIII, column (A), line 12)	1b	7,090,426.		
2a Form 990-EZ check he	re Du b Total revenue, il any (Form 9)	90-EZ, Ilne 9)	2ь			
3a Form 1120-POL check	here b Total tax (Form 1120-POL	., line 22)	3b			
4a Form 990-PF check he	re b Tex based on investment inc	come (Form 990-PF, Part VI, line 5)	4b			
5a Form 8888 check here						
			•			
	on and Signature Authorization of Off I declare that I am an officer of the above organiza					
intermediate service provide (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later this processing of the electronic payment. I have selected a organization's consent to e	count in Part I above is the amount shown on the or er, transmitter, or electronic return originator (ERO) receipt or reason for rejection of the transmission opilicable, I authorize the U.S. Treasury and its desi institution account indicated in the tax preparation titution to debit the entry to this account. To revok in 2 business days prior to the payment (settlement payment of taxes to receive confidential informat personal identification number (PIN) as my signature lectronic funds withdrawel.) to send the organization's return to to , (b) the reason for any delay in procest ignated Financial Agent to initiate an ea a software for payment of the organizate a payment. I must contact the U.S. at date I also authorize the financial in the nacessary to grower incultee and	he IRS and saing the re electronic fu tion's fede Treasury F satitutions	i to receive from the IRS sturn or refund, and (c) unds withdrawal (direct ral taxes owed on this inancial Agent at involved in the		
Officer's PIN: check one b						
TAI I authorize Kor			o enter my			
	ERO firm name			Enter five numbers, but do not enter all zares		
is being filed with enter my PIN on t As an officer of th indicated within ti	on the organization's tax year 2016 electronically fill a state agency(les) regulating charities as part of the return's discissure consent screen. It is organization, I will enter my PiN as my signature as return that a copy of the return is being filed with the return that a copy of the return is consent screen.	the IRS Fed/State program, I also authors on the organization's tax year 2016 ethe a state agency(les) regulating charit	iorize the a lectronicali	forementioned ERO to y filed return If I have of the IRS Fed/State		
Tincar-s-schigung-b-		Date-	9.A./-			
Part III Certificat	on and Authentication					
	r six-digit electronic filing identification					
	our five-digit self-selected PIN.	15911660614 do net enter all zeros]			
certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I onfirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) information for Authorized IRS -file Providers for Business Returns.						
RO's signature >	Various Harden	Date ▶ 2-	-75-	18		
			<u> </u>	<u>, , , </u>		
	ERO Must Retain This For	rm - See instructions		The state of the s		

Do Not Submit This Form To the IRS Unless Requested To Do So

Form 990

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.

Open to Public Impection

OMB No. 1548-0047

riment of the Trues and Revenue Service

Information about Form 990 and its instructions is at www.in.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016and ending JUN 30, 2017 C Name of organization D Employer identification number Check II One Hope United - Florida Region 54-2082539 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 333 South Wabash Avenue 2750 (312)949-5620 7,093,682. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Chicago, IL 60604 H(a) is this a group return F Name and address of principal officer. Todd Schultz Yes X No for subordinates? same as C above Yes No | Tax-exempt status: | X | 501(c)(3) | 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No." attach a list, (see instructions) J Websitz: > www.onehopeunited.org H(c) Group exemption number Form of organization: X Corporation Trust Association L Year of formation; 2003 M State of legal domicile; FL Part | Summary 1 Brisfly describe the organization's mission or most significant activities: One Hope United increases Governance opportunities for children and families by providing quality 2 Check this box > IX 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 4 Number of independent voting members of the governing body (Part VI, line 1b) 203 5 Total number of Individuals employed in calendar year 2016 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 8 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 980-T, line 34. 0. Current Year 6,929,707. 150,500. 2,278. Prior Year 9,406,145. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 3,611. 9,543. 9,566,299. investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,941. 12 Total revenue - add lines 8 through 11 (must equal Port VIII, column (A), line 12) 090,426. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 177,685. 161,080. 14 Benefits paid to or for members (Part IX, column (A), Ine 4) 0. 7,487,459. 5,802,098. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 2,027,504. 9,692,648. -126,349. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,370,482. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ,333,660. -243,234. Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year **End of Year** 1,458,525. 20 Total assets (Part X, line 16) ... 948,367. 489,842. 21 Total liabilities (Part X, line 26) 0. Net assets or fund balances. Subtract line 21 from lise 20 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. Contracts n of separate other han on ser) is based on all information of which preparer has any knowledge. Sign Todd Schultz, Chief Financial Officer Here Type or print name and title Date Print/Type preparer's name Proparer's signature Paid Wayne Harder P00294296 Firm's name > RSM US LLP Preparer Firm's EIN > 42-0714325 Firm's address > 1 S. Wacker Drive, Ste 800 Use Only Chicago, IL 60606 Phone no. 312 ~ 634 ~ 3400 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

	m 990 (2016) One Hope United - Florida Region 5	4-2082539	Page 2
Pa	art III Statement of Program Service Accomplishments		age =
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	One Hope United increases opportunities for children and	C 3 1 1 1	
	one hope onited increases opportunities for children and	camilies by	
	providing quality solutions that enhance lives, communities	es and	
	futures.		
		· · · · · ·	
2	Did the organization undertake any significant program services during the year which were not listed on the		
			ज ि
		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 🖸	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	sured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	he total evacace en	_
	revenue, if any, for each program service reported.	ne total expenses, and	u
4a	6 256 400	150 5	~~
44	(Code:) (Expenses 5 0, 570, 233 including grants of \$ LOI, UOU •) (Revenue \$	150,50	00.)
	In-Home and Out-of-Home Placement Services:		
	One Hope United offers placement services when risk to a	child from	
	abuse and neglect is so great and the family situation is	90	
	deteriorated that the child must be removed from his or he	an home Me	
	carved 1 650 children through in here and out of the	er home. We	
	served 1,659 children through in-home and out-of-home place	ement	
	services in FY17, with the majority of these children rece	iving foste	er
	care services. In foster care, we provide case management	services wi	th
	the child while working to strengthen the biological famil	v so that t	he
	child may safely return home.	-7	
-116			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$) (Revenue \$))
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	1	
‡e	Total program service expenses ➤ 6,376,439.		
		- 222	
		Form 9 90	(2016)

Page 3

Form 990 (2016) One Hope United - Florida Region
Part IV | Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1				Yes	Ma
2 Is the organization required to complete Schedule of Contributions 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I as Section SO1(x) sympatization. But the organization engage in lobbying activities, or have a section SO1(x) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II as the organization as section SO1(x) sympatization as ection SO1(x)(s). SO1(x)(s), or SO1(x)	1	APRIL B. C.			No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 4 Section 901(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the stay year? If "Yes," complete Schedule C, Part II 4 5 Is the organization as section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 91.97 If "Yes," complete Schedule C, Part III 6 6 Did the organization meintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (If "Yes," complete Schedule D, Part II 10.1 the organization meintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (If "Yes," complete Schedule D, Part II 10.1 the organization investment collections of works of art, historical ressures, or other similar assets? If "Yes," complete Schedule D, Part II 10.1 the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10 If II "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments of the resonance of its total assets reported in Part X, line 10 If II "Yes," complete Schedule D, Part V 11 If II	2				
public office? If "Yes," complete Schedule C, Part I Saction 501(R)) organizations. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year," If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III 7 Did the organization receive or hold a conservation essement, including easements to pressave open space, the environment, historic land areas, or historic structures If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical freesures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi-endowments If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 102 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of list total assets reported in Part X, line 167 If "Yes," complete Sche		Did the organization angage in direct or indirect political comprise and it is a set of its and the organization angage in direct or indirect political comprise and its angage in direct or indirect political comprise and its angage in direct	2	X	<u> </u>
4 X section 901(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i)(4), Section in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization assection 501(i)(4), 501(i)(5), or 501(i)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceeding 9-187 If "Yes," complete Schedule C, Part II is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investments of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investments or provided schedule D, Part II		public office? If "Yes," complete Schedule C, Part I	3		x
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Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization creticity or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's isability for uncertain tax positions under RIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11th X 2a X but the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XIII but the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XIII soptional 12b X 13 is the organization included in consolidated, independent audited financial statements for the t		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
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If "Yes," complete Schedule D, Part IV 10 X 11 If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X X 11 X X 12 X 12 X 13 X 14 X 15 X 15 X 15 X 15 X 16		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10 bid the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasis-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. 11 bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI It is possible to the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII It is possible to the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part VII It is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI It It Is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI It		If "Yes," complete Schedule D, Part IV	9		х
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IIX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 1	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		v
as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c	11	If the organization's answer to any of the following questions is "Yes " then complete Schedule D. Parte VI. VIII.	10		<u> </u>
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13		If "Yes," and if the organization answered "No" to line 12s then completing Seb-state S. S. C. V.		<u>,</u>	
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	_	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX			
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1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes."	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines		$\neg \dagger$	
bid the organization report more than \$15,000 or gross income from gaming activities on Part VIII, line 9a? If "Yes."		1c and 8a? If "Yes," complete Schedule G, Part II	18		X
complete Schedule G, Part III	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
		complete Schedule G, Part III	19		X

Page 4

			Yes	No
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zva h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			7
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	ł
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	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	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
þ	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? If "Yes," complete	055		x
	Schedule L, Part I	25b	├	<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		l	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26	1	x
	complete Schedule L, Part II	20	 	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27	1	X
	of any of these persons? If "Yes," complete Schedule L, Part III		16.63	Dara
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):	28a		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		1	\Box
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	Х
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30	ŀ	X
24	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes." complete Schedule N. Part I	31	X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Schedule N, Part II	32		X
-33-	Did the organization own-100%-of-an entity-disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
••	Part V, line 1	34	X	
35a	5 10 10 10 10 10 10 10 10 10 10 10 10 10	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		↓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}$	X
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	
	Note. All Form 990 filers are required to complete Schedule O	38		
		For	ո 99 0	(2016

Form 990 (2016) One Hope United - Florida Region Part V Statements Regarding Other IRS Filings and Tax Compliance

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Check if Schedule O contains a response or note to any line in this Part V			
18 Enter the number reported in Box 3 of Form 1098. Enter -0 in final applicable 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Yes	No
b Enter the number of Forms W26 included in line 1a. Enter-0-1 in a applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5	7		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, liked for the calendary sere indig with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1 and 2a is greater than 250, you may be required to a-file (see instructions) 3b If Yes, has it filed a Form 950-Tior this year? If Y-No, 1 of this 3b, provide an explanation in Schedule O. 3b If Yes, has it filed a Form 950-Tior this year? If Y-No, 1 of this 3b, provide an explanation in Schedule O. 3b If Yes, has it filed a Form 950-Tior this year? If Y-No, 1 of this 3b, provide an explanation in Schedule O. 3b If Yes, has it filed a Form 950-Tior this year? If Y-No, 1 of the 3b, provide an explanation in Schedule O. 3c If Yes, 1 of Yes, 1 of the foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the hannes of the foreign country. 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, 2 of Yes, 1 on the Schedule Organization that It was or is a party to a prohibited tax shelter transaction? 5c If Yes, 1 on the Schedule Organization that It was or is a party to a prohibited tax shelter transaction? 5c If Yes, 1 on the Schedule Organization that It was or is a party to a prohibited tax shelter transaction? 5c If Yes, 2 of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible or character of the year of the organization solicit and the organization include with every solicitation an explose statement		Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (
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b if "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCRI Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCRI Form 114, Report of Foreign Bank and Financial Accounts (FBAF). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 55	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	C.11		- 300
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a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a			6b		
b if "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year E Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	7		1	E No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 70		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
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1 100				- -	_
				990 (2	2016)

Form 990 (2016)
One Hope United - Florida Region 54-2082539 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 77

	Official in Concodic C Contains a respective Contains					A		
Sec	ion A. Governing Body and Management			Г	. т			
		1 9	1		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3					
	If there are material differences in voting rights among members of the governing body, or if the governing				185	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1	_			SH		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	Ž	4	34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other		123			
	officer, director, trustee, or key employee?			2		<u> </u>		
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision	1 1				
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5	х	X		
	6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or					
	more members of the governing body?			7a		_X_		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or					
_	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:					
_	The governing body?			8a	Х			
h	Each committee with authority to act on behalf of the governing body?			8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re							
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)					
366	HON D. I OHOICS (This occition b requests mornation about passes and analysis				Yes	No		
10-	Did the organization have local chapters, branches, or affiliates?			10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such of					1000		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dv befo		11a	Х			
	The state of the s	_,			100			
b				12a	X			
12a	and the state of t			12b	X			
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *	Yes " o	lescribe	1		- 223		
C				12c	Х			
	in Schedule O how this was done			13	X			
13	Did the organization have a written whistleblower policy?			14	X			
14	Did the organization have a written document retention and destruction policy?	val by i	ndonondent		in test	200-0		
15	Did the process for determining compensation of the following persons include a review and appro-		nachengeur		133			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			15a	-	X		
а						X		
b	Other officers or key employees of the organization	• • • • • • • • • • • • • • • • • • • •		15b		100		
	f="Yes"-to-line-15a-or-15b,-describe.the.process.in.Schedule_O_(see_instructions).		with a					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			40-	100000	x		
	taxable entity during the year?			16a		91.538		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation	ate its	participation			1200		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org			401	2011	Sept.		
	exempt status with respect to such arrangements?			16b	-	_		
Sec	ction C. Disclosure		·					
17	List the states with which a copy of this Form 990 is required to be filed ▶FL							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	⊦⊺ (Sec	tion 501(c)(3)s only) availat	oie			
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (expla							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onflict	of interest policy, a	nd finar	rcial			
	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 b	ooks a	ind records: >					
	Todd Schultz - (312) 949-5620							
	333 South Wabash Avenue, Ste 2750, Chicago, IL 6	0604	1					

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

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

- 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 (Ď), (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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 (A)	(B) (C) Average Position						_	(D)	(E)	(F)		
Name and Title	Average hours per week	offi	c, unle	check ess pe	more	n s than is bo or/trus	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
(1) Theresa Dear	(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Key employee Highest compensaled employee Former		Officer Key employee Highest compensated		Former	the organization (W·2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
(1) Theresa Dear Chair	0.50 1.50	x		x			(8)	0.	0.	0		
(2) David W. McConnell	6.01	 		-		1	\vdash	0.		0		
Former CFO/Treasurer	33.99	X		X				25,884.	146,495.	12,045		
(3) Todd Schultz	6.01											
CFO/Treasurer	33.99	X		X	L	_	L.	0.	0.	0		
(4) Dan Horsely Vice Chair	1.50	Ψ.		х								
(5) Scott Humphrey	6.01	Δ	Н	Δ			_	0.	0.	0		
Chief Executive Officer	33.99			x				47,304.	267,730.	16,392		
(6) Eva Horner	40.00	Н					_	17,304.	201,130.	10,392		
Executive Director	0.00			x				123,721.	0.	15,276		
(7) Kimberly Tilford	6.02											
Secretary	33.98			Х				8,820.	49,803.	11,978		
(8) Cristina Strout Chief Human Resources Officer	33.99				X			24 726	130 045	-		
(9) Jason Friedman	6.92		-	\dashv	Α		_	24,726.	139,945.	16,515		
Chief Development & Growth Officer	33.08				_	x		25,288.	120,861.	226		
(10) Ruann Barack	6.01											
Executive Vice President	33.99					X		17,089.	96,721.	18,008		
(11) Gregorio Bazan Jr.	6.01	ļ				- 1				-		
Director Of Retention & Recruitment	33.99	\dashv	\dashv	\dashv	-	Х	\dashv	15,454.	87,464.	31		
		\perp	\dashv	_		_						
				ı		Ì	l					
			\dashv	\forall	7	\dashv	7					
		4	_	4	_	\dashv						
		ı										
		\dashv	\forall	\dashv	\forall	十	\dashv					
		\perp	\perp	\perp	\perp	\perp						
							ſ					
532007 11-11-16							_1					

(A) Name and title	(B) Average hours per	box.	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation from related	Est am	(F) imate ount o other	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and	pensa pensa pm the unizati relate nizatio	ed
		-										
		Г				1						
		├	┝	-	├	-	_					
		1_			L							
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							Γ					
		1			\vdash		<u> </u>					
		\vdash	\vdash			+	Ì					
		<u> </u>	\vdash	╁	\vdash	+-	-					
		1_	L	_	$oldsymbol{\perp}$	1	_					
		-		١		1						
1b Sub-total							>	288,286		9	0,4	71.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)								288,286	909,019.	9	0,4	71.
2 Total number of individuals (including but	not limited to t	hose	e list	ed a	abov	ve) w	/ho r	received more than \$10	0,000 of reportable			1
compensation from the organization											Yes	No
3 Did the organization list any former office	r, director, or to	ruste								2		х
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s	such individua sum of reportal	l ble d	omr			 on ar	nd of	ther compensation from	the organization	3		
and related organizations greater than \$1	50,000? If "Yes	s, " C	omp	lete	Scl	hedu	le J	for such individual		4	X	60.00
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	accrue compe	ensa ule . l	tion for:	fror suct	n ar	ny ur <i>rson</i>	rela	ted organization or indi	vidual for services	5	1931	X
Section B. Independent Contractors												
Complete this table for your five highest of the organization. Report compensation for	ompensated in	ndep	end	lent	con	trac	tors withi	that received more that in the organization's tax	n \$100,000 of compen	sation	from	
the-organizationReport-compensation-ic	-ule.calenuar				TAILL	<u>,, u, </u>	*******	(B)			C)	
Name and busines	s address	N	ION	E	_	_	_	Description of	services	Compe	insau	JII
		- (**				-	-					
					_	-						
Total number of independent contractors	(including but	not	limit	ted f	to th	nose	liste	ed above) who received	more than	2714	100	1925
2 Total number of independent contractors \$100,000 of compensation from the orga						0			644	E	990	(2016)

		Check if Schedule O contain	s a respons	e or note to any lir	ne in this Part VIII .			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluder from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns	1a					312-314
Gra Sou		b Membership dues	1b					
fs, An	'	c Fundraising events	1c	7,724.				
إِيرَ	١ ٠	d Related organizations						
Si Si	<u>'</u> ا	 Government grants (contribution 		,915,849.				
er iti	1	f All other contributions, gifts, grants,						
^독		similar amounts not included above	1f	6,134.				
P G	!	9 Noncash contributions included in lines 1a-	1f: \$	404.				
0 6		h Total. Add lines 1a-1f	• • • • • • • • • • • • • • • • • • • •		<u>6,929,707.</u>			
ø.		Counseling Fees		Business Code	150 500			
Š.				624100	150,500.	150,500.		
Ser								
ž ž		·						
Program Service Revenue	,	<u> </u>						
Ę.	,	All other program service revenue						
		Total. Add lines 2a-2f	7	>	150,500.			
	3	Investment income (including div	idends inte	rest and	130,300.			
		other similar amounts)			2,278.			2 270
i	4	Income from investment of tax-ex	empt bond	proceeds	2,2,0			2,278.
	5	Royalties						
			(i) Real	(ii) Personal			Parcelly fire	
- 1	6 a	Gross rents						
	b	Less: rental expenses						
8		Rental income or (loss)						
	d	Net rental income or (loss)	<u></u>					CONTRACTOR OF STREET
			Securities	(ii) Other			Kare Nich	Salar S
6		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	C	Gain or (loss)						
9	đ	Net gain or (loss)	**************	>				
ē	8 a	Gross income from fundraising ev	ents (not	l l				
evenue		including \$ 7 , 724						
8		contributions reported on line 1c).	See	2 150				
Other R		Part IV, line 18						
٥		Less: direct expenses		3,256.	104			
-		Net income or (loss) from fundrais		>	-104.			-104.
	Jd	Gross income from gaming activiti						
	h	Part IV, line 19 Less: direct expenses	a b					
ı	c	Net income or (loss) from gaming a			A LANGUAGE			
		Gross sales of inventory, less return			ISON SECTEMBER	A TRANSPORTED		
		and allowances						
- 1	b	Less: cost of goods sold	b					
		Net income or (loss) from sales of				MANUAL INCLUSION AND		
٦		Miscellaneous Revenue		Business Code		Capter of Table 2019		
Γ	11 a			3000			INCOME.	
	b							
	C							
16	d	All other revenue		990099	8,045.			8,045.
	е	Total. Add lines 11a-11d			8,045.			0,040
. 2	12	Total revenue. See instructions.		> 7	,090,426.	150,500.	0.	10,219.

Check if Schedule O contains a response	e or note to any line in ti	/D)	(C) I	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic	161 000	161,080.		
individuals. See Part IV, line 22	161,080.	101,000.		
3 Grants and other assistance to foreign	i i			
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	281,208.	142,262.	115,039.	23,907.
trustees, and key employees	201,200.	142,2021		
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	4,517,540.	4,150,802.	350,945.	15,793.
7 Other salaries and wages	4,311,3401	4,130,0020	3373	
8 Pension plan accruals and contributions (include	25,603.	18,380.	7,169.	54.
section 401(k) and 403(b) employer contributions)	624,248.	581,575.	39,426.	3,247.
9 Other employee benefits	353,499.	317,848.	32,771.	2,880.
10 Payroll taxes	333, 433.	317,0101		
11 Fees for services (non-employees):				
a Management	29,559.	9,283.	20,229.	47.
b Legal	13,181.	3,2001	13,181.	3.10
c Accounting	1,946.	1,946.		
d Lobbying	1,540.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	369,708.	136,134.	233,337.	237.
column (A) amount, list line 11g expenses on Sch 0.)	303,7003			
12 Advertising and promotion	176,456.	157,337.	18,841.	278.
13 Office expenses	170,1301	201,70011		
14 Information technology				
15 Royalties	205,839.	176,647.	29,192.	
16 Occupancy	404,023.	381,693.	20,222.	2,108
17 Travel	101/0201			CO TRANSPORTED TO THE PARTY OF
18 Payments of travel or entertainment expenses	ĺ			
for any federal, state, or local public officials	15,249.	12,851.	2,365.	33.
19 Conferences, conventions, and meetings	59.	59.		
20 Interest				
-21—Payments to affiliates	25,304.	21,793.	3,511.	
22 Depreciation, depletion, and amortization	55,929.	55,789.	140.	
23 Insurance 24 Other expenses. Itemize expenses not covered		12 12 12 12 12 12 12 12 12 12 12 12 12 1	WAR PER LANGUE I	
above. (List miscellaneous expenses in line 24e. If line				
amount, list line 24e expenses on Schedule 0.) a Bad Debt Expense	36,923.	36,923.	0.	
Mambanghin Duog	11,508.	926.	10,582.	
Equipment Burchages	6,533.	3,028.	3,505.	
	0,3001	<u> </u>		
d	18,265.	10,083.	7,553.	629
e All other expenses	7,333,660.	6,376,439.	908,008.	49,213
and the state of the second section	,,555,5501	-,,		
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.	l			
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

Form 990 (2016) Part X | Balance Sheet

	IIT X	Check if Schedule O contains a response or note to any line in this Part X			
		Section 2 consists a response of flote to any life in this Part A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,835.	1	0.
	2	Savings and temporary cash investments		2	0.
	3	Pledges and grants receivable, net		3	0.
	4	Accounts receivable, net	1,248,380.		0.
	5	Loans and other receivables from current and former officers, directors,		Series S	
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	0.
	6	Loans and other receivables from other disqualified persons (as defined under	nto residualización en en el se		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
sts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	0.
Assets	7	Notes and loans receivable, net		7	0.
⋖	8	Inventories for sale or use		8	0.
	9	Prepaid expenses and deferred charges	185,526.	9	0.
	10a	Land, buildings, and equipment: cost or other	artificial sensor files in the	16.6 R	
		basis. Complete Part VI of Schedule D 10a 0 .			
	b	Less: accumulated depreciation 10b 0.	20,784.	10c	0.
	11	Investments - publicly traded securities		11	0.
	12	Investments - other securities. See Part IV, line 11		12	0.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11		15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,458,525.	16	0.
	17	Accounts payable and accrued expenses	37,782.	17	
	18	Grants payable		18	
	19	Deferred revenue	840,262.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,		Reta de	
iliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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		N	
		Schedule D	1,070,323.	25	0.
	26	Total liabilities. Add lines 17 through 25	1,948,367.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		Editor (Ze)	
es		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	-489,842.	27	0.
Bag	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Ī.		Organizations that do not follow SFAS 117 (ASC 958), check here ▶□		975 Bi	
Net Assets or Fund Balances		and complete lines 30 through 34.		ATE BE	
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
e e	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	-489,842.	33	0.
	34	Total liabilities and net assets/fund balances	1,458,525.	34	0.

-orm	990 (2016) One Hope United - Florida Region	54-2082	2539	Pag	_{le} 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		7,090		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,333		
3	Revenue less expenses. Subtract line 2 from line 1	3	-243		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-489) , 8 [,]	<u>42.</u>
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	733	3,0	76.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				•
	column (B))	10			0.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		330		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			v
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:		1		
	Separate basis Consolidated basis Both consolidated and separate basis			х	
b			2b	^	100000
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	0-	X	2054
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Λ	e supera
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule U.		77	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audit	00	X	a. 0175. j
	Act and OMB Circular A-133?		3a	A_	$\vdash \vdash$
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit		x	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		(2016)
			rorm	33U	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** One Hope United - Florida Region 54-2082539 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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. 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization tisted in your governing document? (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other organization (described on lines 1-10 support (see instructions) Yes support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 One Hope United - Florida Region 54-20825

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

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

	tion A. Public Support				10000	(-) 0010	(6) Total
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and			1			
	membership fees received. (Do not	İ	1				40 020 002
	include any "unusual grants.")	8,722,321.	8,612,546.	9,261,364.	9,406,145.	6,929,707.	42,932,083.
	Tax revenues levied for the organ-						
_	ization's benefit and either paid to			1			
	or expended on its behalf		ļ				
2	The value of services or facilities						
3	furnished by a governmental unit to		ļ				
	the organization without charge	İ		}			
		8,722,321.	8,612,546.	9,261,364.	9,406,145.	6,929,707.	42,932,083.
	Total. Add lines 1 through 3	Service Sold Service			ANTERIOR MANAGEMENT		
5	The portion of total contributions						
	by each person (other than a					C. C. C.	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						42,932,083.
	Public support. Subtract line 5 from line 4.	E. 10 (10 (1) (2) (2)					
	ction B. Total Support		18		(4) 0045	(=) 2016	(f) Total
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014 9 261 364.	(d) 2015 9,406,145.	(e) 2016 6,929,707.	42,932,083.
7	Amounts from line 4	8,722,321.	8,612,546.	9,201,304.	9,400,145.	0,525,707.	
8	Gross income from interest,			1	i		
	dividends, payments received on	l l]			
	securities loans, rents, royalties			2 000	2 (11	2 270	17,706.
	and income from similar sources	976.	7,032.	3,809.	3,611.	2,278.	17,700.
9	Net income from unrelated business	1					:
	activities, whether or not the			i			
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					0 045	166 140
	assets (Explain in Part VI.)	120,767.	18,256.	9,529.	9,543.	8,045.	
11			HANG METALOGICAL	BAR ME-BAS	The Helmiter all		43,115,929.
	Gross receipts from related activities	. etc. (see instructi	ons)			12	598,916.
13		r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and sto	p here					<u></u> ▶└
Se	ction C. Computation of Pub	ic Support Pe	rcentage				
14	Public support percentage for 2016	(line 6, column (f) d	livided by line 11, o	column (f))		14	99.57 %
- 15	-Public support percentage from 201	5-Schedule-A,-Part	.II, line 14		• • • • • • • • • • • • • • • • • • •	15	99.61 %
16	a 33 1/3% support test - 2016. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this b	ox and
	stop here. The organization qualifies	s as a publicly supt	orted organization	1			
	b 33 1/3% support test - 2015. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/39	6 or more, check t	his box
	and stop here. The organization qua	alifies as a publicly	supported organiz	ation			▶∟
47	'a 10% -facts-and-circumstances tes	st - 2016. If the ord	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
17	and if the organization meets the "fa	cte-and-circumstar	nces" test, check t	his box and stop h	ere. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances	" test. The organiz	ation qualifies as a	publicly supported	d organization		▶□
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(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.)

Callendar years (or fitcal year heighining in)	Se	ction A. Public Support						_
1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandrise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of gross receipts from activities that are not an unrelated trade to business under section 513 3 Gross receipts from activities that are not an unrelated trade to business under section 513 5 The value of services or facilities (unrished by a governmental unit to the organization without charge 5 5 The value of services or facilities (unrished by a governmental unit to the organization without charge 5 6 Total. Add lines 1 through 5 7 As Amounts included on lines 1, 2, and 3 received from disqualified persons have exceed the grave of 15,000 or 1 ft of the unitary of the persons of the services of the services of the services of Add lines 7 and 7 b 9 Amounts from line 6 10 Gross income from interest, dividends, payments received on an and income from interest, dividends, payments received on and income from interest, dividends, payments received on an and income from interest, dividends, payments received on an and income from interest, dividends, payments received on an and income from interest, dividends, payments received on an and income from interest, dividends, payments received on an and income from interest, dividends, payments received on an and income from interest, dividends, payments received on an and income from interest, include the first payments are also and the company of the payments are also an analysis of the payments are also and the company of the payments are also and the payments are also and the payments are also and the payments are also and the payments are also and the payments are also and the payments are also and the payments are also and the payments are also and the payments are also an analysis and an analysis and an analysis and an analysis and an analysis and an analysis and an analysis and an analysis and	Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(a) 2016	(6) Total
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	<u>:0</u>	Private foundation. If the organization	did not check a l	on on line 14 10a	or 19h check this	s a publicity supp	orted organization	

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.)

Sec	tion A. All Supporting Organizations		Yes	No
			Tes	MO
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	355356		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		(K2)(12)
2	Did the organization have any supported organization that does not have an IRS determination of status			-0.
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	0	SHOP	19-19-101
	organization was described in section 509(a)(1) or (2).	2		2160.00
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		200	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		1000	Date
	organization made the determination.	3b	and the same	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		COR	596
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	-	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		W.E.	E/E
	"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	-23131		
	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		- 25	5.00
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	(2.32)		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1000	1	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		1135	
	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		13.0	
	was accomplished (such as by amendment to the organizing document).	5a	1_	_
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_	1	
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			6
٠	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			EV.
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			100
	support or benefit one or more of the filling 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		1	2.8
	(defined in section 4958(c)(3)(G)),-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		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			15/2
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
•	Was the organization controlled directly or indirectly at any time during the tax year by one or more		S Ale	
92	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	10.00		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	114	2416	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	100	4 50	
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
	from, assets in which the supporting organization also had an interest in the section 4943 because of section Was the organization subject to the excess business holdings rules of section 4943 because of section	3555	¥ 835	100
10	was the organization subject to the excess business florality files of section 4340 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10a		
	supporting organizations)? If "Yes," answer 10b below.		5 (30)	
- 1	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		16 100	-

determine whether the organization had excess business holdings.)

	edule A (Form 990 or 990-EZ) 2016 One Hope United - Florida Region 5	4-20825	<u>39</u> _F	age 5
	art IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		100	
	below, the governing body of a supported organization?			E. J. D
ı	A family member of a person described in (a) above?	11a	┼—-	├
	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.	11b	+	├ -
Se	ction B. Type I Supporting Organizations	11c	<u> </u>	Щ.
	<u> </u>		Tv	T
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1700	Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1200	
	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,	1316		
	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		PERSON.
2	Did the organization operate for the benefit of any supported organization other than the supported		3455X	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		<u> </u>	Щ
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		5255	iat
	or management of the supporting organization was vested in the same persons that controlled or managed		33	
	the supported organization(s).	1	1004000	200000
Sec	tion D. All Type III Supporting Organizations		١	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Lasev		90067
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			83.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	4504		31172
	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			P. S.
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	tion 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 yea(see instruc	tions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee.instructions)	
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	-52300	((() () () ()	
	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	11872		
h	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	1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1112		
	reasons for the organization's position that its supported organization(s) would have engaged in these	7.5		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	115		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	S 750		
_	trustees of each of the supported organizations? Provide details in Part VI.	3a_		
O	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	SAN MA	(at	
2000-	of its supported organizations? If "Yes," describe in Part W the role played by the organization in this regard.	3b		
JJ2025	09-21-16 Schedule A (F	Orm 000 or 00	0 E714	0046

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. (B) Current Year (A) Prior Year (optional) Section A - Adjusted Net Income Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

-Check-here-if-the-current-year-is-the-organization's-first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2016 One Hope United - Florida Region 54-2082539 Page 7 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 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) Underdistributions **Excess Distributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g 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. Distributions for 2016 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 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 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: 8 b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schadula A	(Form 990 or 990-EZ) 2016 One	Hope Unit	ted - Florida	Region	54-2082539 Page 8
Part VI	Supplemental Informatio Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2 (Section D, lines 5, 6, and 8; and 1 (See instructions.)	n. Provide the exp 3c, 4b, 4c, 5a, 6, 9a	lanations required by Parl a, 9b, 9c, 11a, 11b, and 1 ion 5 lines 1c, 2a, 2b, 3a	t II, line 10; Part II, line 17a o 1c; Part IV, Section B, lines 1 and 3b; Part V, line 1; Part \	/. Section B. line 1e: Part V.
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	n n _ <u> </u>				
		-			
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

, (000 00	parate mad detional, them				
Section	501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of org	anization			En	ployer identification number
	One Hop	e United - Flor	ida Region		54-2092520
Part I-A	Complete if the org	ganization is exempt un	der section 501(c	or is a section 527	organization
			·-·	,	3
1 Provide	a description of the organiz	ation's direct and indirect polit	ical campaign activities	s in Dart IV	
2 Political	campaign activity expendit	tures	iodi campaign activitie	s III Fail IV.	•
3 Volunte	er hours for political campa	gn activities			*
	or mound for political campa	gri activities			
Part I-B	Complete if the org	janization is exempt un	der section 501(c	:)(3).	
1 Enter th	e amount of any excise tax	incurred by the organization un	nder section 4955	D	\$
2 Enter th	e amount of any excise tax	incurred by organization mana	gers under section 495	55	\$
3 If the or	ganization incurred a sectio	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a c	orrection made?			***************************************	Yes No
DII TES.	describe in Part IV.				
Part I-C	Complete if the org	anization is exempt un	der section 501(c), except section 50	1(c)(3).
1 Enter th	e amount directly expended	by the filing organization for s	ection 527 exempt fun	ction activities	¢
2 Enter th	e amount of the filing organ	ization's funds contributed to c	ther organizations for	section 527	9
exempt	function activities		and digameations for	SCOROTI 321	•
3 Total ex	empt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-PO		3
line 17b			and on 1 onn 1 1204 O	L,	.
4 Did the f	iling organization file Form	1120-POL for this year?			•
5 Enter the	names, addresses and en	ployer identification number (E	ilhi) of all postion 507 m		Yes No
made pa	vments. For each organizat	tion listed, enter the amount pa	id from the filing organ	iolitical organizations to wr	ich the filing organization
contribu	tions received that were pro	omptly and directly delivered to	a senarate political or	rzation s lunus. Also enter	the amount of political
political	action committee (PAC). If a	additional space is needed, pro	vide information in Par	t IV	rate segregated fund or a
	(a) Name	(b) Address			
	(a) Hame	(b) Address	(c) EIN	(d) Amount paid from	(-) and an pointion
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				idildo: il floric, cittor o	delivered to a separate
			_		political organization.
					If none, enter -0
		 			
			-		
	1				
		·			

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

Schedule C (Form 990 or 990-EZ) 2016

hedule C (Form 990 or 990 EZ) 2016 One	Hope Un	ited - Flor:	da Region	54-6 d Form 5769 6	2082539 Page 2
art II-A Complete if the organiz	zation is exer	npt under section	1 501(c)(3) and file	u Form 5700 le	Hection ander
section 501(h)).					address FIN
Check ▶ ☐ if the filing organization b	belongs to an affi	liated group (and list in	Part IV each affiliated g	roup member's nai	ne, address, cirv,
expenses, and share of	excess lobbying	expenditures).			
Check Filing organization of	checked box A ar	nd "limited control" pro-	visions apply.		T 40 1 A 5000 1 1 1 1 1 1 1
	Lobbying Expe	nditures		(a) Filing	(b) Affiliated group totals
(The term "expenditure				organization's totals	totals
a Total lobbying expenditures to influence	e public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence	e a legislative boo	dy (direct lobbying)	·		
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ac	dd lines 1c and 1c	d)th		·	
f Lobbying nontaxable amount. Enter the	e amount from th	e following table in both	n columns.		
If the amount on line 1e, column (a) or (b)		bying nontaxable amo	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc	ess over \$500.000.		
Over \$1,000,000 but not over \$1,500,0		\$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000.			
Over \$1,500,000 but not over \$17,000,		\$1,000,000.			
Over \$17,000,000	\$1,000	,000.			
j If there is an amount other than zero or reporting section 4911 tax for this year (Some organizations that	r? 4-Year Av	eraging Period Under 501(h) election do not	section 501(h) have to complete all o		Yes No
		rate instructions for li			
	Lobbying Expe	enditures During 4-Ye	Averaging Period		T
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
b Lobbying ceiling amount (150% of line 2a, column(e))	Harandani				
	· 有力。				
(150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount					
c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount					te
(150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount					42

Schedule C (Form 990 or 990 EZ) 2016 One Hope United - Florida Region 54-208253 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	3)	(b)	
of the lobbying activity.	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or		THUMBE	- 18-4 TO 180	
local legislation, including any attempt to influence public opinion on a legislative matter	12,200			
or referendum, through the use of:				
a Volunteers?	х			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)	? X			
c Media advertisements?	· · · · 	Х		
d Mailings to members, legislators, or the public?	X			
e Publications, or published or broadcast statements?	X	-		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	 +	1,94	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		1,74	
i Other activities?		X		
j Total. Add lines 1c through 1i			1,94	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	1,34	
b If "Yes," enter the amount of any tax incurred under section 4912	-11	A		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		23-24-11-1		
Part III-A Complete if the organization is exempt under section 501(c)(4), s	oction FO1/sV	(F) 0 1 0 0 0		
501(c)(6).	ection sor(c)(ə), or sec	lion	
1 Were substantially all (90% or more) dues received pondeductible by members?			Yes No	
and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		. 1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures for the organization agree to carry over lobbying and political campaign activity expenditures for the organization agree to carry over lobbying and political campaign activity expenditures for the organization agree to carry over lobbying and political campaign activity expenditures for the organization agree to carry over lobbying and political campaign activity expenditures for the organization agree to carry over lobbying and political campaign activity expenditures for the organization agree to carry over lobbying and political campaign activity expenditures for the organization agree to carry over lobbying and political campaign activity expenditures for the organization agree to carry over lobbying and political campaign activity expenditures for the organization agree to carry over lobbying and political campaign activity expenditures for the organization agree to carry over lobbying and political campaign activity expenditures for the organization agree to carry over lobbying and political campaign activity expenditures for the organization agree to carry over lobbying and political campaign activity expenditures for the organization agree to carry over lobbying and political campaign activity expenditures for the organization agree to carry over lobbying activity expensive activity agreement and the organization agreement agreement activity agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreement agreemen		2		
Part III-B Complete if the organization is exempt under section 501(c)(4), s	ection 501/c)/	? 3	lion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer	ection sor(c)(o), or sec	llON II A lima O ia	
answered "Yes."	, on	(b) Fait i	II-A, IIIIe 3, IS	
Dues, assessments and similar amounts from members			 -	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		1		
expenses for which the section 527(f) tax was paid).	Joiltical	745		
		7.5115		
a Current year b. Carryover from last year		2a		
b Carryover from last year		2b		
c Total				
33 3 The little are section 102(e) (U)	es	3		
of the area and and amount of the 20 exceeds the amount of the 3, what portion of the	e excess	11000		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	and political	4000		
expenditure next year?		4		
Taxable amount of lobbying and political expenditures (see instructions)				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	group list); Part II-A	A, lines 1 and	2 (see	
nstructions); and Part II-B, line 1. Also, complete this part for any additional information.				
Form 990, Schedule C, Part IV:				
Proposed legislation is reviewed for its impact on	children	and fa	milies.	
The review includes discussions with federal offici	als, legi	islativ	re aidee	
			c araes,	
staff from the Department of Children and Family Se	rvices ar	nd the		
Tuning to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	_ v _ CCB	-4 0116		
Department of Children and Families, and other male				

Decisions are made whether to support or attempt to amend proposed

Schedule C (Form 990 or 990-EZ) 2016 One Hope United - Florida Region Part IV Supplemental Information (continued)	54-2062539 Page 4
legislation based on its potential impact on children and	
appropriate, contacts are made with legislators, legislati	ve aides and
staff with the Department of Children and Family Services	and the
Department of Children and Families.	

SCHEDULE D

(Form 990)

632051 08-29-16

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 6 Open to Public Inspection

Name of the organization

One Hope United - Florida Region

Employer identification number 54-2082539

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
		(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	- 4	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funde
	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 a	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	nferring
	impermissible private benefit?	and any care parpose co	
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990. Par	t IV. line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifier	
	Preservation of open space		a materie structure
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the complete 2d if the complete 2d if the complete 2d if the complete 2d if the complete 2d if the complete 2d if the complete 2d if the complete 2d if the complete 2d if the complete 2d if the complete 2d if the complete 2d if the complete 2d if the complet	ed conservation contribution in the form of	Conservation easement on the lost
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
C	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structure	20
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	ganization during the tax
	year >	, and an an an an an an an an an an an an an	gainzadori daring tric tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conserv	vation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing 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	1)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	organization's accounting for
Day	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
та	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 exhibit	oition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
D	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, 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 treas	sures, or other similar assets for financial gai	n, 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		> \$
_D	Assets included in Form 990, Part X		▶\$
LHA	For Paperwork Reduction Act Notice, see the Instructions f	or Form 990.	Schedule D (Form 990) 2016

	. T. C. CON SOME OTHER HODE	United -	Flori	da Re	egion		54-208	32539	Page 2
Sched Part		ollections of A	t. Histori	cal Tre	easures, or Oth	er Simil	ar Asset	S (continue	ed)
rait	Using the organization's acquisition, accession	on, and other record	s. check an	v of the f	following that are a	significant	use of its o	ollection i	tems
	using the organization's acquisition, accessic check all that apply):	yr, and other record	,	,	3				
,	Public exhibition	d	Loa	n or exch	nange programs				
a	Scholarly research	e							
b	Preservation for future generations	, -							
C	Provide a description of the organization's co	llections and explai	n how they	further th	ne organization's exe	empt purp	ose in Part	XIII.	
4 1	During the year, did the organization solicit or	receive donations	of art. histor	ical treas	sures, or other simila	ar assets		_	
5 1	to be sold to raise funds rather than to be ma	intained as part of t	he organiza	tion's co	llection?			Yes	No_
Part		gements. Comple	ete if the ord	anization	n answered "Yes" o	n Form 99	0, Part IV, I	ine 9, or	
rait	reported an amount on Form 990, Par		•	•					
10	ls the organization an agent, trustee, custodi	an or other intermed	diary for con	tribution	s or other assets no	t included			
ıa	on Form 990, Part X?	NUMBER OF STREET	errore was					Yes	L No
, h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:	testimosassa anna m	30 Maria 377	0 100		
U	il 165, explain the analigement in account							Amount	
	Beginning balance			vvvv		1c			
ان	Additions during the year		00100-10			1d			
α.	Distributions during the year				· · · · · · · · · · · · · · · · · · ·	1e			
e	Ending balance					1f			
1	Did the organization include an amount on Fo	orm 990. Part X. line	21, for esc	row or cu	ustodial account liab	oility?		Yes	<u></u> No
2a h	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation h	as been	provided on Part X	H .,			
Par		f the organization ar	nswered "Ye	es" on Fo	orm 990, Part IV, line	10.			
		(a) Current year	(b) Prior		(c) Two years back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs								
	Administrative expenses								
_	End of year balance Provide the estimated percentage of the cur	ment year and halan	ce /line 1a /	column (a)) held as:				
2			%	colamin (a,, 1101 a abi				
а	Board designated or quasi-endowment	%	— ′°						
	Permanent endowment >								
C	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and 2c sho	ouid equal 100%.	tion that a	ro bold s	and administered for	r the organ	aization		
3a	Are there endowment funds not in the posse	ession of the organi	zation mat a	ile lielu a	and administered to	i iiio orgai	ii.Lutioii	Į.	Yes No
	by:								
	(i) unrelated organizations			9 · 8 · · · · · · · · ·					
	(ii) related organizations		and an Cal	adula Pi					\neg
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requ	ilrea on Sch	leaule H				. [00]	
4	Describe in Part XIII the intended uses of th	e organization's end	iowment tur	igs.					
-Pai	t-VI— Land, Buildings, and Equipo Complete if the organization answere	Helli.	O Bort IV I	ina 11a	See Form 990 Part	X line 10.			
		(a) Cost or			t or other (c)	Accumula	ited	(d) Book	value
	Description of property	basis (inves			1 7 7	depreciation		(-,	
	· · · · · · · · · · · · · · · · · · ·				1,500		7.63		
	Land	3/4							
b	•	1							
С	Leasehold improvements			-					
	Equipment								
e	Other		rt Y column	(R) line	10c)		D		0.
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Pa	r. A. COIUITIN	DJ, IIIIE	100.)			- D /F	000\ 2016

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 One Hope Un Part VII Investments - Other Securities.	ited -	<u>Florida</u>	Region	54	-2082539	Page 3
Complete if the organization answered "Yes"	on Form 990.	Part IV. line 11	lb See Form 990 P	art Y line 12		
(a) Description of security or category (including name of security)	(b) Book	value	(c) Method of val	uation: Cost or end	l-of-vear market v	alue
(1) Financial derivatives			· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,	
(2) Closely-held equity interests						
(3) Other						
(A)						
(B)						
(C)				· · · · · · · · · · · · · · · · · · ·		
(D)						
(E)						
(F)						
(G)			<u> </u>			
(H)					·	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					8 (84 N S)	
Part VIII Investments - Program Related.						
Complete if the organization answered "Yes"	on Form 990, F	Part IV, line 11	c. See Form 990, Pa	rt X. line 13.		
(a) Description of investment	(b) Book	value	(c) Method of valu	ation: Cost or end	of-year market v	alue
(1)						
(2)						
(3)						
(4)						
(5)					-	
(6)						
(7)						
(8)						
(9)						-
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				high highlight and the		
Part IX Other Assets.						
Complete if the organization answered "Yes" of	on Form 990, P	art IV, line 11d	i. See Form 990, Pa	rt X, line 15.		
	Description				(b) Book val	ıe
(1)			APPENDED TO THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE			
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)					
Part X Other Liabilities.						
Complete if the organization answered "Yes" of	n Form 990, Pa	art IV, line 11e	or_1.1fSee.Form.99	0, Part X, line 25.		
1. (a) Description of liability		(b) E	Book value			
(1) Federal income taxes			48			
(2)						
(3)						
(4)		_59				
(5)			200			
(6)		73	10	The state of		
(7)						
(8)						
(9)			具第			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	D				
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the fo	notnote to the	organization's finan	olol ototot- "		
,		Journal to the	organization s finan	cial statements th	at reports the	

Schedule D (Form 990) 2016

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

position. Examples of tax positions include the tax-exempt status of OHU

32

632054 08-29-16

One Hope United - Florida Region

54-2082539 Page 4

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 One Hope United - Florida Region Part XIII Supplemental Information (continued)	54-2082539 Page 5
and the various positions related to the potential sources	
business taxable income (UBIT). OHU has determined that the	re were no
uncertain tax positions during the reported periods covered	by these
consolidated financial statements.	
OHU files Forms 990 in the U.S. federal jurisdiction and in	the State of
Illinois. With few exceptions, OHU is no longer subject to	examination by
the Internal Revenue Service for years before 2013.	

2 Employer identification number 54-2082539 Open to Public OMB No. 1545-0047 Inspection (h) Purpose of grant or assistance X Yes 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 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection (g) Description of noncash assistance Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000) Part II can be duplicated if additional space is needed. (d) Amount of cash grant Florida Region (c) IRC section (if applicable) General Information on Grants and Assistance (þ) EIN One Hope United criteria used to award the grants or assistance 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) PartII Part

632101 11-01-16

54-2082539 Schedule I (Form 990) (2016)

One Hore United - Florida Region

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.

Page 2

Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) to track contract affiliated Monitoring reports Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. are reviewed monthly to track contract performance, payment methodology, (d) Amount of non-cash assistance Ö expenses and restricted income in the general ledger. 161,080. (c) Amount of cash grant 35 cost center code 1102 (b) Number of recipients Assistance primarily to families with children in ď Each contract is assigned (a) Type of grant or assistance compliance. 7 Part I, Line general foster care 632102 11-01-16 and

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Publ

54-2082539

Department of the Treasury
Internal Revenue Service

Name of the organization

One Hope United - Florida Region

Employer identification number

OMB No. 1545-0047

Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? $\overline{\mathbf{x}}$ 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a_The organization? X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X 7 not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

One Hope United - Florida Region Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

54-2082539

Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deferred compensation	Deneirts	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
e11	€	25,863.	5		0	1,809.	27,693.	0
r	(ii)	•	122.		0		156,731.	0
	(3)	47,283.	21.			2,461.	49,	0
cer	(ii)	267,606.	124.				281,	0
(3) Cristina Strout	(i)	24,705.	21.	0	0		27,	0
Chief Human Resources Officer	Œ	139,823.		0	0	14,035.	153,	0
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Schedule J (Form 990) 2016 One Hope	United - Florida Region 54-2082539	Page 3
Part III Supplemental Information Provide the information, explanation, or descriptions in	Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	
Part I, Line 3:		
The Board of Directors of	the parent organization requests that OHU engage	
an outside party to do an	intermediate sanction study every two to three	
years for both the CEO and	any other officer that may be considered highly	
compensated. This resulting	j information is shared with the OHU Board of	
Directors and any decisions	thereof are recorded in the Board Minutes.	
•		
All compensation changes for	for the CEO are approved by the Board of	
Directors.		
Part I, Line 4:		
632113 09-09-16	Schedule J (Form 990) 2016 38	1 990) 2016
_		

Schedule N (Form 990 or 990-EZ) (2016) **Employer identification number** Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional Open to Public Inspection OMB No. 1545-0047 2016 recipient(s) (if tax-exempt) or type (g) IRC section of Yes 54-2082539 01(c)(3) ধ 20 333 South Wabash Avenue, Suite (f) Name and address of recipient Liquidation, Termination, Dissolution, or Significant Disposition of Assets Chicago, IL 60604 One Hope United ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. Receive, or become entitled to, compensation of other similar payments as a result of the organization's liquidation, termination, or dissolution? Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. (e) EIN of recipient 36-2181967 ▶ Attach certified copies of any articles of dissolution, resolutions, or plans. (d) Method of determining FMV for asset(s) distributed or transaction expenses 39 b Become an employee of, or independent contiactor for, a successor or transferee organization? Florida Region -773,076. FMV For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. (c) Fair market value of asset(s) distributed or amount of transaction expenses Become a direct or indirect owner of a successor or transferee organization? Did or will any officer, director, trustee, or key employee of the organization: Become a director or trustee of a successor of transferee organization? ► Attach to Form 990 or 990-EZ. United -(b) Date of distribution 06/30/17 One Hope (a) Description of asset(s) distributed or transaction expenses paid space is needed. Name of the organization (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service **SCHEDULE N** Net assets 632151 08-25-16 Part Q ¥

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××

××

Page 2	5 (Total liabilities), should equal ·0. 3 X 4a X	6 6a 5	Yes on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III. Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-F7 line 36. Part II can be dublicated if additional space is needed.	(f) Name and address of recipient (g) IRC section of recipient(s) (if tax-exempt) or type of enuity					Yes No	88	20 20 20		
539	ine 26 (Total liabate?	ne Internal Reve	Part III. Inization answe	(f) Name and								ain in Part III.	
54-2082539	(Total assets), and I	e tax yr in accordance with the Ir	on line 6b, explain in e this part if the orga	(e) EIN of recipient							int disposition of ass	n involved and expla	
Region	year, then Form 990, Part X, column (B), line 16 (Total assets), and line 2 verning instrument(s)? If "No," describe in Part III appropriate state official of its intent to dissolve, liquidate, or terminate?	abilities during the tax yr i	ed these liabilities. If "No" ization's Assets.Complet	(d) Method of determining FMV for asset(s) distributed or transaction expenses							he organization's significa	vide the name of the perso	
ed - Florida	tax year, then Form 990, governing instrument(s)' ner appropriate state offic	rdance with state laws? luring the year? of its tax-exemot bond li	eased or otherwise settle Than 25% of the Organi space is needed.	(c) Fair market value of asset(s) distributed or amount of transaction expenses	5 1 3 2 2	ä			organization:	sessor or transferee orga	organization? payments as a result of t	lines 2a through 2d, prov	
ope Unit	(continued) sets during the lordance with its	ce? iabilities in acco is outstanding d	organization defansfer of More	(b) Date of distribution					employee of the	ractor for, a succ	sor or transferee or other similar	se questions on	
e H	olution of its as in acc attorn	ch noti of its ot bond	w the the duplic						or key	ssur o	succes sation	ny of th	
		 b If "Yes," did the organization provide such notice? 5 Did the organization discharge or pay all of its fabilities in accordance with state laws? 6a Did the organization have any tax-exempt bonds outstanding during the year? b If "Yes," to line 6a did the organization discharde or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? 	c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III. Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization Form 990-F7 line 36. Part II can be duplicated if additional space is needed.	(a) Description of asset(s) distributed or transaction expenses paid						 a become a director of trustee of a successor of transferee organization? b Become an employee of, or independent contractor for, a successor or transferee organization? 	 Become a direct or indirect owner of a successor or transferee organization? Acceive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? 		

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number One Hope United - Florida Region 54-2082539 Form 990, Part I, Line 1, Description of Organization Mission: solutions that enhance lives, communities, and futures. Form 990, Part VI, Section A, line 6: One Hope United is the sole corporate member. Form 990, Part VI, Section B, line 11b: Completed Form 990 drafts are presented to management for review by the paid tax preparer. Management reviews the Form 990 drafts both for accuracy and any questions they might have. Management schedules a meeting with the One Hope United Audit Committee for review of the draft Form 990. Draft reports are sent out to Committee Members approximately one week prior to the meeting. Audit Committee Members meet with the tax preparer, and management to review the drafts. Audit Committee Members then either request changes or recommend that the Form 990's be accepted. Their recommendation is then forwarded to Board Members. Board members are presented with copies of the Form 990 drafts and the opportunity to raise questions/request changes. Form 990's are filed with the IRS after all Board Members have been given the drafts and the opportunity to ask questions/request changes.

Form 990, Part VI, Section B, Line 12c:

The organization requests that on a yearly basis written conflict of

interest statements are signed by each board member. It is the Board Member LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) 632211 08-25-16

documents are made available for specific organizations as part of the application process for funding or as part of a contractual obligation, such as to a lender (banking relationship), government contract or grant reporting.

Scriedule O (Form 990 or 990-EZ) (2016)	Page:
Name of the organization One Hope United - Florida Region	Employer identification number 54-2082539
part of a contractual obligation. This may be monthly,	quarterly, or
yearly, depending upon the situation.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Net Assets Transfer	733,076.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2016 Open to Public Inspection

OMB No. 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

Employer identification number 54-2082539

One Hope Uhited - Florida Region Name of the organization Department of the Treasury Internal Revenue Service

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Name, address, and EIN (if applicable) of disregarded entity Identification of Related Tax-Exempt Organizations during the tax year. (a) Name, address, and EIN of related organization EIN Wabash Avenue, Ste 2750	Primary activity	Legal domicile (state or foreign country) swered "Yes" on Form 990,	Total income	End-of-year assets	assets Direct controlling entity	ty by the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of
Hope	te if the organization and	foreign country) swered "Yes" on Form 990,	Part IV, line 34 be	ecause it had one		z, l ti
Hope	te if the organization and	swered "Yes" on Form 990,	Part IV, line 34 be	ecause it had one		to.
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Hope	te if the organization and	swered "Yes" on Form 990,	Part 1V, line 34 be	ecause it had one		ţ <u>t</u> .
Hope Sout	te if the organization and	swered "Yes" on Form 990,	Part 1V, line 34 be	ecause it had one		ţţ.
Hope	te if the organization and	swered "Yes" on Form 990,	Part IV, line 34 be	ecause it had one		to.
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Hope Sout	te if the organization and	swered "Yes" on Form 990,	Part IV, line 34 be	ecause it had one		bt.
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Hope Sout	te if the organization ans	swered "Yes" on Form 990,	Part IV, line 34 be	ecause it had one		pt
Hope Sout	te if the organization ans	swered "Yes" on Form 990,	Part IV, line 34 be	scause it had one		pt
(a) Name, address, and EIN of related organization Hope United - 33-1051751 South Wabash Avenue, Ste 2750					or more related tax-exen	
Name, address, and EIN of related organization Hope United - 33-1051751 South Wabash Avenue, Ste 2750	(q)	(0)	(p)	(e)	9	(g) Section 512(b)(13)
of related organization Hope United - 33-1051751 South Wabash Avenue, Ste 2750	Primary activity	Legal domicile (state or	ge	Public charity	Direct	controlled
Hope United - 33-1051751 South Wabash Avenue, Ste 2750		foreign country)	section	status (if section	entity	È -
Hope United - 33-1051751 South Wabash Avenue, Ste 2750				501(c)(3))		Yes
th Wabash Avenue, Ste 2750						
	Welfare/Fostercare/Social					>
Chicago, IL 60604	H	Cllinois	501(c)(3)	Line 12b, II	N/A	∀
One Hope United - Hudelson Region - Child						
37-0697157, 1400 E. McCord Street, PO Box Welfare/Fost	Welfare/Fostercare/Social			,	:	
548, Centralia, IL 62801-0548	H	Illinois	501(c)(3)	Line 7	One Hope United	<
One Hope United - Northern Region - Child						
36-2181967, 215 N. Milwaukee Avenue, Pd Box Welfare/Fost	Welfare/Fostercare/Social			,		-
1128, Lake Villa, IL 60046 Services	H	Illinois	501(c)(3)	Line 7	One Hope United	∢
One Hope United Title Holding Corporation -						
					1	<u></u>
2750 Chicago, IL 60604 Real Estate	e Holding	Illinois	501(c)(2)		One Hope United	4

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Schedule R (Form 990) 2016 One Hope United - Florida Region

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Page 2

(i) (k) General or Percentage managing ownership		e related	Section 512(b)(13) controlled entity?		-	-	Schedule R (Form 990) 2016
(j) General or Samanaging partner?	Nes No	one or mo	(h) Percentage ownership				B (Form
(i) Code V.UBI amount in box 20 of Schedule	K-1 (Form 1068	because it had	(g) Share of Peend-of-year ov				Schedule
n) ortionate ions?	Yes No	17, line 34					_
(g) Share of end-of-year assets		m 990, Par	(f) Share of total income				
(f) Share of total Share of total end		ered "Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)				
		ation answ	(d) Direct controlling entity				-
(e) Predominant income (related, unrelated, excluded from tax under	ns 512-514)	the organiz					
Predom (relate excluded	section	omplete if	(c) Legal domicile (state or foreign country)				45
(d) Direct controlling entity		ration or Trust. Co	(b) Primary activity				
(c) Legal domicile (state or foreign	country)	s a Corpor	Prima	ì			
activity		Taxable a					
(b) Primary activity		nizations oration or	:				
Organizations treated as a partnership during the tax year. (a) (b) (c) Name, address, and EIN Primary activity domical defined organization foreigne foreigne		Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	(a) Name, address, and EIN of related organization				632162 09-06-16

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Schedule R (Form 990) 2016 One Hope United - Florida Region

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Yes No	Ç		İ		İ		4 4	#		1 T	1j A	*	X		†	+	10 A	-	4	19 4	×	X 1s	information on who must complete this line, including covered relationships and transaction thresholds.	(d) Method of determining amount involved							Schedule R (Form 990) 2016
	elated organizations listed in Pa																			***************************************			this line, including covered relat	(c) Amount involved							
	ns with one or more re	ıty				***************************************								ganization(s)	ganization(s)	ation(s)							who must complete	(b) Transaction type (a-s)							46
III, or IV of this schedule.	in any of the following transactio	, or (iv) rent from a controlled entity	anization(s)	rganization(s)	ization(s)	n(s)					ø related organization(s)	20 20 20 20 20 20 20 20 20 20 20 20 20 2	rom related organization(s)	draising solicitations for related or	draising solicitations by related or	other assets with related organiz	ation(s)		for expenses	for expenses		ganization(s)	the instructions for information or	zation							
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a	 Giff, grant, or capital contribution to related organization(s) 	c Gift, grant, or capital contribution from related organization(s)	 d Loans or loan guarantees to or for related organization(s) 	e Loans or loan guarantees by related organization(s)	f Dividends from related organization(s)		h Dirchase of assets from related organization(s)		Lease of facilities, equipment, or other assets to related organization(s)		k Lease of facilities, equipment, or other assets from related organization(s)	 Performance of services or membership or fundraising solicitations for related organization(s) 	m Performance of services or membership or fundraising solicitations by related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Sharing of paid employees with related organization(s)		p Reimbursement paid to related organization(s) for expenses	q Reimbursement paid by related organization(s) for expenses			s Other transfer of cash of property notificiated organizations of the answer to any of the above is "Yes." see the instructions for	1	(1)	(6)	(3)	(4)	(5)	191	632163 09-06-16

54-2082539

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Schedule R (Form 990) 2016 One Hope United - Florida Region

Part VI Unrelated Organizations Taxable as a partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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(a)	(g)	(၁)	(P)	8	(6)	Ξ	(i)	8	3
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partners sec.	0)	Share of	Dispropor-	Code V-UBI	General o	Percentage
Á TIER TO		(state or foreign country)	(related, unferated, excluded from tax under sections 512-514)	total	end-of-year	allocations?	unate amount in box 20 managing allocations? of Schedule K-1 partner?	managing partner?	ownership
			Yes No		COOCO	Yes No	(Form 1065)	Yes No	
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	to and the						Schedule R (Form 990) 2016	₹ (Form	990) 2016

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Schedule F	(Form 990) 2016 One Hope	United -	Florida Region	54-2082539	Page 5
Part VII	Supplemental Information.				
	Provide additional information for response	es to questions on	Schedule R. See instructions.		
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