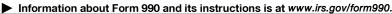
Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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





B Characterization D Employer identification number A SPRING OF HOPE, INC 26-0851887 Dring business as 26-0851887 Dirig business as 299,987. Train 7741 NW 39TH AVENUE 954-775-4997 Coconsult CREEK, FL 33073-3130 Flow stress as on province, country, and ZP or foreign postal code G Green receipts 3 Present FName and address of principal officer-JOANNE YOUNG G Green receipts 3 299,987. Tracesempt status: S1 501(0)(3) 30170-3130 Ho) is this a group return for subordinates? Ves X No Tracesempt status: S1 501(0)(3) 301(0) (1 ≤ (nest no.) 4947(a)(1 or 527 Ho) is this a group return for subordinates? Ves X No Tracesempt status: S1 501(0)(3) 501(0) (1 ≤ (nest no.) 4947(a)(1 or 527 Hi) is this a group return for No. Ves X No Tracesempt status: S1 501(0)(3) 501(0) (1 ≤ (nest no.) 4947(a)(1 or 527 Hi) is this a group return for No. Ves X No Tracesempt status: S1 501(0) (1 son grain for motion significant activities: SEE SCHEDULE O Set of tane duspander how the grain action is grainficant activities: SEE SCHEDULE O 0 <t< th=""><th>AF</th><th>or th</th><th>e 2016 calendar year, or tax year beginning and</th><th>ending</th><th>_</th><th></th></t<>	AF	or th	e 2016 calendar year, or tax year beginning and	ending	_	
Number of organization: Doing business as 26-0851887 Number and street (or P.0. bx if mail is not delivered to street address) Room/suite E Telephone number Target 954-775-4997 S94-775-4997 Ammeted COCONUT CREEK, FL 3307-3130 H(a) is this a group return Target FName and address of principal officer/JOANNE YOUNG Yes No Target FName and address of principal officer/JOANNE YOUNG Website: Www.ASPRINGOFHOPE.ORG Website: Yes No J Website: WWW.ASPRINGOFHOPE.ORG (insertion.) 4947(a)(1) or 527 H(b) is an is accurate inducted? Yes No Vestimmary 1 Briefly describe the organization is mission or most significant activities: SEE SCHEDULE O H(b) for an induction is mission or most significant activities: SEE SCHEDULE O 2 Check this box if the organization is calendar year 2016 (Part V, line 1a) 4 5 5 5 5 0 6 O 0 0 0 0 0 0 0 0 0 0 0 0 </td <td>B C a</td> <td>heck if pplicab</td> <td>e: C Name of organization</td> <td></td> <td>D Employer identifie</td> <td>cation number</td>	B C a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
Instruction Number and steet (17 P.0. box I mail is not delivered to street address) Room/suite E Telephone number 954-775-4997 T741 NW 39TH AVENUE Q54-775-4997 954-775-4997 Agenter COCONUT CREEK, FL 33073-3130 G Gross recents a 299,987. H(a) Is this a group return for subordinates includer/ years Yes No Mebsite: Number of tricipal officer.JOANNE YOUNG T741 NW 39TH AVENUE, COCONUT CREEK, FL 3307 H(b) //// elisticates /// ves No I Tax-exempt status: X 5010(0) 5010(0) I (insert no.) 4947(a)(1) or 502 Website: Number of norganization's mission or most significant activities: SEE SCHEDULE O I I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2016 (Part V, line 1a) 4 5 4 State of pointers (Part VIII, ine 1h) 129, 372. 299, 987. 9 Prior Year Current Year 1 Breaket business trevenue from Part VIII, col						
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J Website: ▶ WWW.ASPRINGOFHOPE.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 2007 M State of legal domicile: FL Part II Summary L Year of formation: 2007 M State of legal domicile: SEE SEE SCHEDULE O 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 5 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0 7a 7a Total number of molviduals employed in calendar year 2016 (Part V, line 2a) 6 0 0 8 Contributions and grants (Part VIII, column (C), line 12 7a 0 0 0 9 Program service revenue (Part VIII, column A), lines 3, 4, and 7d) 0 0 0 0 10 Investment income (Part VIII, column (A), lines 13 0 0 0 0 0 0 0 0 0 0 0 0 <t< td=""><td></td><td>penai</td><td>^{ng} 7741 NW 39TH AVENUE, COCONUT CREEK, FL</td><td>3307</td><td>H(b) Are all subordinates ir</td><td>icluded? Yes No</td></t<>		penai	^{ng} 7741 NW 39TH AVENUE, COCONUT CREEK, FL	3307	H(b) Are all subordinates ir	icluded? Yes No
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2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 5 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 0. 7 b Net unrelated business taxable income from Form 990-T, line 34 7b 0. 0. 9 Program service revenue (Part VIII, line 1h) 129,372.299,987. 0. 0. 9 Program service revenue (Part VIII, line 3, 4, and 7d) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 13. 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 13. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column	Pa	rt I	•			
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,808. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 157,180. 299,987. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 0. 0. 0. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 158, 639. 168, 202. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 158, 639. 168, 202. 19 Revenue less expenses. Subtract line 18 from line 12 -1, 459. 131, 785. 20 Total assets (Part X, line 16) 0. 0. 0. 21 Total liabilities (Part X, line 26) 0. 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20 105, 384. 237, 169. 22 Net assets or fu	Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-
13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 0. 17 Other expenses. (Part IX, column (A), lines 11a·11d, 11f·24e) 0. 158, 639. 168, 202. 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 158, 639. 168, 202. 19 Revenue less expenses. Subtract line 18 from line 12 -1, 459. 131, 785. 20 Total assets (Part X, line 16) 105, 384. 237, 169. 21 Total liabilities (Part X, line 26) 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20 105, 384. 237, 169.		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.000 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.000 b Total fundraising expenses (Part IX, column (D), line 25) 0.000 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 158, 639.168, 202. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 158, 639.168, 202. 19 Revenue less expenses. Subtract line 18 from line 12 -1, 459.131, 785. 20 Total assets (Part X, line 16) 105, 384.237, 169. 21 Total liabilities (Part X, line 26) 0.000 22 Net assets or fund balances. Subtract line 21 from line 20 105, 384.237, 169.		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .			299,987.
11 Detents part to on for members (r art /x, column (x), mine 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 105		13				-
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 158, 639. 168, 202. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 158, 639. 168, 202. 19 Revenue less expenses. Subtract line 18 from line 12 -1, 459. 131, 785. 20 Total assets (Part X, line 16) 105, 384. 237, 169. 21 Total liabilities (Part X, line 26) 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20 105, 384. 237, 169.		14	Benefits paid to or for members (Part IX, column (A), line 4)		• •	• •
17 Other expenses (Part X, column (A), lines 114-110, 111-24e) 1300, 0353 1000, 2022 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 158, 639 168, 2022 19 Revenue less expenses. Subtract line 18 from line 12 -1, 459 131, 785 20 Total assets (Part X, line 16) 105, 384 237, 169 21 Total liabilities (Part X, line 26) 0 0 22 Net assets or fund balances. Subtract line 21 from line 20 105, 384 237, 169	es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _			
17 Other expenses (Part X, column (A), lines 112-110, 111-24e) 1300, 035. 1000, 202. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 158, 639. 168, 202. 19 Revenue less expenses. Subtract line 18 from line 12 -1, 459. 131, 785. 20 Total assets (Part X, line 16) 105, 384. 237, 169. 21 Total liabilities (Part X, line 26) 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20 105, 384. 237, 169.	sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17 Other expenses (Part X, column (A), lines 112-110, 111-24e) 1300, 035. 1000, 202. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 158, 639. 168, 202. 19 Revenue less expenses. Subtract line 18 from line 12 -1, 459. 131, 785. 20 Total assets (Part X, line 16) 105, 384. 237, 169. 21 Total liabilities (Part X, line 26) 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20 105, 384. 237, 169.	хb	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
19 Revenue less expenses. Subtract line 18 from line 12 -1,459. 131,785. 30 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 105,384. 237,169. 21 Total liabilities (Part X, line 26) 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20 105,384. 237,169.	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)105,384.237,169.21Total liabilities (Part X, line 26)0.0.22Net assets or fund balances. Subtract line 21 from line 20105,384.237,169.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
		19	Revenue less expenses. Subtract line 18 from line 12		•	131,785.
	s or Ices			Be		
	alar	20	Total assets (Part X, line 16)		105,384.	-
	st As	21	Total liabilities (Part X, line 26)		••	
	_				105,384.	237,169.

Part II | Signature Block

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

Sign Here	Signature of officer Date JOANNE YOUNG, DIRECTOR, V PRESIDENT & TREASURER Type or print name and title	
	Print/Type preparer's name Preparer's signature Date Check PTIN	
Paid	EDWARD P. HIRSCHBERG, CPAEDWARD P. HIRSCHBERG02/21/17 self-employed P007	31210
Preparer	Firm's name KAUFMAN, ROSSIN & CO., P.A.	18353
Use Only	Firm's address 3101 N. FEDERAL HIGHWAY, SUITE 800	
	FT. LAUDERDALE, FL 33306 Phone no.954-566-	4400
May the II	IRS discuss this return with the preparer shown above? (see instructions)	es 🗌 No
		000

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2016) A SPRING OF HOPE, INC	26-0851887	Pa
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		XYes	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	122 165	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes	x
5	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	s measured by expense	9
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.	e.e,e tetal expensee,	
4a	(Code:) (Expenses \$ 156,443. including grants of \$) (Rever	nue \$	
	A SPRING OF HOPE DRILLED BOREHOLES AT MULTIPLE LOCATION		
	HOSTED PERMACULTURE GARDENING CLASSES AND DID REPAIRS A	T MULTIPLE	
	LOCATIONS. IN ADDITION, GARDENS AND FENCING WERE INSTA	LLED AT MULT	'IP
	LOCATIONS.		
	A SPRING OF HOPE IS CONTINUING WITH THE INSTALLATION OF		۶Ξ
	TOILETS AT SEVERAL OF OUR PARTNER SCHOOLS, WHICH WILL D		
	REDUCE THE SPREAD OF DISEASE, AS WELL AS CONSERVE PRECI	OUS RESOURCE	S
	THE REGION.		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	\$	
10			
4.0			
4c	(Code:) (Expenses \$ including grants of \$) (Rever	1ue \$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 156,443.		
		Form S	990
32002	2 11-11-16		
<u> </u>	2		
60	221 756350 57680001 2016.03030 A SPRING OF HOPE, IN	NC 576	80(

Form 990 (2016)

Part IV Checklist of Required Schedules

A SPRING OF HOPE, INC

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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 I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
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	9		x
10	Did 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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
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	11b		x
с	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	11c		Х
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		x	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u>л</u>	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F. Parts II and IV.	15	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	~~	<u> </u>
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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

Form **990** (2016)

632003 11-11-16

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A SPRING OF HOPE, INC

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04-	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
Ū	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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			v
05-	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
u	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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?			<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
-	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2016)

632004 11-11-16

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Form	990 (2016) A SPRING OF HOPE, INC 26-085	188	7	Page	ə 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
			Ye	s N	lo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			2	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		2	X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		2	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		2	X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
	Does 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 as charitable contributions?	6a		2	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	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		2	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		2	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		2	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C'	? 7h		2	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	_			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a	_			
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?	12;	1		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13;	1		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
С	Enter the amount of reserves on hand 13c			-	7
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		12	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14			
		Foi	m 99	U(20)	16)

632005 11-11-16

Form 990 (2	016)
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A SPRING OF HOPE, INC

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

X

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.

		. 1		F	Yes	5 N
	Enter the number of voting members of the governing body at the end of the tax year	1a		5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
	Enter the number of voting members included in line 1a, above, who are independent	1b		5		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			. 2	X	
	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			. 3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	. 4		2
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. 5		2
6	Did the organization have members or stockholders?			. 6	;	2
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			. 7	a 📃	2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockho	lders, or			
	persons other than the governing body?			. 7	b	2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	e following:			
	The governing body?					
	Each committee with authority to act on behalf of the governing body?				ъ X	\perp
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
				_	Yes	\$
	Did the organization have local chapters, branches, or affiliates?			. 10	a X	_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			. 10		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11	a X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12	ьX	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				c X	
	in Schedule O how this was done				-	+,
	Did the organization have a written whistleblower policy?					
	Did the organization have a written document retention and destruction policy?			. 1	1	-
	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					.
	The organization's CEO, Executive Director, or top management official					
	Other officers or key employees of the organization			. 15	b	2
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	-				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen					
	taxable entity during the year?			. 16	a	-
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16	b	
	ion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright FL	(O - ··		N 65 - 1		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	011 20 1 (C)(3)S ONIS) avai	aple	
	for public inspection. Indicate how you made these available. Check all that apply.	: 0 - h				
•	Own website Another's website Upon request Other (explain			nd f	on =! - !	
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	ITIICT O	i interest policy, a	ind fir	ancial	
	statements available to the public during the tax year.	ake er				
0	State the name, address, and telephone number of the person who possesses the organization's boo JOANNE YOUNG $-954-775-4997$	oks an	u records: 🏲			
	7741 NW 39 AVENUE, COCONUT CREEK, FL 33073-3130					

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	Γ
	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

• List all of the organization's **former** officers, key employees, 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.

LX Check this box if neither the organization nor any related organization compensated any current officer, direct
--

(A)	(B) (C)							(D)	(E)	(F)		
Name and Title	Average		Position					Reportable	Reportable	Estimated		
	hours per	(do not check more than one box, unless person is both an		h an	compensation	compensation	amount of					
	week	offi	, cer an	nd a d	irecto	r/trus	tee)	from	from related	other		
	(list any	ctor						the	organizations	compensation		
	hours for	r dire				eq		organization	(W-2/1099-MISC)	from the		
	related	tee ol	ustee			ensat		(W-2/1099-MISC)		organization		
	organizations	l trus	nal tri		oyee	duo				and related		
	below	Individual trustee or director	Institutional trustee	er	Key employee	iest c loyee	ner			organizations		
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former					
(1) BRITTANY YOUNG	10.00											
DIRECTOR / PRESIDENT		Х		Х				0.	0.	0.		
(2) JOANNE YOUNG	30.00											
DIRECTOR / VICE-PRESIDENT,		X		X				0.	0.	0.		
(3) HOWARD YORK	1.00											
DIRECTOR		x						0.	0.	0.		
(4) GAIL AUGUSTON-KOPPEN	1.00											
DIRECTOR		x						0.	0.	0.		
(5) STANLEY L. LASKOWSKI	1.00									-		
DIRECTOR		x						0.	0.	0.		
								•••				
		<u> </u>										
632007 11-11-16						_				Form 990 (2016)		

	orm 990 (2016) A SPRING OF HOPE, INC 26-0851887 Page 8													
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)													
	(A) Name and title	(B) Average hours per week (list any	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) stimate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	ipensa rom the anizat d relat anizatio	e ion ed
			-	<u> </u>	0	Ke	Ξē	Ē						
			-											
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.0.0.		0. 0. 0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization							10 r	eceived more than \$100	,000 of reportabl	е		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i>								highest compensated e			3	163	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	le co " <i>co</i>	omp mple	ensa ete S	atior S <i>che</i>	n and edule	d ot e <i>J i</i>	her compensation from for such individual	the organization		4		X
5 Sec	rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors					-			-			5		Х
1	Complete this table for your five highest con the organization. Report compensation for t										pens	ation 1	from	
(A) (B) Name and business address NONE Description of services								С	(C ompe	C) nsatio	n			
								_						
2	Total number of independent contractors (ii	ncluding but n	iot lii	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				(0					Form	990 (2	2016)

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				OPE, INC			26-0851	887 Page 9
Pa	rt V	/III Statement of Rever	nue					
_		Check if Schedule O cont	ains a response	or note to any lin		/ D)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 :	a Federated campaigns	1a					
Grai	I	b Membership dues	1b					
Am (c Fundraising events	1c					
Gifl		d Related organizations	1d					
ns, imi		e Government grants (contribut	ions) 1e					
er S	t	f All other contributions, gifts, gran						
-ibu		similar amounts not included abo	ve 1f	299,987.				
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributions included in lines	-					
ΞŪ		h Total. Add lines 1a-1f			299,987.			
				Business Code				
vice	2							
Ser		b						
Program Service Revenue	9	c						
Be		d						
Pro		f All other program service reve						
		g Total. Add lines 2a-2f						
	3							
		other similar amounts)						
	4							
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6	a Gross rents						
	I	b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)		🕨				
	7 :	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
		b Less: cost or other basis						
		and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)a Gross income from fundraising						
Other Revenue	0	including \$						
eve		contributions reported on line						
r B		Part IV, line 18	-					
the	I	b Less: direct expenses						
0		c Net income or (loss) from func		►				
		a Gross income from gaming ac						
		Part IV, line 19	а					
		b Less: direct expenses						
		c Net income or (loss) from gam	ing activities	····· ►				
	10 :	a Gross sales of inventory, less						
		and allowances						
		b Less: cost of goods sold						
		c Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 ;							
		a b						
		~ c						
		d All other revenue						
		e Total. Add lines 11a-11d						
	12				299,987.	0.	0.	0.
63200	a 11.	-11-16						Form 990 (2016)

15460221 756350 57680001 2016.03030 A SPRING OF HOPE, INC 57680001

⁹

Part IX Statement of Functional Expenses

A SPRING OF HOPE, INC

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	e or note to any line in (A)	this Part IX	(C)	L
	8b, 9b, and 10b of Part VIII.	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				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	• · · ·				
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	5,893.	2,947.	2,946.	
14	Information technology	13,166.	6,583.	6,583.	
15	Royalties	,	,	,	
16	Occupancy				
17	Trough	3,826.	1,913.	1,913.	
18	Payments of travel or entertainment expenses	• , • = • •			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
19 20					
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
22 23					
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	WELLS CONSTRUCTION	145,000.	145,000.		
b	BANK CHARGES	317.		317.	
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	168,202.	156,443.	11,759.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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15460221 756350 57680001

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Form 990 (2		
Part X	Balance	Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	105,384.	1	237,169.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined un	nder		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	uting		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ŝt		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
◄	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	105,384.	16	237,169.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustee	es,		
iliti		key employees, highest compensated employees, and disqualified person	s		
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	of		
		Schedule D	A	25	
	26	Total liabilities. Add lines 17 through 25		26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ► a	and		
ses		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Fund Balances	28	Temporarily restricted net assets		28	
lpu	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	X		
۲ ۵		and complete lines 30 through 34.	-		
sets	30	Capital stock or trust principal, or current funds		30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	0.
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	237,169.
2	33	Total net assets or fund balances		33	237,169.
	34	Total liabilities and net assets/fund balances	105,384.	34	237,169. Form 990 (2016)

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	990 (2016) A SPRING OF HOPE, INC	26-085	1887	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			L	
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,987,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,202	
3	Revenue less expenses. Subtract line 2 from line 1	3		.,785	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	105	5,384	1.
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		C	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	237	7,169).
Pa	rt XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes N	o
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_ 2 b	X	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a	X	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2016)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·ΕΖ
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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.

2016
Open to Public

OMB No. 1545-0047

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

Nam	e of t	the organization							identification number		
_			RING OF HO						6-0851887		
Par	tI	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	S.			
The c	rgan	ization is not a private found		. .		,					
1		A church, convention of ch					1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrit	oed in		
		section 170(b)(1)(A)(iv). (C									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that norma	Illy receives a substa	intial part of its support	from a gov	ernmental	unit or from t	the general	public described in		
		section 170(b)(1)(A)(vi). (C									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college		
		or university or a non-land-o	grant college of agric	ulture (see instructions)	. Enter the	name, cit	y, and state o	f the colleg	je or		
		university:									
10		An organization that norma									
		activities related to its exen		-					-		
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.		
		See section 509(a)(2). (Con	,								
11		An organization organized a	-	•	•						
12		An organization organized a	•	•	•		-				
		more publicly supported or									
2		lines 12a through 12d that Type I. A supporting orga	• •			-		-			
а	L	the supported organization	-	-	•						
		organization. You must o			amajonty				supporting		
b		Type II. A supporting org	-		tion with it	ts sunnort	ed organizatio	on(s) by ha	avina		
		control or management o	-				•		-		
		organization(s). You mus							sportod		
с		Type III functionally inte			in connec	tion with	and functiona	Illv integrat	ed with		
-		its supported organizatio							,		
d		Type III non-functionally						rted oraan	ization(s)		
		that is not functionally int						-			
		requirement (see instruct			•		-				
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III			
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.					
f	Ente	er the number of supported of	organizations								
g		vide the following informatior	n about the supporte	ed organization(s).							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount o	,	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Tete											
Total									1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

2016.03030 A SPRING OF HOPE, INC

Schedule A (Form 990 or 990-EZ) 2016 A SPRING OF HOPE, INC

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.)

Calendar year (of fiscal year beginning in) G (a) 2012 (b) 2013 (c) 2014 (d) 2015 (c) 2016 (f) Total membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalt Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalt Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalt Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalt Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalt Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalt Tax revenues levied for the organ- ization without charge 41, 562. 61, 844. 76, 392. 129, 372. 299, 987. 609, 157. 6 The portion of total contributions by auch person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 29.6 the around shown on line 11, column (f) Celeady year (of fical yeaport Celeady year (of fical ye	See	ction A. Public Support									
membership fees received. (Bo not include any 'unusual grants.') 41,562. 61,844. 76,392. 129,372. 299,987. 609,157. 2 Tax revenues levied for the organ- ization's benefit and ether paid to or expended in its behalf. 41,562. 61,844. 76,392. 129,372. 299,987. 609,157. 3 The value of services or facilities turnished by a governmental unit to the organization without charge government all not publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11. 41,562. 61,844. 76,392. 129,372. 299,987. 609,157. 5 Public support. Bothest the 5 to in lest and income from iterest, dividends, payments received on securities loars, rents, royalties and income from ismilar sources 41,562. 61,844. 76,392. 129,372. 299,987. 609,157. 9 Net income from ismilar sources 41,562. 61,844. 76,392. 129,372. 299,987. 609,157. 9 Net income from ismilar sources 41,562. 61,844. 76,392. 129,372. 299,987. 609,157. 9 Net income from ismilar sources 41,562. 61,844. 76,392. 129,372. 299,987. 609,157. 10 Other income from ismilar sources 41,562. 61,844. 76,392.	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
Include any 'unusual grants', ' 41,562. 61,844. 76,392. 129,372. 299,987. 609,157. 2 Tax revenues levied for the organization in the regard to or expended on its behalf 41,562. 61,844. 76,392. 129,372. 299,987. 609,157. 3 The value o services or facilities furnished by a governmental unit to the organization without charge in the organization without charge in the organization without charge in the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 41,562. 61,844. 76,392. 129,372. 299,987. 609,157. 8 Gross income from inter 4. 40,95,524. Section B. Total Support 409,524. 524. 9 Ublic support 0. discuss the stress of the rest set set set set set set set set set	1	Gifts, grants, contributions, and									
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		more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explair	in Part VI how the	·			
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	18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ►			

Schedule A (Form 990 or 990-EZ) 2016

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Part II

Schedule A (Form 990 or 990 EZ) 2016 A SPRING OF HOPE, INC

(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.)

Jaiti	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e)	2016	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 5			 				
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e)	2016	(f) Total
	Amounts from line 6	(4) = 0 + =	(0) _0 . 0		(0, 2010			(1) 1010
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
с	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)							
	First five years. If the Form 990 is for	the organization'	l s first second thi	I rd fourth or fifth te	l ay year as a sectic	1 n 501(c)	(3) organiz	zation
	check this box and stop here	-			•			
Sec	tion C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2016 (I			column (f))		15		%
						16		%
	Public support percentage from 2015 tion D. Computation of Invest					10		%
	•		•					
	Investment income percentage for 20					17		%
	Investment income percentage from 2					18		%
	33 1/3% support tests - 2016. If the							
		nd stop here. The						
	more than 33 1/3%, check this box a			a lina 14 ar lina 10a	and line 16 is m	hre than	33 1/3%.	and
b	33 1/3% support tests - 2015. If the							
b		ck this box and s	top here. The org	anization qualifies	as a publicly supp	orted or	ganization	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

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.)

Section A. All Supporting Organizations

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

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_____ 10b | _____ Schedule A (Form 990 or 990-EZ) 2016

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	┝──┦	──
	A family member of a person described in (a) above?	11b	 	
	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
800	the supported organization(s). tion D. All Type III Supporting Organizations			L
Sec	auon D. An Type in Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	.).	
2	Activities Test. Answer (a) and (b) below.	î	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
D				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
~	activities but for the organization's involvement.	2b		-
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9	90 or 99	ЭО-ЕZ)) 2016
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^{2016.03030} A SPRING OF HOPE, INC

Schedule A (Form 990 or 990-EZ) 2016 A SPRING OF HOPE, INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

instructions).

1

Schedule A (Form 990 or 990-EZ) 2016

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions	Current Year					
1	Amounts paid to supported organizations to accomplish exe						
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the	he organization is responsive	e				
	(provide details in Part VI). See instructions						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reason						
	able cause required- explain in Part VI). See instructions						
3	Excess distributions carryover, if any, to 2016:						
а							
b							
С	From 2013						
d	From 2014						
е	From 2015						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions						
7	Excess distributions carryover to 2017. Add lines 3j						
	and 4c						
8	Breakdown of line 7:						
<u>a</u>							
	Excess from 2013						
	Excess from 2014						
	Excess from 2015						
<u> </u>	Excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

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	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
2028 09-21-	16 Schedule A (Form 990 or 990-E

Identification of Excess Contributions Included on Part II, Line 5

26-0851887

2016

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ROTARY CLUB #4444	72,850.	55,937.
WILLIAM EZZO	20,000.	3,087.
WALBRIDGE FAMILY FOUNDATION	25,000.	8,087.
ELIZA WALBRIDGE	25,000.	8,087.
THOMAS FAMILY FOUNDATION	75,000.	58,087.
ROCHELLE SMITH	30,000.	13,087.
IRIE FOUNDATION	50,000.	33,087.
ERM FOUNDATION	25,000.	8,087.
BOYS & GIRLS CLUB	29,000.	12,087.
Total Excess Contributions to Schedule A, Part II, Line 5	1	199,633.

Schedule B (Form 990, 990-EZ, or 990-PF)	
Department of the Treasury	

Schedule of Contributors

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

2016

Employer identification number

26-0851887

A SPRING OF HOPE,

Organization type (check one):				
Section:				
X 501(c)(3) (enter number) organization				
4947(a)(1) nonexempt charitable trust not treated as a private foundation				
527 political organization				
501(c)(3) exempt private foundation				
4947(a)(1) nonexempt charitable trust treated as a private foundation				
501(c)(3) taxable private foundation				

INC

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of o	rganization
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Employer identification number

26-0851887

A SPRING OF HOPE, INC

Part I	Contributors (See instructions). Use duplicate copies of Part I if ac	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD & JOANNE YOUNG 7741 NW 39 AVENUE COCONUT CREEK, FL 33073	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROTARY CLUB #4444 DISTRICT 6990, P.O. BOX 239 FORT LAUDERDALE, FL 33303	\$8,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WALBRIDGE FAMILY FOUNDATION 100 MATSONFORD ROAD RADNOR, PA 19087	\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 ELIZA WALBRIDGE 230 PENLLYN PIKE	Total contributions	Type of contribution Person X Payroll
<u>No.</u> <u>4</u> (a)	Name, address, and ZIP + 4 ELIZA WALBRIDGE 230 PENLLYN PIKE BLUE BELL, PA 19422 (b)	\$5,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4 ELIZA WALBRIDGE 230 PENLLYN PIKE BLUE BELL, PA 19422 (b) Name, address, and ZIP + 4 THOMAS FAMILY FOUNDATION P.O. BOX 30580	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Image: Complete Part II for noncash (Complete Part II for Image: Complete Part II for noncash Image: Complete Part II for noncash
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 ELIZA WALBRIDGE 230 PENLLYN PIKE BLUE BELL, PA 19422 (b) Name, address, and ZIP + 4 THOMAS FAMILY FOUNDATION P.O. BOX 30580 FORT LAUDERDALE, FL 33303 (b) Name, address, and ZIP + 4 ROCHELLE SMITH 17891 LAKE ESTATE DRIVE BOCA RATON, FL 33496	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Noncash Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Complete Part II for noncash contributions.)

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Name of organization

A SPRING OF HOPE, INC

Employer identification number

26-0851887

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	IRIE FOUNDATION 1410 SUNSET DRIVE, SUITE 210 MIAMI BEACH, FL 33139	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PREMIER SMILE 217 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306	\$6,764.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ED AND GAIL KOPPEN 1010 W. OCEAN BLVD. POMPANO BEACH, FL 33064	\$5,125.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ERM GROUP FOUNDATION 75 VALLEY STEAM PARKWAY, #200 MALVERN, PA 19355	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BOCA RATON PHILHARMONIC SYMPHONIA 2285 POTOMAC ROAD BOCA RATON, FL 33431	\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 623452 10-11		\$ 29 , 000 . Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)
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Name of organization

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A SPRING OF HOPE, INC

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	HANDY INC 501 NE 8TH ST FORT LAUDERDALE, FL 33304	\$ <u>6,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	TRI COUNTY HUMANCE SOCIETY 21287 BOCA RIO ROAD BOCA RATON, FL 33433	\$ <u>6,600.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	PLACE OF HOPE, INC 9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	\$ <u>6,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(0)	(h)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 BROWARD HEALTH 1508 S.E. 3RD AVENUE	Total contributions	Type of contribution Person X Payroll
<u>No.</u>	Name, address, and ZIP + 4 BROWARD HEALTH 1508 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316 (b)	Total contributions \$ 6,000. (c) (c)	Type of contribution Person X Payroll
<u>No.</u> <u>16</u> (a) No.	Name, address, and ZIP + 4 BROWARD HEALTH 1508 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316 (b) Name, address, and ZIP + 4 QUANTUM HOUSE 967 45TH STREET	Total contributions \$ 6,000. (c) Total contributions	Type of contribution Person X Payroll Noncash Noncash Omega (Complete Part II for noncash contributions.) (Complete Part II for (d) Type of contribution Person X Payroll Omega Noncash Omega (Complete Part II for Omega
No. 16 (a) No. 17 (a)	Name, address, and ZIP + 4 BROWARD HEALTH 1508 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316 (b) Name, address, and ZIP + 4 QUANTUM HOUSE 967 45TH STREET WEST PALM BEACH, FL 33407 (b) Name, address, and ZIP + 4 FASHION CARES 3500 PEACHTREE RD NE STE A2 ATLANTA, GA 30326	Total contributions \$ 6,000. (c) Total contributions \$ 6,000. \$ 6,000. \$ 6,000. \$ 6,000. \$ 6,000. \$ 6,000. \$ 6,000.	Type of contribution Person X Payroll Noncash Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash Noncash (Complete Part II for noncash contributions.) (d) (Complete Part II for noncash contributions.) (d) (Complete Part II for noncash contributions.)

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2016.03030 A SPRING OF HOPE, INC

Part I	Contributors (See instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	BOCA WEST FOUNDATION 20583 BOCA WEST DRIVE BOCA RATON, FL 33434	\$13,232.	Person X Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	YMCA OF GREATER INDIANAPOLIS 615 N ALBAMA STREET INDIANAPOLIS, IN 46204	\$6,000.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
21	AARON PUNA 9/20 TURNER AVENUE NEW FARM QLD, AUSTRALIA	\$7,775.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Doncash Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll On Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash Complete Part II for noncash contributior

Employer identification number

26-0851887

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A SPRING OF HOPE, INC

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	000 000 57
23453 10-18-16	26	Schedule B (Forms	990, 990-EZ, or 990-PF)

Part III	NG OF HOPE, INC Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete col completing Part III, enter the total of exclusively religious, o Use duplicate copies of Part III if additional	umns (a) through (e) and the follocharitable, etc., contributions of \$1,000	owing line entry.	For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi		
	Transferee's name, address, and		Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gi		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
 		(e) Transfer of gi	 [ft	
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	 ft	
	Transferee's name, address, and	I ZIP + 4	Relatio	nship of transferor to transferee
	16			Schedule B (Form 990, 990-EZ, or 990-P

(Form 990)	J	Complete if	the organizatio	n answered "Yes" on Form 990, Part	IV, line 14b, 1	5, or 16.	ZU ID
Department of the Treasury				Attach to Form 990.			Open to Public
Internal Revenue Service		Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fo		Inspection
Name of the organization	on					Employer id	entification number
A SPRING OF	HOP	E, INC				26-085	1887
			Activities Ou	tside the United States. Comple	ete if the organ		
Form 990					C C		
1 For grantmakers	s. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,	
the grantees' elig	gibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	istance?	Yes X No
2 For grantmakers	s. Descr	ibe in Part V the	e organization's	procedures for monitoring the use of its	s grants and of	ther assistance	e outside the
United States.							
	gion. (Th			an be duplicated if additional space is r			
(a) Region		(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d)) (f) Total expenditures
		offices in the region	I agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	for and
		in the region	independent contractors	recipients located in the region)		(s) in the regio	investments
			in the region				in the region
SUB-SAHARAN AFRIC	a			PROGRAM SERVICES	SEE PAGE 2,	T.TNE 1A	145,000.
SOD SANAKAN AFRIC.	л. 			I KOGRAM BERVICES	DEE TRGE 2,	DINE 44	145,000.
3 a Sub-total		0	0				145,000.
b Total from contin	г						
sheets to Part I		0	0				٥.
c Totals (add lines	3a						
and 3b)		0	0				145 000

Statement of Activities Outside the United States

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2016

632071 09-21-16

SCHEDULE F

28 2016.03030 A SPRING OF HOPE, INC OMB No. 1545-0047

<u>7100</u>

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA, BURKINA FASO,	GENERAL OPERATIONS	145,000.		0.		BOOK
		BURKINA FASO,	GENERAL OPERATIONS	145,000.		0.		BOOK
			recognized as charities by the					
3 Enter total number of			n 501(c)(3) equivalency letter			₽		

Schedule F (Form 990) 2016

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26-0851887

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2016

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign</i>		v .
	Corporation (see Instructions for Form 926)	└── Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Mathematical 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/fr	ZU10 Open to Public			
Name of the organization A SPRING OF HOPE, INC	Employer identification number 26-0851887			
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS A SPRING OF HOPE (ASOH) MISSION IS TO PROVIDE SCHOOLS LOC				
SOUTH AFRICA WITH SUSTAINABLE CLEAN WATER SOURCES FOR DRI	NKING,			
IRRIGATION, AND FOOD PREPARATION AS WELL AS VIABLE SANITA	TION			
TECHNOLOGIES. THE AVAILABILITY OF AN ADEQUATE SUPPLY OF	CLEAN WATER,			
WHEN COUPLED WITH ON-GOING TRAINING AND TECHNICAL SUPPORT	, HAS BEEN			
SHOWN TO IMPROVE HEALTH CONDITIONS, COMBAT POVERTY, AND P	ROMOTE			
EDUCATION FOR STUDENTS AS WELL AS TO CREATE A COURSE OF F	INANCIAL			
SELF-SUSTAINABILITY TO SCHOOLS. ASOH'S MISSION INCLUDES	THE			
DEVELOPMENT OF A PARTNER RELATIONSHIP, WITH THOSE SCHOOLS	SELECTED, IN			
ORDER TO ACHIEVE MID-TERM GOALS OF INCREASED STUDENT ATTE	NDANCE ,			
GRADUATION RATES, AND COMMUNITY INVOLVEMENT IN ORDER TO ATTAIN THE				
LONG-TERM GOALS OF IMPROVED HEALTH AND WELFARE OF ITS STUDENTS.				
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:				
A SPRING OF HOPE DRILLED 9 BOREHOLES AT TRYGIVE COMMUNITY	CENTER,			
NYAMANDE, MOTHAILENGO, MASWINI, LEHLOGONOLO PRIMARY, EDUC	ARE DAY CARE			

CENTER, KAHELA PRIMARY, ORHOVELANI HIGH SCHOOL, AND HLAVATHI PRIMARY.

THIS BRINGS OUR TOTAL BOREHOLES IN SOUTH AFRICA TO 42.

A SPRING OF HOPE HAD INSTALLATIONS OF ENVIRO-LOO TOILETS IN BERETTA

PRIMARY AND KAHLELA PRIMARY. WE ALSO INSTALLED FENCING IN 10 SCHOOLS.

WE ALSO CONDUCTED PERMACULTURE CLASSES AND NEW SCHOOLS RECEIVED

SEEDLINGS FOR THEIR NEW GARDENS.

FORM 990, PART VI, SE	CTION A, LINE 2:	
LHA For Paperwork Reduction Act No	ce, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2016)
632211 08-25-16	22	
	33	
15460221 756350 5768000	2016.03030 A SPRING	OF HOPE, INC 57680001

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization A SPRING OF HOPE, INC	Employer identification number $26-0851887$
BRITTANY YOUNG, PRESIDENT AND JOANNE YOUNG, EXECUTIVE DIR	ECTOR, ARE MOTHER
AND DAUGHTER. IN ADDITION, BOARD MEMBER STANLEY LASKOWSKI	, PRESIDENT OF THE
PENNSYLVANIA GLOBAL WATER INITIATIVE AND HOWARD YORK, BOA	RD MEMBER, IS A
BIOLOGY TEACHER AT THE NORTH BROWARD PREPARATORY SCHOOL.	JEANNE STAGLOFF,
BOARD MEMBER IS SENIOR VICE PRESIDENT OF PENNSYLVANIA TRU	ST. SHE PROVIDES
TAX WORK TO DIRECTOR, VICE-PRESIDENT, AND TREASURER JOANN	E YOUNG.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE TAX RETURN IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, WHO REVIEWS THE TAX RETURN FOR COMPLETENESS AND ACCURACY. THE ORGANIZATION'S PRESIDENT AND BOARD OF DIRECTORS THEN REVIEW AND DISCUSS THE TAX RETURN TOGETHER.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS CONSISTENTLY MONITORED AT BOARD MEETINGS AND WITH OTHER COMMUNICATIONS DURING THE YEAR. THERE IS VERY LITTLE OPPORTUNITY OF A CONFLICT OF INTEREST ARISING WITH SUB-SAHARAN AFRICA BEING THE ORGANIZATION'S AREA OF SUPPORT AND THE BOARD MEMBERS BEING LOCATED IN THE UNITED STATES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

632212 08-25-16

15460221 756350 57680001

Schedule O (Form 990 or 990-EZ) (2016)

2016.03030 A SPRING OF HOPE, INC

Form	8879-EO
Form	

IRS e-file Signature Authorization for an Exempt Organization

2016

Department of the Treasury Internal Revenue Service

Name of exempt organization

For calendar year 2016, or fiscal year beginning	, 2016, and ending	, 20

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

Α	SPRING	OF	HOPE,	INC
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26-0851887

Name and title of officer JOANNE YOUNG	
DIRECTOR, V PRESIDENT & TREASURER	
Part I Type of Return and Return Information (Whole Dollars Only)	

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	299,987.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
		-	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize KAUFMAN, ROSSIN & CO., P.A.	to enter my PIN	51887
ERO firm name	-	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature Date Date		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 6507111835 do not enter all zero		
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for t confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.		
ERO's signature ► KAUFMAN, ROSSIN & CO., P.A. Date ► 02	2/21/17	
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To D	Do So	
LHA For Paperwork Reduction Act Notice, see instructions.	For	m 8879-EO (2016)
623051 09-26-16		

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2016.03030 A SPRING OF HOPE, INC