

Short Form

Return of Organization Exempt From Income Tax

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

2017

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01/01, 2017, and ending 12/31, 20 17

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Hope Multipurpose Inc		D Employer identification number 90-0102151
	Number and street (or P.O. box, if mail is not delivered to street address) 2136 Carter Avenue	Room/suite	E Telephone number 651-644-3927
	City or town, state or province, country, and ZIP or foreign postal code Saint Paul, MN, 55108-1708		F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.hopemultipurpose.org

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **70,684**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received		1					41,859
	2	Program service revenue including government fees and contracts		2					0
	3	Membership dues and assessments		3					0
	4	Investment income		4					36
	5a	Gross amount from sale of assets other than inventory	5a						0
	b	Less: cost or other basis and sales expenses	5b						0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c					0
	6	Gaming and fundraising events							
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a						0
b	Gross income from fundraising events (not including \$ 3,350 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b						28,789	
c	Less: direct expenses from gaming and fundraising events	6c						1,409	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d					27,380	
7a	Gross sales of inventory, less returns and allowances	7a						0	
b	Less: cost of goods sold	7b						0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c					0	
8	Other revenue (describe in Schedule O)		8					0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9					69,275	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10					48,300
	11	Benefits paid to or for members		11					0
	12	Salaries, other compensation, and employee benefits		12					0
	13	Professional fees and other payments to independent contractors		13					1,000
	14	Occupancy, rent, utilities, and maintenance		14					0
	15	Printing, publications, postage, and shipping		15					7,542
	16	Other expenses (describe in Schedule O) . See Schedule O, Statement 2		16					6,194
17	Total expenses. Add lines 10 through 16 ▶		17					63,036	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18					6,239
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19					197,503
	20	Other changes in net assets or fund balances (explain in Schedule O)		20					0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21					203,742

Part II Balance Sheets (see the instructions for Part II)		(A) Beginning of year	(B) End of year
Check if the organization used Schedule O to respond to any question in this Part II <input checked="" type="checkbox"/>			
22	Cash, savings, and investments	84,486	90,287
23	Land and buildings	113,017	109,592
24	Other assets (describe in Schedule O) <u>See Schedule O, Statement 3.</u>	0	4,613
25	Total assets	197,503	204,492
26	Total liabilities (describe in Schedule O) <u>See Schedule O, Statement 4.</u>	0	750
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	197,503	203,742

Part III Statement of Program Service Accomplishments (see the instructions for Part III)		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>		(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
What is the organization's primary exempt purpose? <u>See Schedule O, Statement 5</u>			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	<u>Provided room, board, education and health care for 27-30 abandoned or orphaned children in Kazo, Uganda, enabling them to attend primary and secondary school.</u>		
	(Grants \$ <u>36,572</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	36,572
29	<u>Provided instruction, materials and equipment to teach the 27-30 girls living at the orphanage in Kazo, Uganda.</u>		
	(Grants \$ <u>4,240</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	4,240
30	<u>Provided educational funding for post secondary education for the girls of Kazo, Uganda. In 2017 the Education fund provided funding for 3 girls to attend University and 3 to attend post secondary trade school.</u>		
	(Grants \$ <u>7,488</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	7,488
31	Other program services (describe in Schedule O) _____		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	48,300

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)				
Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>				
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Ishaka L Mawanda President	20	0	0	0
Jim Colvin Treasurer	5	0	0	0
Joanne Kabajungu Roques Secretary	2	0	0	0
Pascal T Ngoboka Board Member	1	0	0	0
Marilyn Grantham Board Memeber Fundraising Comm chair	1	0	0	0
Hati Kobusingye Board Member	1	0	0	0
Shartsi Kutesa Musherure Board Member Education Comm Chair	1	0	0	0
Tim Krohn Board Member Donor Data Base Manager	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u>0</u>		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41	List the states with which a copy of this return is filed ▶ <u>MN</u>		
42a	The organization's books are in care of ▶ <u>Mobius Group</u> Telephone no. ▶ <u>651-208-0498</u> Located at ▶ <u>1768 Laurel Ave, Saint Paul, MN 55104</u> ZIP + 4 ▶ <u>55104</u>		
b	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)? If "Yes," enter the name of the foreign country: ▶ <u>Uganda</u> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	✓	
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓