

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

OMB No. 1545-0047

2016
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning _____, **and ending** _____

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 Partners in Hope Incorporated		D Employer identification number 31-1305869
	Doing business as		E Telephone number 937-335-0448
	Number and street (or P.O. box if mail is not delivered to street address) 116 W Franklin Street		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code Troy OH 45373		G Gross receipts \$ 265,381
F Name and address of principal officer: Angela Sparkman			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: www.partnersinhopeinc.org			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1990	M State of legal domicile: OH

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Part I Summary		Prior Year	Current Year	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> 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	17	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17	
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	13	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	235,749	265,002
		9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		137	379	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		235,886	265,381	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	37,482	39,519	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	154,451	148,062	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17,853			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	59,880	71,781	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	251,813	259,362	
19 Revenue less expenses. Subtract line 18 from line 12	-15,927	6,019		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	177,788	176,168	
	21 Total liabilities (Part X, line 26)	23,563	15,924	
	22 Net assets or fund balances. Subtract line 21 from line 20	154,225	160,244	

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			
	Angela Sparkman Type or print name and title	Chair			
Paid Preparer Use Only	Print/Type preparer's name Sam B. Brown	Preparer's signature Sam B. Brown	Date 03/29/17	Check <input type="checkbox"/> if self-employed	PTIN P00178037
	Firm's name ▶ Sam Brown, CPA, Inc	Firm's EIN ▶ 47-3123679	Firm's address ▶ Troy, OH 45373-8027		
			Phone no.	937-875-9510	