

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))**2018**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2018 or other tax year beginning and ending  
Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 508(a) <input type="checkbox"/> 509(a) <b>C</b> Book value of all assets at end of year <b>3,725,989</b>		<b>Name of organization</b> ( <input type="checkbox"/> Check box if name changed and see instructions ) <b>HOPE CENTER MINSTRIES, INC.</b> <b>Print or Type</b> <b>Number, street, and room or suite no. If a P.O. box, see instructions.</b> <b>P.O. BOX 686</b> <b>City or town, state or province, country, and ZIP or foreign postal code</b> <b>WAVERLY TN 37185</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>10493 ***-***4436</b> <b>E</b> Unrelated business activity code (See instructions.) <b>522220</b>
<b>F</b> Group exemption number (See instructions.) <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

**H** Enter the number of the organization's unrelated trades or businesses **1** Describe the only (or first) unrelated trade or business here  
**SEE STATEMENT 1** If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
 If "Yes," enter the name and identifying number of the parent corporation

**J** The books are in care of **DOROTHY PARKER** Telephone number **931-296-9711**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances				
<b>2</b> Cost of goods sold (Schedule A, line 7)				
<b>3</b> Gross profit. Subtract line 2 from line 1c				
<b>4a</b> Capital gain net income (attach Schedule D)				
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
<b>c</b> Capital loss deduction for trusts				
<b>5</b> Income (loss) from partnership and S corporation (attach statement)				
<b>6</b> Rent income (Schedule C)				
<b>7</b> Unrelated debt-financed income (Schedule E)				
<b>8</b> Interest, annuities, royalties, and rents from controlled organization (Schedule F)				
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
<b>10</b> Exploited exempt activity income (Schedule I)				
<b>11</b> Advertising income (Schedule J)				
<b>12</b> Other income (See instructions, attach schedule) <b>SEE STMT 2</b>		5,008		5,008
<b>13</b> Total. Combine lines 3 through 12		5,008		5,008

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

(see instructions)

1. Description of property		
(1) <b>N/A</b>		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		
<b>Schedule E - Unrelated Debt-Financed Income</b> (see instructions)		
2. Gross income from or		3. Deductions directly connected with or allocable to debt-financed property

**Part III Total Unrelated Business Taxable income**

<b>33</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>33</b>	<b>5,008</b>
<b>34</b>	Amounts paid for disallowed fringes	<b>34</b>	
<b>35</b>	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>35</b>	
<b>36</b>	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	<b>36</b>	<b>5,008</b>
<b>37</b>	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>37</b>	<b>1,000</b>
<b>38</b>	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	<b>38</b>	<b>4,008</b>

**Part IV Tax Computation**

<b>39</b>	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<b>39</b>	<b>842</b>
<b>40</b>	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>40</b>	
<b>41</b>	Proxy tax. See instructions	<b>41</b>	
<b>42</b>	Alternative minimum tax (trusts only)	<b>42</b>	
<b>43</b>	Tax on Noncompliant Facility Income. See instructions	<b>43</b>	
<b>44</b>	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<b>44</b>	<b>842</b>

**Part V Tax and Payments**

<b>45a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>45a</b>	
<b>b</b>	Other credits (see instructions)	<b>45b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>45c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>45d</b>	
<b>e</b>	Total credits. Add lines 45a through 45d	<b>45e</b>	
<b>46</b>	Subtract line 45e from line 44	<b>46</b>	<b>842</b>
<b>47</b>	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8811 <input type="checkbox"/> Form 8897 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	<b>47</b>	
<b>48</b>	Total tax. Add lines 46 and 47 (see instructions)	<b>48</b>	<b>842</b>
<b>49</b>	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	<b>49</b>	
<b>50a</b>	Payments: A 2017 overpayment credited to 2018	<b>50a</b>	
<b>b</b>	2018 estimated tax payments	<b>50b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>50c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>50d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>50e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>50f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total	<b>50g</b>	
<b>51</b>	Total payments. Add lines 50a through 50g	<b>51</b>	
<b>52</b>	Estimated tax penalty (see instructions). Check if Form 990 is attached	<b>52</b>	<b>17</b>

Form 990-T (2018) **HOPE CENTER MINSTRIES, INC.**

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Page **3****Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b>	Inventory at beginning of year	<b>1</b>		<b>6</b>	Inventory at end of year	<b>6</b>	
<b>2</b>	Purchases	<b>2</b>		<b>7</b>	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b>	Cost of labor	<b>3</b>					
<b>4a</b>	Additional sec. 263A costs (attach schedule)	<b>4a</b>		<b>8</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>b</b>	Other costs (attach schedule)	<b>4b</b>					
<b>5</b>	Total. Add lines 1 through 4b	<b>5</b>					

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**(1) **N/A**

(2)	
(3)	
(4)	

**2. Rent received or accrued**

(a) From personal property (If the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (If the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	<b>N/A</b>			
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B)
<b>Total dividends-received deductions</b> included in column 8				

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**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals****Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Totals****Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A).	Enter here and on page 1, Part I, line 10, col (B).			Enter here and on page 1, Part II, line 26.

**Totals****Schedule J – Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						

**Totals** (carry to Part II, line (5))

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b> ▶						

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 ▶			

**Federal Statements**

FYE: 12/31/2018

**Statement 1 - Form 990-T - Primary Unrelated Business Activity**DescriptionNOTE RECEIVABLE INTEREST FOR FINANCING THE SALE OF A  
PROPERTY.**Statement 2 - Form 990-T, Part I, Line 12 - Other Income**

<u>Description</u>	<u>Amount</u>
NOTE RECEIVABLE INTEREST	\$ 5,008
TOTAL	\$ 5,008

**Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions**

<u>Description</u>	<u>Amount</u>
ADMIN EXPENSES	\$
TOTAL	\$ 0

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## Federal Statements

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### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
WORK CREW	\$ 108,895	\$ 108,895		\$
GASOLINE	97,083	97,083		
LICENSES AND TAXES	40,748		40,748	
FOOD AND BEVERAGE	38,116	38,116		
OUTLET STORE	34,053	34,053		
RESIDENTIAL	27,709	27,709		
ADMIN EXPENSES	26,646	15,023	11,623	
SUBCONTRACT	23,900		23,900	
BAD DEBT	19,692	19,692		
GRADUATION AND THE GATHER	18,684	18,684		
JANITORIAL	10,196	10,196		
HOPE HOUSE	9,109	9,109		
OTHER EXPENSES	1,711	1,054	657	
FEES	1,324		1,324	
TAXES AND PENALTIES	662	515	147	
TOTAL	\$ 458,528	\$ 380,129	\$ 78,399	\$ 0

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### Schedule A, Part III, Line 1(e)

Description	Amount
GOVERNMENT GRANTS OR CONTRIBUTIONS	
CONTRIBUTION	\$ 16,790
GALA - DICKSON	617,182
CASH CONTRIBUTION	
GALA - MEMPHIS	5,166
CASH CONTRIBUTION	
GALA - WAVERLY	15,748
CASH CONTRIBUTION	
GALA - WITCHITA FALLS	19,222
CASH CONTRIBUTION	
GALA - AXTON	8,259
CASH CONTRIBUTION	
GALA - WHITE HOUSE	14,996
CASH CONTRIBUTION	
TOTAL	<u>4,971</u>
	<u>\$ 702,334</u>



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### Schedule A, Part III, Line 2(e)

Description	Amount
FEEs	\$ 646,767
WORK CREW	2,162,894
THRIFT STORE	149,834
OTHER INCOME	57,398
BASS TOURNAMENT	15,092
GALA - DICKSON	15,723
GALA - JACKSON	
GALA - MEMPHIS	12,661
GALA - PORTLAND	
GALA - WAVERLY	112,470
GALA - WITCHITA FALLS	33,485
GOLF TOURNAMENT	54,444
GALA - AXTON	16,736
GALA - WHITE HOUSE	16,269
HOPE HOUSE	22,825
TOTAL	\$ 3,316,598

### Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST INCOME	\$ 2,052
TOTAL	\$ 2,052

### Schedule A, Part III, Line 11

Description	Amount
NOTE RECEIVABLE INTEREST	\$ 5,008
LESS: DEDUCTIONS	-1,000
TOTAL	\$ 4,008

Form **990T**

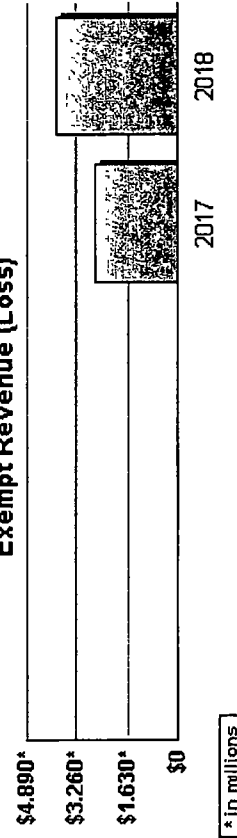
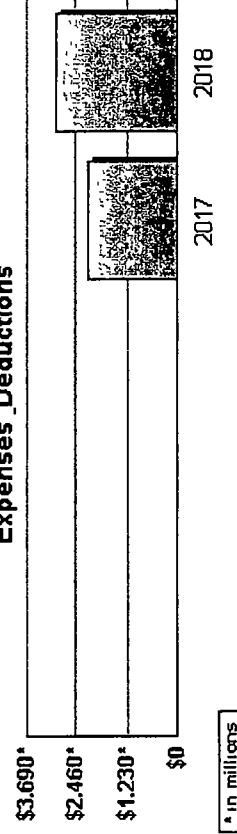
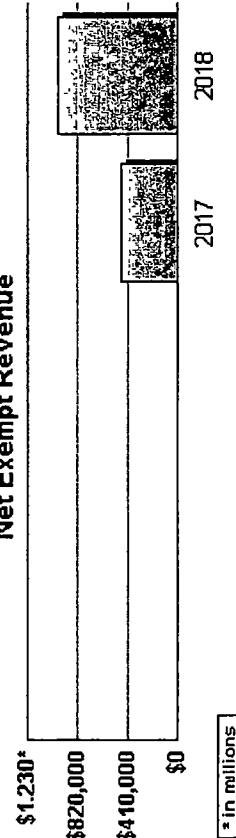
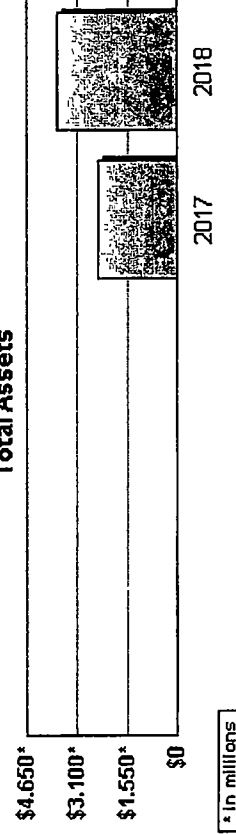
**Two Year Comparison Report**

**2017 & 2018**

<b>Form 990T</b>	<b>Tax Return History</b>	<b>2018</b>
Name <b>HOPE CENTER MINISTRIES, INC.</b>		Employer Identification Number <b>**-***4436</b>

\* Income shown net of expenses

	2014	2015	2016	2017	2018	2019
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income				4,483	5,008	
<b>Total trade or business income.</b>				<b>4,483</b>	<b>5,008</b>	
Compensation of officers, etc.				400		
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

**Exempt Revenue (Loss)****Expenses Deductions****Net Exempt Revenue****Total Assets**



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## Federal Statements

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### Form 990-T - Other Deductions Not Taken Elsewhere

<u>Description</u>	<u>Amount</u>
ADMIN EXPENSES	\$ <u>          </u>
TOTAL	\$ <u>          0</u>