		•-		_	١.			_				- [OMB No 1545-0687
Form 990-T Exempt Organ						nization Business Income Tax Return proxy tax under section 6033(e))							2018
	_		For cale	endar year 2018 or other tax y					and ending				
	Department of the Treasury Internal Revenue Service Service On the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 50									en to Public Inspection for 1(c)(3) Organizations Only			
7	<u>а</u> Г	Check box if address changed		Name of organization		k box if name cl					D Employer is		
ī	_	xempt under section					,				(Employees'	trust, see	instructions)
	2		Print	HOPE WITHI							٠. ا	643	004
	⊢	408(e) 220(e)	or	Number, street, and room or 4748 E. HA		O box, see inst					16-1		
	┝	408A 530(a) 529(a)	Туре	City or town, state or province				code			E Unrelated b		activity code
:	<u> </u>	ook value of all assets		ELIZABETHT	_	id ZiF (i) loreigi			17022	<u> </u>	5311	20	
•		end of year	F G	roup exemption number		ructions)							
_		762,802	G CI	heck organization type l	×	501(c) co	orporat	ion	5	01(c) trust	401(a) tru	st	Other trust
1	4 E	nter the number of the	organıza	tion's unrelated trades of	or business	ses ▶	<u> </u>	Descni	be the on	ly (or first) un	related trade or	busines	ss here
		·				<u> </u>						_	nly one, complete
		arts I–V If more than or			•		the pre	evious	sentence	, complete Pa	irts I and II, com	plete	
-		chedule M for each add Juring the tax year, was					narei	nt_cub	sidiani co	ntrolled aroun	2		Yes X No
		"Yes," enter the name					a parei	ii-sub	Sidially Co.	ntioned group	•		
_	•	·											
:	-	he books are in care of			LESTI	<u>N</u>				1	phone number		17-367-9797
Ī				or Business Inc	ome				(A)	Income	(B) Expense:	S	(C) Net
	1a b	Gross receipts or sales Less returns and allow			c Balan	••		4.					
	2	Cost of goods sold (Sci			C Dalaili	æ	1	1c 2					
	3	Gross profit Subtract lii		•			ŀ	3					
	- 4a	Capital gain net income					Ī	4a					
	b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b										.=-	
6	С	Capital loss deduction	for trusts	•				4c					
2019	5	Income (loss) from partnership a	and S compo	pration (attach statement)				5					
_	6	Rent income (Schedule	(C)	•				6 7					
	7	Unrelated debt-financed		,						10,791	4	, 659	6,132
ن	8	Interest, annuities, royalties		•	•	•		8					
H.	9	Investment income of a se			ion (Scheau	le G)	ŀ	9 10					
_	10 11	Exploited exempt activit Advertising income (Sc					F	11				_	
	12	Other income (See inst					ŀ	12			•		-
7	13	Total. Combine lines 3		•				13		10,791	4	, 659	6,132
₹ i	Pa	rt II Deduction	ns Not	Taken Elsewhere	See ır	nstructions	s for	lımıt	ations c	n deductio	ns) (Except	for c	
<u>g</u> .		deductions		be directly connec		the unre	elated	bus	iness in	icome)			
	14	Compensation of office	rs, direct	tors, and trustees (Sche	edule K)							14	
	15 16	Salaries and wages Repairs and maintenan		· r	RF	CEIV	ED		1			15 16	
	16 17	Bad debts	ice	1				78				17	
	18	Interest (attach schedu	le) (see	instructions)	٠.,	V 0 F 2	2010	10	i i			18	
	19	Taxes and licenses	, (in the second	NO K	V 0 5 2	2013	, ,				19	-
2	20	Chantable contributions (Se	ee instruc	tions for limitation rules)	`\			一层	:1			20	
~	21	Depreciation (attach Fo	rm 4562	2)	00	DEN,	ŲŢ	_	J	21	7,007		
NOV. 1.3, 2019	22	Less depreciation claim	ed on S	chedule A and elsewhe	re on retur	n				22a	7,007	22b	0
≥	23	Depletion										23	
Ž	24	Contributions to deferre		ensation plans								24	
, ;	25 26	Employee benefit progr		adula IV								25	-
Received in	57	Excess exempt expens Excess readership cost	•	•								26	
3 6	28	Other deductions (attac		•								28	
8	29	Total deductions. Add		=								29	
Č	0	Unrelated business taxa		•	loss ded	uction Subt	tract lu	ne 29	from line	13		30	6,132
$\mathbf{\epsilon}$	3 1	Deduction for net opera	iting loss	ansing in tax years be	ginning on	or after Jar	nuary	1, 201	18 (see in:	structions)		31	
3	32	Unrelated business taxa	able inco	me Subtract line 31 fro	m line 30							32	6,132
	344	For Dononwood Body	tion Ac	t Notice see instruct	one								Form 990-T (2018

Form	990`-1	(2018) HOPE WITHIN MINISTRIES INC.	16	5-1643004			Page 2
	rt III	Total Unrelated Business Taxable income					
						I	
33		of unrelated business taxable income computed from all unrelated trades or busine	sses (see	е			6 122
		ictions)				33	6,132
34	Amo	unts paid for disallowed fringes			-	34	
35	Dedu	ictions for net operating loss ansing in tax years beginning before January 1, 2018 (s	see				
	ınstru	ictions)			L	35	
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 fro	m the su	ım			
	of line	es 33 and 34				36	6,132
37	Spec	ific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			Ī	37	1,000
38	-	lated business taxable income. Subtract line 37 from line 36. If line 37 is greater to	han line	36	Ī		
		the smaller of zero or line 36		•		38	5,132
Pa	rt IV						
39		inizations Taxable as Corporations. Multiply line 38 by 21% (0 21)				- 00	1,078
40	_	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on				39	1,078
+0			.044				
		mount on line 38 from Tax rate schedule or Schedule D (Form	1041)			40	
41	Prox	y tax. See instructions			▝▘▏	41	
42	Alterr	native minimum tax (trusts only)				42	
43	Tax	on Noncompliant Facility Income See instructions			L	43	
14	Total	l. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44	1,078
Pa	rt V	Tax and Payments					
45a	Forei	gn tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		ĺ		
b		r credits (see instructions)	45b				
		eral business credit. Attach Form 3800 (see instructions)	45c				
C		,					
d		it for pnor year minimum tax (attach Form 8801 or 8827)	45d				
е		credits. Add lines 45a through 45d			- }	45e	
46		ract line 45e from line 44			ļ	46	1,078
47	Other I Check		sch)		L	47	
48	Total	tax. Add lines 46 and 47 (see instructions)				48	1,078
49	2018	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2			F	49	
50a		nents A 2017 overpayment credited to 2018	50a	:	120		
b	-	estimated tax payments	50b		000		ı
		· ·	50c	-/	-		
С.		deposited with Form 8868	$\overline{}$				
d		gn organizations Tax paid or withheld at source (see instructions)	50d				
е	Back	up withholding (see instructions)	50e				
f	Credi	t for small employer health insurance premiums (attach Form 8941)	50f				ı
g	Other	credits, adjustments, and paymentsForm 2439					
		Form 4136 Total ▶	50g				ı
51	Total	payments. Add lines 50a through 50g				51	1,120
52	Estim	nated tax penalty (see instructions) Check if Form 2220 is attached		•	\mathbf{x}	52	5
53		due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			₩	53	0
54		payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount over	moud			54	37
			3 7	l p.6			
55		the amount of line 54 you want Credited to 2019 estimated tax		Refunded		55	
Pa	<u>rt VI</u>	Statements Regarding Certain Activities and Other Inform	ation (see instructions)	• • •		
56		ty time during the 2018 calendar year, did the organization have an interest in or a si					Yes No
		a financial account (bank, secunties, or other) in a foreign country? If "YES," the org EN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the na					
	here		arric or ur	ie ioreign country			x
57	Dunn	g the tax year, did the organization receive a distribution from, or was it the grantor	of or tran	acteror to a foreign t	Inuct2		x
,,		es." see instructions for other forms the organization may have to file	Ji, Oi liai	isieror to, a loreigir i	liusi.		
58		the amount of tax-exempt interest received or accrued during the tax year > \$					1 1
	Π.,	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement			h-1-4-4		
	l tn	ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer			vener, it	15	
Sig	n [y -			May the IRS discuss this return with the preparer shown below (see instructions)?
Her	e 🕨	TREASURER EI	FF. (6/19			
	\$	ignature of officer Date Title		·			Yes No
		Print/Type preparer's name Preparer's suppliture		Date		Check	ıf PTIN
Paid		JOHN W BONAWITZ WOM W W	aw	W M10-1	ロンノば	self-emp	Dloyed P00033505
	arer	DOORS COURT OF COURT AND COURT	<i></i>	111111			25-1644159
	_			1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Firm's E	IIN 💆	<u> </u>
use	Only	210 GRANDVIEW AVE \		-			717 721 7471
		Firm's address CAMP HILL, PA 17011-1706			Phone r	10	717-761-7171

		WITHIN MINI				16-1	643004	Page	
<u>Sch</u>	edule A - Cost of God	ods Sold. Enter m	ethod of ir	nventory	valuation ▶		_		
1	Inventory at beginning of year	ar <u>. 1</u>		6 Ir	nventory at end of ye	ear		6	
2	Purchases	2		7 C	ost of goods sold.	Subtra	ct ,		
3	Cost of labor	3			ne 6 from line 5 Ent	er here	and		
4 a	Additional sec 263A costs			ır	Part I, line 2		1	7	
	(attach schedule)	_4a		8 [o the rules of sectio	n 263A	(with respect to	Yes No	
b	Other costs (attach schedule)	4b	- ·	Пр	roperty produced or	acquire	d for resale) apply		
5	Total. Add lines 1 through 4	b 5			the organization?	·	,,	7	
	edule C - Rent Incom	e (From Real Pro	perty and	Person	al Property Lea	sed V	Vith Real Proper	ty)	
(SE	e instructions)								
1 Des	cription of property								
(1)	N/A								
(2)									
(3)									
(4)					•				
	,	2 Rent received	or accrued						
	(a) From personal property (if the pe	ercentage of rent	(b) Fn	om real and o	ersonal property (if the		3(a) Deductions di	rectly connected with the income	
	for personal property is more than	-			personal property exceeds		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
	more than 50%)		50% or i	if the rent is b	ased on profit or income)		· ·	,	
 (1)									
(2)		-			···				
(3)					 -		-		
(4)			F 1 1						
Total			Total				(b) Total deductions		
	otal income. Add totals of co		nter				Enter here and on pag		
	and on page 1, Part I, line 6,			<u> </u>	·		Part I, line 6, column (В) 🕨	
Sch	edule E – Unrelated D	Debt-Financed Inc	ome (see	instructio	ns)		•		
	1 Description of debt-fir	agreed amondy			come from or debt-financed	STM		nnected with or allocable to ced property STMT 2	
	r description of descrip	ianceu property		ı		(a) (Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)	WAREHOUSE & O	FFICE			43,200 7,			<u> </u>	
(2)					ĺ				
(3)									
(4)		· 							
	4 Amount of average	5 Average adjusted basi						· · · · · ·	
	1 Column			7 (Gross income reportable	8 Allocable deductions (column 6 x total of columns			
	allocable to debt-financed property (attach schedule)	debt-financed property (attach schedule)	ļ	by co	olumn 5	(column 2 x column 6)		3(a) and 3(b))	
(1)	49,833	199,4	68		24.98%		10,791	4,659	
(2)	.,				%			1	
					%				
(3)								 	
(4) SE	EE STATEMENT 3	SEE STATEMENT	<u> </u>			Entor	horo and on need 4	Enter here and an area of	
31	ME STATEMENT 3 S	SEE STATEMENT	-				here and on page 1, I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Total	ls				▶		. 10,791	4,659	
Total	dividends-received deduc		0		•				

Schedule F - Interest, Annu	ities, Royalt	ies, and Rent	s From	Controlle	ed Org	anizations	(see instructi	ions)		
				t Controlled						
1 Name of controlled organization	ıde	2 Employer entification number		related income ee instructions)		otal of specified yments made	5 Part of column included in the coorganization's grown	controlling	6 Deductions directly connected with income in column 5	
(1) N/A										
(2)			-							
(3)										
(4)										
Nonexempt Controlled Organizat	ions									
7 Taxable Income		Net unrelated income oss) (see instructions)		9 Total of special payments mad		induded in	blumn 9 that is the controlling gross income		Deductions directly inected with income in column 10	
(1)										
(2)						.		ļ		
(3)								ļ	<u> </u>	
(4)								ļ .		
						Enter here a	ns 5 and 10 nd on page 1, i, column (A)	Ent	dd columns 6 and 11 er here and on page 1, rt i, line 8, column (B)	
Totals Schedule G – Investment In		tion 504(a)	(7) (0)	or (47) O	<u> </u>			<u> </u>		
Schedule G – Investment in	come or a S	ection 501(c)	(7), (9), 	or (17) O	rganiz 	ation (see in	nstructions)			
1 Description of income	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) N/A										
(2)	-									
(3)										
(4)										
Totals		Enter here and or Part I, line 9, col							nter here and on page 1, art I, line 9, column (8)	
Schedule I – Exploited Exer	npt Activity	Income. Othe	r Than	Advertisi	na Inc	ome (see in	structions)			
						,				
1 Description of exploited activity	2 Gross unrelated business incom from trade or business	3 Expens directly connected production unrelate business in	with	4 Net income (from unrelated or business (co 2 minus columi If a gain, composts 5 through	trade lumn n 3) oute	5 Gross income from activity that is not unrelated business income	t attribut	penses table to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
		ļ								
(2)										
(3)		<u> </u>				·				
(4)						-				
Totals	Enter here and o page 1, Part i, line 10, col (A)	n Enter here a page 1, Pa line 10, col	art I		-		•		Enter here and on page 1, Part II, line 26	
Schedule J - Advertising In	come (see in	structions)								
Part I Income From P			Consc	lidated Ba	sis					
1 Name of penodical	2 Gross advertising income	3 Direc advertising	ct	4 Advertisin gain or (loss) 2 minus col 3 a gain, compi cols 5 through	g (col i) If ute	5 Circulation income	6 Rea	adership posts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A										
(2)									1	
(3)									7	
(4)									1	
Totals (carry to Part II line (5))										

(3)

Total. Enter here and on page 1, Part II, line 14

			a Sepai	rate Basis (For e	ach periodi	cal listed in F	Part II, fil	l in columns
2 through / On a	2 Gross advertising income	3 D	rirect ng costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income		adership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A								
(2)								
(3)						,	_	
(4)	•							
Totals from Part I								
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, fine 11, col (A)	Enter her page 1, line 11,		1				Enter here and on page 1, Part II, line 27
Schedule K - Compensation	n of Officers, Di	rectors,	and Tri	ustees (see instru	ctions)			
1 Name			,	2 Title		I time devoted to I		pensation attributable to inrelated business
(1) N/A						9	,	

% %

Form **990-T** (2018)

Form 4562

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

2018

Attachment Sequence No

Name(s) shown on return Identifying number HOPE WITHIN MINISTRIES INC. 16-1643004 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1,000,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,500,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If mamed filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 35,771 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property See instructions) 0 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depregation deduction only-see instructions) service 19a 3-year property h 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs S/L 27 5 yrs MM Residential rental S/L property 27 5 yrs MM S/L ММ 39 yrs S/L Nonresidential real property MM S/L Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 30-year С 30 yrs ММ S/L 40-year 40 yrs MM S/L Part IV Summary (See instructions) Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

35,771

23

Federal Statements

FYE⁻ 12/31/2018

Statement 1 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation

	Description	Deduction
WAREHOUSE & OFFICE		
DEPRECIATION		7,007
TOTAL		7,007

Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction
WAREHOUSE & OFFICE MANAGEMENT FEES INTEREST INSURANCE TAXES UTILITIES	3,660 1,976 1,078 1,430 3,500
TOTAL	11,644

Statement 3 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description	Deduction
WAREHOUSE & OFFICE	E00 000
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	598,000 12
AVERAGE ACQUISITION DEBT	49,833

Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	Deduction
WAREHOUSE & OFFICE	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	202,923
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	196,013
	398,936
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	199,468