

Return of Organization Exempt From Income Tax

2018

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: Name (The Ministry for Hope, Inc), EIN (11-2667800), address (Port Jefferson, NY), and principal officer (Fr Francis Pizzarelli).

Part I Summary

Summary table with columns for line number, description, and amounts for Prior Year and Current Year. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

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.

Signature block for Francis Pizzarelli, Executive Director, including signature and date fields.

Paid Preparer Use Only section for Stewart Gelman, CPA, including name, signature, date, and firm information.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To provide help to individuals who can not find help in the form of housing, counseling, and other support so that they can eventually live productive independent lives. Hope House provides hope, care and compassion to nearly 2,000 individuals in need each month.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,749,612 including grants of \$ ) (Revenue \$ ) Community Services - Community House - Since its founding in 1980 with 10 beds it has grown to a 30 bed house that provides a compassionate approach to crisis intervention and a residual community for homeless young people in need. The program serves primarily youth between the ages of 16 and 21 years. It offers a creative living space where a young person can grow and develop. St. Francis House/Hope Academy - A long-term non-traditional residential treatment program for addiction and additional residential support for the Community House. St Louis de Montfort Academy - An alternative junior/senior high school providing individualized instruction and private tutoring staffed by a principal and volunteer teachers. Wisdom House - A residence for long-term needs of both men and women, 21 years and older in a crisis situation or homelessness in a semi-structured living environment. Siena House- A home for women and children who have suffered from domestic violence.

4b (Code: ) (Expenses \$ 1,201,337 including grants of \$ ) (Revenue \$ ) Montfort Therapeutic Residence - Consists of Community House and school for youths ages 11-18 who are court remanded. The program provides intense therapy to rehabilitate youths who would otherwise be detained in the court system. These children are in a time of great crisis in their young lives and they are provided with a healthy stable environment, a school program, individual counseling, group dynamics and educational and recreational outings. Its greatest gift is providing aftercare services when a young person returns home.

4c (Code: ) (Expenses \$ 756,504 including grants of \$ ) (Revenue \$ ) Pax Christi Hospitality Center - A 25 bed emergency residence for men over 16 provides those in need on Long Island a compassionate temporary residence offering shelter and food, human needs and services, advocacy and networking.

4d Other program services (Describe in Schedule O.) (Expenses \$ 606,966 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,314,419

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part 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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**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.

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

**Section A. Governing Body and Management**

|           |  | Yes                                 | No                                  |
|-----------|--|-------------------------------------|-------------------------------------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .  |                                     |                                     |
|           | 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.              |                                     |                                     |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent . . . . .   |                                     |                                     |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . |                                     | <input checked="" type="checkbox"/> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |                                     |                                     |
| <b>8a</b> | The governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .         |                                     | <input checked="" type="checkbox"/> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes                                 | No                                  |
|------------|--|-------------------------------------|-------------------------------------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .   |                                     |                                     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |                                     |                                     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |                                     |                                     |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>15b</b> | Other officers or key employees of the organization . . . . .  |                                     | <input checked="" type="checkbox"/> |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |                                     |                                     |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>16b</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |                                     |                                     |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **► New York**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **►**  
**Fr Francis Pizzarelli (631)928-2377, One High Street, Port Jefferson, NY 11777**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Fr Francis Pizzarelli<br>Exec Director | 40.00  | X   |                       | X       |              |                              |        | 38,317   | 0   | 0   |
| (2) Charles Russo<br>Chairman              | 5.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (3) James Altebrando<br>Director           | 2.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) Jim Barker<br>Director                 | 2.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) Robert Frey<br>Director                | 5.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) Mark Rose<br>Director                  | 2.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) Richard Lonigro<br>Director            | 2.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) Robert Coughlan<br>Director            | 2.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9)  |  |   |                       |         |              |                              |        |  |   |   |
| (10)                                       |  |   |                       |         |              |                              |        |  |   |   |
| (11)                                       |  |   |                       |         |              |                              |        |  |   |   |
| (12)                                       |  |   |                       |         |              |                              |        |  |   |   |
| (13)                                       |  |   |                       |         |              |                              |        |  |   |   |
| (14)                                       |  |   |                       |         |              |                              |        |  |   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |               | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|---------------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former        |  |   |   |
| (15) -----   |  |  |                       |         |              |                              |               |  |   |   |
| (16) -----   |  |  |                       |         |              |                              |               |  |   |   |
| (17) -----   |  |  |                       |         |              |                              |               |  |   |   |
| (18) -----   |  |  |                       |         |              |                              |               |  |   |   |
| (19) -----   |  |  |                       |         |              |                              |               |  |   |   |
| (20) -----   |  |  |                       |         |              |                              |               |  |   |   |
| (21) -----   |  |  |                       |         |              |                              |               |  |   |   |
| (22) -----   |  |  |                       |         |              |                              |               |  |   |   |
| (23) -----   |  |  |                       |         |              |                              |               |  |   |   |
| (24) -----   |  |  |                       |         |              |                              |               |  |   |   |
| (25) -----   |  |  |                       |         |              |                              |               |  |   |   |
| <b>1b Sub-total</b> . . . . .  |  |  |                       |         |              |                              |               |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |  |                       |         |              |                              |               |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |  |                       |         |              |                              | <b>38,317</b> | <b>0</b>   | <b>0</b>  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

|  |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |           |
|--|--|--|----------------------|--|---|--|-----------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar<br/>Amounts</b>                  | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>  |                      |  |   |  |           |
|  | <b>b</b> Membership dues . . . . .   | <b>1b</b>  |                      |  |   |  |           |
|  | <b>c</b> Fundraising events . . . . .  | <b>1c</b>  | 183,204              |  |   |  |           |
|  | <b>d</b> Related organizations . . . . .   | <b>1d</b>  |                      |  |   |  |           |
|  | <b>e</b> Government grants (contributions) . .   | <b>1e</b>  | 2,200,365            |  |   |  |           |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above   | <b>1f</b>  | 924,084              |  |   |  |           |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |  | 93,160               |  |   |  |           |
|  | <b>h Total.</b> Add lines 1a-1f . . . . . ▶  |  | 3,307,653            |  |   |  |           |
| <b>Program Service Revenue</b>   | <b>2a</b> _____  |  | <b>Business Code</b> |  |   |  |           |
|  | <b>b</b> _____   |  |                      |  |   |  |           |
|  | <b>c</b> _____   |  |                      |  |   |  |           |
|  | <b>d</b> _____   |  |                      |  |   |  |           |
|  | <b>e</b> _____   |  |                      |  |   |  |           |
|  | <b>f</b> All other program service revenue . . . . .   |  |                      |  |   |  |           |
|  | <b>g Total.</b> Add lines 2a-2f . . . . . ▶  |  |                      |  |   |  |           |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts) . . . . . ▶   |  | 23,575               |  |   | 23,575   |           |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶  |  |                      |  |   |  |           |
|  | <b>5</b> Royalties . . . . . ▶   |  |                      |  |   |  |           |
|  | <b>6a</b> Gross rents . . . . .  | (i) Real   | (ii) Personal        |  |   |  |           |
|  |  | <b>b</b> Less: rental expenses . . . . .                           |                      |  |   |  |           |
|  |  | <b>c</b> Rental income or (loss) . . . . .                         |                      |  |   |  |           |
|  |  | <b>d</b> Net rental income or (loss) . . . . . ▶                   |                      |  |   |  |           |
|  | <b>7a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities   | (ii) Other           |  |   |  |           |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      |  |   |  |           |
|  |  | <b>c</b> Gain or (loss) . . . . .                                  |                      |  |   |  |           |
|  |  | <b>d</b> Net gain or (loss) . . . . . ▶                            |                      |  |   |  |           |
|  | <b>8a</b> Gross income from fundraising<br>events (not including \$ 183,204<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . <b>a</b> |  |                      | 1,485,982  |   |  |           |
|  |  | <b>b</b> Less: direct expenses . . . . . <b>b</b>                  |                      | 183,204  |   |  |           |
|  |  | <b>c</b> Net income or (loss) from fundraising events . . . . . ▶  |                      | 1,302,778  |   |  | 1,302,778 |
|  | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . <b>a</b>  |  |                      |  |   |  |           |
| <b>b</b> Less: direct expenses . . . . . <b>b</b>                                      |  |  |                      |  |   |  |           |
| <b>c</b> Net income or (loss) from gaming activities . . . . . ▶                       |  |  |                      |  |   |  |           |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . <b>a</b> |  |  |                      |  |   |  |           |
|  | <b>b</b> Less: cost of goods sold . . . . . <b>b</b>   |  |                      |  |   |  |           |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶  |  |                      |  |   |  |           |
| Miscellaneous Revenue  |  | <b>Business Code</b>   |                      |  |   |  |           |
| <b>11a</b> _____   |  |  |                      |  |   |  |           |
|  | <b>b</b> _____   |  |                      |  |   |  |           |
|  | <b>c</b> _____   |  |                      |  |   |  |           |
|  | <b>d</b> All other revenue . . . . .   |  |                      |  |   |  |           |
|  | <b>e Total.</b> Add lines 11a-11d . . . . . ▶  |  |                      |  |   |  |           |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                                  |  |  | 4,635,589            | 0  | 0                                       | 1,327,936  |           |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 . . . . .  | 38,317                |                                 | 38,317                                 |                             |
| 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 . . . . .  | 2,554,664             | 2,209,933                       | 96,903                                 | 247,828                     |
| 8   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .  |                       |                                 |  |                             |
| 9   | Other employee benefits . . . . .   | 487,410               | 423,338                         | 11,440                                 | 52,632                      |
| 10  | Payroll taxes . . . . .   | 213,793               | 182,257                         | 11,591                                 | 19,945                      |
| 11  | Fees for services (non-employees):  |                       |                                 |  |                             |
| a   | Management . . . . .  |                       |                                 |  |                             |
| b   | Legal . . . . .   |                       |                                 |  |                             |
| c   | Accounting . . . . .  | 25,700                | 21,000                          | 2,350                                  | 2,350                       |
| d   | Lobbying . . . . .  |                       |                                 |  |                             |
| e   | Professional fundraising services. See Part IV, line 17 .   |                       |                                 |  |                             |
| f   | Investment management fees . . . . .  |                       |                                 |  |                             |
| g   | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .  |                       |                                 |  |                             |
| 12  | Advertising and promotion . . . . .   | 6,275                 |                                 |  | 6,275                       |
| 13  | Office expenses . . . . .   | 90,292                | 34,907                          | 18,471                                 | 36,914                      |
| 14  | Information technology . . . . .  |                       |                                 |  |                             |
| 15  | Royalties . . . . .   |                       |                                 |  |                             |
| 16  | Occupancy . . . . .   | 198,000               | 198,000                         |  |                             |
| 17  | Travel . . . . .  | 88,235                | 78,850                          | 9,385                                  |                             |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| 19  | Conferences, conventions, and meetings . . . . .  | 73,464                | 73,464                          |  |                             |
| 20  | Interest . . . . .  | 44,157                | 38,020                          | 6,137                                  |                             |
| 21  | Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22  | Depreciation, depletion, and amortization . . . . .   | 112,582               | 101,018                         | 11,564                                 |                             |
| 23  | Insurance . . . . .   | 212,648               | 190,391                         | 9,919                                  | 12,338                      |
| 24  | Other expenses. Itemize expenses not covered 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 O.)   |                       |                                 |  |                             |
| a   | <b>Indirect Fund raising costs</b>  | 102,874               |                                 |  | 102,874                     |
| b   | <b>Utilities</b>  | 175,337               | 163,190                         | 10,100                                 | 2,047                       |
| c   | <b>Household Exp &amp; Supplies</b>   | 262,819               | 262,369                         |  | 450                         |
| d   | <b>Repairs &amp; Maintenance</b>  | 125,583               | 114,306                         | 11,277                                 |                             |
| e   | All other expenses _____  | 275,744               | 223,376                         | 38,844                                 | 13,524                      |
| 25  | <b>Total functional expenses.</b> Add lines 1 through 24e .   | 5,087,894             | 4,314,419                       | 276,298                                | 497,177                     |
| 26  | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                             |  | (A)   |           | (B)         |           |           |
|-----------------------------|--|---|-----------|-------------|-----------|-----------|
|                             |  | Beginning of year   |           | End of year |           |           |
| Assets                      | 1  | Cash - non-interest-bearing   | 635,683   | 1           | 443,732   |           |
|                             | 2  | Savings and temporary cash investments  |           | 2           |           |           |
|                             | 3  | Pledges and grants receivable, net  | 377,852   | 3           | 428,441   |           |
|                             | 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 under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |           | 6           |           |           |
|                             | 7  | Notes and loans receivable, net   |           | 7           |           |           |
|                             | 8  | Inventories for sale or use   |           | 8           |           |           |
|                             | 9  | Prepaid expenses and deferred charges   | 52,044    | 9           | 84,320    |           |
|                             | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a       | 2,952,803   |           |           |
|                             | b  | Less: accumulated depreciation  | 10b       | 1,355,728   | 10c       | 1,597,075 |
|                             | 11   | Investments - publicly traded securities  | 855,710   | 11          | 434,544   |           |
|                             | 12   | Investments - other securities. See Part IV, line 11  |           | 12          |           |           |
|                             | 13   | Investments - program-related. See Part IV, line 11   |           | 13          |           |           |
|                             | 14   | Intangible assets   | 3,465     | 14          | 1,579     |           |
|                             | 15   | Other assets. See Part IV, line 11  |           | 15          |           |           |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 3,455,572   | 16        | 2,989,691   |           |           |
| Liabilities                 | 17   | Accounts payable and accrued expenses   | 140,744   | 17          | 93,211    |           |
|                             | 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          |           |           |
|                             | 22   | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |           | 22          |           |           |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties  | 843,690   | 23          | 843,066   |           |
|                             | 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 Schedule D   | 176,427   | 25          | 176,427   |           |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 1,160,861 | 26          | 1,112,704 |           |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |           |             |           |           |
|                             | 27   | Unrestricted net assets   | 659,016   | 27          | 859,171   |           |
|                             | 28   | Temporarily restricted net assets   | 571,803   | 28          | 614,716   |           |
|                             | 29   | Permanently restricted net assets   | 1,063,892 | 29          | 403,100   |           |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |           |             |           |           |
|                             | 30   | Capital stock or trust principal, or current funds  |           | 30          |           |           |
|                             | 31   | Paid-in or capital surplus, or land, building, or equipment fund  |           | 31          |           |           |
|                             | 32   | Retained earnings, endowment, accumulated income, or other funds  |           | 32          |           |           |
|                             | 33   | <b>Total net assets or fund balances</b>  | 2,294,711 | 33          | 1,876,987 |           |
|                             | 34   | <b>Total liabilities and net assets/fund balances</b>   | 3,455,572 | 34          | 2,989,691 |           |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |           |
|-----------|--|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 4,635,589 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 5,087,894 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | (452,305) |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 2,294,711 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 34,581    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |           |
| <b>7</b>  | Investment expenses  | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 1,876,987 |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>c</b>  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  |     | X  |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .  |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

The Ministry for Hope, Inc

Employer identification number

11-2667800

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

Part II 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.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2017 Schedule A, Part II, line 14. 16a 33 1/3% support test - 2018. 16b 33 1/3% support test - 2017. 17a 10%-facts-and-circumstances test - 2018. 17b 10%-facts-and-circumstances test - 2017. 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 15 Public support percentage for 2018; 16 Public support percentage from 2017 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 17 Investment income percentage for 2018; 18 Investment income percentage from 2017 Schedule A, Part III, line 1.7.

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
19b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**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**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? <i>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.</i> |     |    |
| <b>2</b> 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? <i>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.</i>   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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)? <i>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).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> 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? <i>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.</i> |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <b>a</b> 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? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  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.

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(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   | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                                |
| <b>Section B - Minimum Asset Amount</b>   |  | (A) Prior Year | (B) Current Year<br>(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   | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                                |
| e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |  |                |                                |
| 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   | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                                |
| <b>Section C - Distributable Amount</b>   |  |                | 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   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6              |                                |
| 7   | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                                |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| 9 Distributable amount for 2018 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2018   |                             |  |   |
| <b>a</b> From 2013 . . . . .  |                             |  |   |
| <b>b</b> From 2014 . . . . .  |                             |  |   |
| <b>c</b> From 2015 . . . . .  |                             |  |   |
| <b>d</b> From 2016 . . . . .  |                             |  |   |
| <b>e</b> From 2017 . . . . .  |                             |  |   |
| <b>f</b> <b>Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years   |                             |  |   |
| <b>h</b> Applied to 2018 distributable amount   |                             |  |   |
| <b>i</b> Carryover from 2013 not applied (see instructions)   |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                             |  |   |
| 4 Distributions for 2018 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years   |                             |  |   |
| <b>b</b> Applied to 2018 distributable amount   |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.  |                             |  |   |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2014 . . . .   |                             |  |   |
| <b>b</b> Excess from 2015 . . . .   |                             |  |   |
| <b>c</b> Excess from 2016 . . . .   |                             |  |   |
| <b>d</b> Excess from 2017 . . . .   |                             |  |   |
| <b>e</b> Excess from 2018 . . . .   |                             |  |   |



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2018**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

|   |   |
|---|---|
| Name of the organization<br><b>The Ministry for Hope, Inc</b> | Employer identification number<br><b>11-2667800</b> |
|---|---|

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ
- 501(c)( 3 ) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
  - 527 political organization
- Form 990-PF
- 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

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**

- 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- 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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**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).

|   |   |
|---|---|
| Name of organization<br><b>The Ministry for Hope, Inc</b> | Employer identification number<br><b>11-2667800</b> |
|---|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | Frey Family Foundation, Inc.<br><br>40 N. Country Rd<br><br>Port Jefferson, NY 11777 | \$ 299,212                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| —          | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| —          | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| —          | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| —          | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| —          | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| —          | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2018

Attach to Form 990.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

The Ministry for Hope, Inc

11-2667800

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 1,063,892        | 1,144,896      | 1,173,897          | 963,286              | 1,171,916           |
| b Contributions                                  | 316,356          | 455,690        | 295,033            | 319,837              | 264,715             |
| c Net investment earnings, gains, and losses     | 48,814           | 55,947         | 62,784             | 3,150                | 95,464              |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 1,025,962        | 592,641        | 386,818            | 112,376              | 546,177             |
| f Administrative expenses                        |                  |                |                    |                      | 22,632              |
| g End of year balance                            | 403,100          | 1,063,892      | 1,144,896          | 1,173,897            | 963,286             |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value   |
|--|--------------------------------------|---------------------------------|------------------------------|------------------|
| 1a Land  |                                      | 153,400                         |                              | 153,400          |
| b Buildings  |                                      | 825,596                         | 420,992                      | 404,604          |
| c Leasehold improvements   |                                      | 1,567,962                       | 620,291                      | 947,671          |
| d Equipment  |                                      | 276,569                         | 195,884                      | 80,685           |
| e Other <b>STMD1E</b>  |                                      | 129,276                         | 118,561                      | 10,715           |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>1,597,075</b> |



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely-held equity interests . . . . .                                 |                |  |
| (3) Other _____   |                |  |
| (A) _____   |                |  |
| (B) _____   |                |  |
| (C) _____   |                |  |
| (D) _____   |                |  |
| (E) _____   |                |  |
| (F) _____   |                |  |
| (G) _____   |                |  |
| (H) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) _____   |                |  |
| (2) _____   |                |  |
| (3) _____   |                |  |
| (4) _____   |                |  |
| (5) _____   |                |  |
| (6) _____   |                |  |
| (7) _____   |                |  |
| (8) _____   |                |  |
| (9) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) _____   |                |
| (2) _____   |                |
| (3) _____   |                |
| (4) _____   |                |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2) <b>Due to DSS</b>   | <b>176,427</b> |  |
| (3) _____   |                |  |
| (4) _____   |                |  |
| (5) _____   |                |  |
| (6) _____   |                |  |
| (7) _____   |                |  |
| (8) _____   |                |  |
| (9) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | <b>176,427</b> |  |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |          |           |
|----------|--|-----------|----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b> | 5,247,833 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |          |           |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 34,581   |           |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 394,459  |           |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |          |           |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 183,204  |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> |          | 612,244   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b> | 4,635,589 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |          |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |          |           |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |          |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> |          |           |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b> | 4,635,589 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |          |           |
|----------|---|-----------|----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b> | 5,665,557 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |          |           |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 394,459  |           |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |          |           |
| <b>c</b> | Other losses  | <b>2c</b> |          |           |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 183,204  |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> |          | 577,663   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b> | 5,087,894 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |          |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |          |           |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |          |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> |          |           |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b> | 5,087,894 |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

**The Ministry for Hope, Inc**

Employer identification number

**11-2667800**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| <b>1</b>  |               |  |    |                                   |   |   |
| <b>2</b>  |               |  |    |                                   |   |   |
| <b>3</b>  |               |  |    |                                   |   |   |
| <b>4</b>  |               |  |    |                                   |   |   |
| <b>5</b>  |               |  |    |                                   |   |   |
| <b>6</b>  |               |  |    |                                   |   |   |
| <b>7</b>  |               |  |    |                                   |   |   |
| <b>8</b>  |               |  |    |                                   |   |   |
| <b>9</b>  |               |  |    |                                   |   |   |
| <b>10</b>   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   |   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2                   | (c) Other events           | (d) Total events                |           |
|-----------------|--|---|--------------------------------|----------------------------|---------------------------------|-----------|
|                 |  | <u>Endow. Fund</u><br>(event type)                                      | <u>Holiday</u><br>(event type) | <u>7</u><br>(total number) | (add col. (a) through col. (c)) |           |
| Revenue         | 1  | Gross receipts . . . . .  | 313,356                        | 366,253                    | 806,373                         | 1,485,982 |
|                 | 2  | Less: Contributions . . . . .   |                                |                            |                                 |           |
|                 | 3  | Gross income (line 1 minus line 2) . . . . .                            | 313,356                        | 366,253                    | 806,373                         | 1,485,982 |
| Direct Expenses | 4  | Cash prizes . . . . .   |                                | 13,378                     |                                 | 13,378    |
|                 | 5  | Noncash prizes . . . . .  |                                | 24,293                     | 8,359                           | 32,652    |
|                 | 6  | Rent/facility costs . . . . .   | 17,632                         |                            | 38,505                          | 56,137    |
|                 | 7  | Food and beverages . . . . .  |                                |                            | 9,089                           | 9,089     |
|                 | 8  | Entertainment . . . . .   | 1,300                          | 1,500                      | 23,107                          | 25,907    |
|                 | 9  | Other direct expenses . . . . .   | 8,671                          | 18,808                     | 18,562                          | 46,041    |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                                |                            |                                 | 183,204   |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |                                |                            | 1,302,778                       |           |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo                       | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |
|-----------------|--|---------------------------------|---|---|---|
|                 |  |                                 |   |   |   |
| Revenue         | 1  | Gross revenue . . . . .         |   |   |   |
| Direct Expenses | 2  | Cash prizes . . . . .           |   |   |   |
|                 | 3  | Noncash prizes . . . . .        |   |   |   |
|                 | 4  | Rent/facility costs . . . . .   |   |   |   |
|                 | 5  | Other direct expenses . . . . . |   |   |   |
|                 | 6  | Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |                                 |   |   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |                                 |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

|   |   |
|---|---|
| Name of the organization<br><b>The Ministry for Hope, Inc</b> | Employer identification number<br><b>11-2667800</b> |
|---|---|

| <b>Part I</b> | <b>Types of Property</b>  |   |  |   |
|---------------|---|---|--|---|
|               | (a)<br>Check if applicable  | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
| 1             | Art - Works of art . . . . .  |   |  |   |
| 2             | Art - Historical treasures . . . . .                                |   |  |   |
| 3             | Art - Fractional interests . . . . .                                |   |  |   |
| 4             | Books and publications . . . . .                                    |   |  |   |
| 5             | Clothing and household goods . . . . .                              |   |  |   |
| 6             | Cars and other vehicles . . . . .                                   |   |  |   |
| 7             | Boats and planes . . . . .  |   |  |   |
| 8             | Intellectual property . . . . .                                     |   |  |   |
| 9             | Securities - Publicly traded. . . . .                               |   |  |   |
| 10            | Securities - Closely held stock . . . . .                           |   |  |   |
| 11            | Securities - Partnership, LLC, or trust interests . . . . .         |   |  |   |
| 12            | Securities - Miscellaneous . . . . .                                |   |  |   |
| 13            | Qualified conservation contribution - Historic structures . . . . . |   |  |   |
| 14            | Qualified conservation contribution - Other . . . . .               |   |  |   |
| 15            | Real estate - Residential . . . . .                                 |   |  |   |
| 16            | Real estate - Commercial . . . . .                                  |   |  |   |
| 17            | Real estate - Other . . . . .                                       |   |  |   |
| 18            | Collectibles . . . . .  |   |  |   |
| 19            | Food inventory . . . . .  |   |  |   |
| 20            | Drugs and medical supplies . . . . .                                |   |  |   |
| 21            | Taxidermy . . . . .   |   |  |   |
| 22            | Historical artifacts . . . . .                                      |   |  |   |
| 23            | Scientific specimens . . . . .                                      |   |  |   |
| 24            | Archeological artifacts . . . . .                                   |   |  |   |
| 25            | Other ▶ <b>(Food &amp; Supplies)</b>                                | <b>X</b>  | <b>93,160</b>  | <b>FMV</b>  |
| 26            | Other ▶ ( )   |   |  |   |
| 27            | Other ▶ ( )   |   |  |   |
| 28            | Other ▶ ( )   |   |  |   |

|   |           |  |
|---|-----------|--|
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . | <b>29</b> |  |
|---|-----------|--|

|   |            | Yes | No |
|---|------------|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . | <b>30a</b> |     |    |
| b If "Yes," describe the arrangement in Part II.  |            |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .   | <b>31</b>  |     |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  | <b>32a</b> |     |    |
| b If "Yes," describe in Part II.  |            |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |            |     |    |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

**The Ministry for Hope, Inc**

**11-2667800**

**01. Form 990 governing body review (Part VI, line 11)**

Copies of Form 990 and annual financial statements provided to all board members  
requesting them.

**02. Governing documents, etc, available to public (Part VI, line 19)**

All available upon request

**03. List of other expenses (Part IX, line 24e)**

Management & General:

Flowers & offerings \$ 6,382

Telephone 7,783

Printing/Photography 11,051

Misc 13,628

Fund Raising:

Bank/credit card fees 9,240

Telephone 3,025

Dues & Subscriptions 1,259

Program Services:

Telephone 35,752

Flowers & offerings 2,990

Medical 11,556

Outside services 24,774

Stipends 111,168

Name of the organization

Employer identification number

**The Ministry for Hope, Inc**

**11-2667800**

Resident expenses 28,755

Misc 8,381

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No. **179**

|  |  |   |
|--|--|---|
| Name(s) shown on return<br><b>The Ministry for Hope, Inc</b> | Business or activity to which this form relates<br><b>FORM 990 - 1</b> | Identifying number<br><b>11-2667800</b> |
|--|--|---|

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> 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                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | 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.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |  |    |         |
|----|--|----|---------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |         |
| 15 | Property subject to section 168(f)(1) election   | 15 |         |
| 16 | Other depreciation (including ACRS)  | 16 | 107,250 |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

|    |   |                          |  |
|----|---|--------------------------|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2018  | 17                       |  |
| 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 | <input type="checkbox"/> |  |

**Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

| (a) Classification of property      | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|-------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property                 | #567                                 |  |                     |                |            |                            |
| b 5-year property                   |                                      |  |                     |                |            |                            |
| c 7-year property <b>Statement</b>  |                                      |  |                     |                |            | 1,979                      |
| d 10-year property                  |                                      | 61,100   | 10                  | MQ             | SL         | 764                        |
| e 15-year property                  | #568                                 |  |                     |                |            |                            |
| f 20-year property <b>Statement</b> |                                      |  |                     |                |            | 703                        |
| g 25-year property                  |                                      |  |                     | 25 yrs.        |            | S/L                        |
| h Residential rental property       |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property      |                                      |  | 39 yrs.             | 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 |
| c   | 30-year    |  | 30 yrs. | MM |  | S/L |
| d   | 40-year    |  | 40 yrs. | MM |  | S/L |

**Part IV Summary (See instructions.)**

|    |   |    |         |
|----|---|----|---------|
| 21 | Listed property. Enter amount from line 28  | 21 |         |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 110,696 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |         |

**For Paperwork Reduction Act Notice, see separate instructions.**



Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns for vehicles (a-f) and 6 rows (30-36) for mileage and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table with 2 columns (Yes/No) and 5 rows (37-41) for employer questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

**Statement of Program Service Accomplishments****2018 PG01**

Name(s) as shown on return

The Ministry for Hope, Inc

Your Social Security Number

11-2667800

**Form 990-Part III(a)**

Statement #4

## Statement of Service Accomplishment

**Program Service Code****Program Service Expenses**

\$606966

**Grants and allocations included in above expense**

\$0

**Program Services Revenue**

\$0

## Explanation

Counseling Services - Center offering family and individual counseling, support groups, social services assistance and drug and alcohol counseling and support. Staffed by a host of highly qualified professional counselors, the Human Services Center serves thousands of adults and young people in the course of a year. Included in the counseling services are individual, marital and family counseling, addiction counseling including alcoholism, co-dependency, eating disorders and sexual abuse. The center also serves as a meeting place for various therapy groups and several twelve-step programs.

FOR YOUR RECORDS ONLY  
**Federal Supporting Statements**

**2018 PG01**

Name(s) as shown on return

Tax ID Number

The Ministry for Hope, Inc

11-2667800

**Form 990 - Schedule D - Part VI - Line 1e**  
 Investments - Other

Statement #D1e

| Description<br>of Investment | Cost/basis<br>(Investment) | Cost/basis<br>(Other) | Depr           | Book<br>Value |
|------------------------------|----------------------------|-----------------------|----------------|---------------|
| Furniture & Fixtures         | 0                          | 129,276               | 118,561        | 10,715        |
| <b>Total</b>                 | <u>0</u>                   | <u>129,276</u>        | <u>118,561</u> | <u>10,715</u> |

Form 4562 - Line 19c

**PG01**  
Statement #567

| Basis        | RP | CV | Method | Deduction           |
|--------------|----|----|--------|---------------------|
| 27,730       | 7  | MQ | SL     | 1,486               |
| 4,600        | 7  | MQ | 200 DB | <u>493</u>          |
| <b>Total</b> |    |    |        | <u><u>1,979</u></u> |

Form 4562 - Line 19f

**PG01**  
Statement #568

| Cost         | RP | CV | Method | Deduction         |
|--------------|----|----|--------|-------------------|
| 55,393       | 20 | MQ | SL     | 346               |
| 1,725        | 20 | MQ | SL     | 32                |
| 3,740        | 20 | MQ | SL     | 23                |
| 9,650        | 20 | MQ | SL     | <u>302</u>        |
| <b>Total</b> |    |    |        | <u><u>703</u></u> |