	. ,	C&E 989							29:	393	33421816
{/	Form	990-T	NOTICE 2018-100  Event Organization Business Income Tay Poture								OMB No 1545-0687
`	For calendar year 2018 or other tax year beginning, 2018, and ending  Department of the Treasury  Go to www.irs.gov/Form990T for instructions and the latest in								20	(2018	
	•	I Revenue Service	<b>▶</b> Do	not enter SSN numbers on						(3)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
	A	Check box if address changed		oyer identification number oyees' trust, see instructions )							
	B Exe	empt under section		BUILDING HOPE	FINANC	CE			_	j	
	X	501( C )( 3 )	Print	Number, street, and room	or suite no If	аРО	box, see instruct	ions		20-0	367954
		408(e) 220(e)	or Type	910 17TH STRE	ייי אועז				1100		ated business activity code istructions )
	$\vdash$	408A530(a)		City or town, state or prov		and 7	IP or foreign nost	tal code	1100	ł	
<b>,</b>	C Boo	529(a) ok value of all assets		WASHINGTON, D			ii oi loreigii posi	iai couc			1
, f		end of year	F Gro	up exemption number (S			· · · · · · · · · · · · · · · · · · ·				
7				eck organization type	$\overline{}$			501(c	\ trust	401(a)	trust Other trust
`	H Fr	nter the number of		inization's unrelated trades				1 1001(0			(or first) unrelated
		ade or business her		inization s am diates trade.	or busines	3303	-	If only one		•	e than one, describe the
				end of the previous sen	tence con	nolete	Parts Land II (		•		•
		ade or business, the		•	terree, con	ipicto	r arts r arta ii, t	sompicte a c	oricadic W for ca	or addition	ilai
<b>-</b>				corporation a subsidiary	ın an affılı:	ated or	oun or a naren	t-subsidiary (	controlled group?	-	Yes No
707 7		-		identifying number of the		-		i-Subsidial y	controlled group		
				AUL R. LELECK, (		porditio	<u></u>	Telephor	ne number ▶ 20	2-457-	-1994
3	_			or Business Income			(A) Inc		(B) Exper		(C) Net
<del></del> (		Gross receipts or s							(-)		(2)
A A N		Less returns and allowa		c	Balance >	1c			i		
<del>-</del> 7	2			ule A, line 7)		2					i
<i>j</i> .	3			2 from line 1c	<i>u</i>	3					<del></del>
	4a				// .1	4a					
Ž	b										
SCANNE	С	- , , ,		rusts		4c					
က	5	•		r an S corporation (attach stateme		5					
•	6	Rent income (Sch	edule C)			6					
	7	Unrelated debt-fir	nanced in	come (Schedule E)	[	7					٠,
	8	Interest, annuities, roya	alties, and re	ents from a controlled organization	(Schedule F)	8					
	9	Investment income of a	section 50	1(c)(7), (9), or (17) organization	Schedule G)	9	<u>-</u>				
,	10	Exploited exempt	activity i	ncome (Schedule I)	]	10					
Λ	11	Advertising incom	ie (Sched	fule J)		11					
ب	12	Other income (Se	e instruc	ctions, attach schedule).		12					
5	13			ough 12		13		0.	L		<u> </u>
<u>ත</u>	Par			Taken Elsewhere (S						⊨xcept f	or contributions,
2019				be directly connect						<del></del>	<del></del>
<b>C</b> 3	14			directors, and trustees (S							
9	15	Salaries and wage	<u>ট্র</u> া · ·/	lov <b>25</b> , 2019: [	}}					15	
EC	16	Repairs and main	tenance)		<u>}</u>					16	
금	17	lotoroet /ettech	obodul-6				• • • • • •		• • • • • • • •	17	
9	18 19			(see instructions).T							1
4	19 20			See instructions for limitat							
r.	21			4562)			1			20	<del>                                     </del>
M	22			on Schedule A and elsev						22b	-
2	23						,				
2	24			compensation plans							
<b>27</b>	25			S							<u> </u>
Ò	26			Schedule I)							<u> </u>
	27			chedule J)							
	28			chedule)							
	29		•	s 14 through 28						_	<del>                                     </del>
	30			le income before net							<u> </u>
	31			g loss arising in tax year	-						I
	32		-	e income Subtract line 3	-	-			, -		<u>'</u>
								<del></del>			<del></del>

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	1 330-1 (.					Page Z
Pa	ırt III	Total Unrelated Business Taxable Income	<del></del>			
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see	1			
	เกรtruc	ctions),	33			
34	Amou	nts paid for disallowed fringes	34		46,	620.
35	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instruc	tions)	35	_		
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of line	s 33 and 34	36		46,	620.
37	Specif	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,	000.
38		ted business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,				
		he smaller of zero or line 36	38		45,	620.
Pa		Tax Computation	1 42 1			
39		izations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		9,	580.
40	Trusts		<del>                                     </del>			
		ount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41						
42		tax. See instructions	42			
43		Noncompliant Facility Income. See instructions	-			
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies			<u> </u>	580.
			44		٠,	360.
		Tax and Payments	т т			
		n tax credit (corporations attach Form 1118, trusts attach Form 1116)	1			
		credits (see instructions)	1 1			
		al business credit Attach Form 3800 (see instructions)	1 1			
		for prior year minimum tax (attach Form 8801 or 8827)	1 1			•
		redits. Add lines 45a through 45d	45e			
46		ct line 45e from line 44	46		9,	580.
47		axes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47			
48	Total t	ax. Add lines 46 and 47 (see instructions)	48		9,	580.
49	2018 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a	Payme	nts A 2017 overpayment credited to 2018	1 1			•
b	2018 e	stimated tax payments · · · · · · · · · · · · · · · · · · ·	1			
C	Tax de	posited with Form 8868				
c	Foreigi	organizations Tax paid or withheld at source (see instructions)	1 1			
e	Backup	withholding (see instructions)	1			
f	Credit	for small employer health insurance premiums (attach Form 8941) 50f	1 1			
g	Othero	redits, adjustments, and payments Form 2439	ł I			
_	F	orm 4136 Other Total ▶ 50g	1 1			
51		ayments. Add lines 50a through 50g	51		10,	000.
52		ted tax penalty (see instructions). Check if Form 2220 is attached,	52			
53		e If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			420.
55	•	e amount of line 54 you want Credited to 2019 estimated tax > 420 . Refunded	55			
نخصر ک	T.V.I	Statements Regarding Certain Activities and Other Information (see instructions				
56		time during the 2018 calendar year, did the organization have an interest in or a signature or		authority	Yes	No
•	-	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		- 1		
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	•			1
	here >	,	, c. c.g.,			x
E 7						X
57	_	tne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	jn trust	····		<del></del>
EO		see instructions for other forms the organization may have to file				
58		ne amount of tax-exemptynterest received or accrued during the tax year > \$  noer penalties of perjury I deglare that I have examined this return, including accompanying schedules and statements, and to the bit	nel of m	komuledae s	od bell	inf II ic
<b>0:</b>	1 17	ue, correct, and compleje Declayation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	;5t OI my	kilowiedge a	no ben	ei, it is
Sig		11/14/19 CEO Ma	y the If	RS discuss	this r	etum
Her	,	Villa	the	preparer sho	own b	7 I
	<u> </u> _s		Instruction	ns)? X Yes	s	No
Paid	ŧ	Print/Type preparer's name Preparer's signature Date Check	if	PTIN		
	arer	<u> </u>	nployed	P0124		
	Only			13-5381		
		Firm's address ▶ 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102 Phone	<sub>no</sub> 70	3-893-0		
JSA				Form 99	0-T	(2018)

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Form 990-T (2018)				_					F	Page 3
Schedule A - Cost of Good	<b>s Sold.</b> Er	nter method	d of invento	ry valuation	<b></b>					
1 Inventory at beginning of year .						ar	6			
2 Purchases						ld. Subtract line				
3 Cost of labor	3			6 from	line 5 En	ter here and in				
4a Additional section 263A costs				Part I, line	2		7			
(attach schedule)	4a			8 Do the	rules of	section 263A (v	vith re	spect to	Yes	No
<b>b</b> Other costs (attach schedule) .	4b					or acquired for				1
5 Total. Add lines 1 through 4b .				to the orga	anization? .	<u> </u>				Х
Schedule C - Rent Income (Fr	om Real P	roperty a	nd Person	al Property	Leased V	Vith Real Proper	rty)			
(see instructions)										
Description of property										
1)										
2)										
3)										
(4)		_							-	
	2. Rent recei	ved or accru	ed							
(a) From personal property (if the percer for personal property is more than 10' more than 50%)		percent	age of rent for	personal property personal property pased on profit or	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)								<del> </del>		
(2)										
3)										
4)		1								
Total		Total								
(c) Total income. Add totals of column	ns 2(a) and 2					(b) Total deduction				
nere and on page 1, Part I, line 6, colu		•		Enter here and on page 1, Part I, line 6, column (B) ▶						
Schedule E - Unrelated Debt-I			ee instructio	ns)						
		,	2 Gross II	ncome from or	3 0	eductions directly cor debt-finance			e to	
1 Description of debt-finar	iceu property				it line depreciation ch schedule)	(b) Other deductions (attach schedule)				
1)										
2)										
3)										
4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted base of or allocable to debt-financed property (attach schedule)			6 Column 7 Gross		mn 2 x column 6) (column 6 x tot		Allocable dedu nn 6 x total of 3(a) and 3(b	colum		
1)				%						
2)				%						
3)				%						
4)				%						
						e and on page 1, e 7, column (A)		here and on I, line 7, colu		

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Schedule F—Interest, Anni	uities, Royalties			ntrolled Org			Latio	115 (500	: IIISII UCIIC	) 115)	
Name of controlled organization	Employer     identification numb		3 Net unrelated income (loss) (see instructions)		4. Total of specified payments made		ified	5 Part of column 4 th included in the contro organization's gross in		olling	6 Deductions directly connected with income in column 5
(1)											
(2)								_	_		
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific ayments made		Inc	luded	of column in the colon's gross	ntrolling		Deductions directly nnected with income in column 10
(1)											
(2)											<del></del>
(3)											
(4)											
Totals					<b>▶</b> ) Orga	Er P:	iter her art I, lir	umns 5 a re and on ne 8, colui	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1 Description of income	2 Amount of	income		3 Deduc directly con (attach sch	nected	4. Set-asides (attach schedule)				5. Total deductions and set-asides (col 3 plus col 4)	
<u>(1)</u>											
(2)			<u> </u>								
(3)											
(4)			<u> </u>								
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, co	olumn (A)	er Th	an Adverti	sing Ir	icom	e (se	e instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	es with n of d	4 Net incom from unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gross income from activity that is not unrelated business income  6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)											
(2)											
(3)				-							
(4)								-			
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,								Enter here and on page 1, Part II, line 26
Schedule J- Advertising In  Part I Income From Per			neoli	idated Bas	ie						
income From Fer		eu on a ot	/113UII	uateu Das	,i3						
1 Name of periodical	2. Gross advertising income	3 Directadvertising of		4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If mpute	5 Circulation 6 income		6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	_										
(2)				1							
(3)				1							
(4)											
Totals (carry to Part II, line (5))											Form <b>990-T</b> (2018

Part II	Inco	me From Per	riodicals Repo	ted on a Sepa	arate Basis (Fo	r each periodical	listed in Part	II, fill in columns
			ine-by-line basis		· .			
		,			1	-		

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

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

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

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